

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

BASIC INFORMATION**Accident/Incident Location**Nearest City/Place: EnglewoodState: COZIP: 80112Country: USLatitude: 39°34'10.94"NLongitude: 104°50'18.66"W(Enter in decimal degrees or
degrees:minutes:seconds)**Accident/Incident Date/Time**Date: 2025-08-22Local Time: 08:44mm/dd/yyyyTime Zone: America/Boise**Collision with Other**☐ Midair**Aircraft:**☐ On-ground☒ None**AIRCRAFT INFORMATION**Registration Number: N18852Manufacturer: ParksModel: Fokker D-VII ReplicaSerial Number: 20Year of Manufacture: 1979Amateur-Built: ☒ YesIf yes: ☐ Original Design☐ No☒ Kit/PlansMake: 1967 CashFokker D VIIDrawings☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: lbsWeight at Time of Accident/Incident: lbsNumber of Seats: 1Flight Crew Seats: 1Cabin Crew Seats: 0Passenger Seats: 0Number of Engines: 1

Category of Aircraft (Select one)	Type of Airworthiness Certificate (Check all that apply)	Landing Gear (Check all that apply)	Engine Type (Select one)																																								
• Airplane ○ Balloon ○ Blimp/Dirigible ○ Glider ○ Gyroplane ○ Helicopter ○ Powered Lift ○ Rocket ○ Ultralight ○ Unknown	<table><thead><tr><th>Standard</th><th>Special</th></tr></thead><tbody><tr><td>☐ Normal</td><td>☐ Restricted</td></tr><tr><td>☐ Aerobatic</td><td>☐ Limited</td></tr><tr><td>☐ Balloon</td><td>☐ Provisional</td></tr><tr><td>☐ Commuter</td><td>☐ Special Flight</td></tr><tr><td>☐ Transport</td><td>☒ Experimental</td></tr><tr><td>☐ Utility</td><td>☐ Special Light-Sport</td></tr><tr><td></td><td>☐ Experimental Light-Sport</td></tr><tr><td>☐ Certificate of Waiver or Authorization (COA)</td><td></td></tr><tr><td>☐ None</td><td>☐ Unknown</td></tr></tbody></table>	Standard	Special	☐ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☒ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	☐ Certificate of Waiver or Authorization (COA)		☐ None	☐ Unknown	<table><tbody><tr><td>☐ Retractable</td><td>☐ High Skid</td></tr><tr><td>☐ Tricycle</td><td>☐ Skid</td></tr><tr><td>☒ Tailwheel</td><td>☐ Ski/Wheel</td></tr><tr><td>☐ Emergency Float</td><td>☐ Hull</td></tr><tr><td>☐ Float</td><td>☐ Ski</td></tr><tr><td>☐ Amphibian</td><td></td></tr><tr><td>☐ Other Launch/Recovery System</td><td></td></tr><tr><td>☐ None</td><td>☐ Unknown</td></tr></tbody></table>	☐ Retractable	☐ High Skid	☐ Tricycle	☐ Skid	☒ Tailwheel	☐ Ski/Wheel	☐ Emergency Float	☐ Hull	☐ Float	☐ Ski	☐ Amphibian		☐ Other Launch/Recovery System		☐ None	☐ Unknown	<table><tbody><tr><td> • Reciprocating ○ Turbo Shaft ○ Turbo Prop ○ Turbo Jet ○ Turbo Fan ○ Electric </td><td> ○ Liquid Rocket ○ Solid Rocket ○ Hybrid Rocket ○ None ○ Unknown </td></tr><tr><td colspan="2">Fuel System Type (Reciprocating) ☐ Carburetor ☐ Fuel Injected</td></tr></tbody></table>	• Reciprocating ○ Turbo Shaft ○ Turbo Prop ○ Turbo Jet ○ Turbo Fan ○ Electric	○ Liquid Rocket ○ Solid Rocket ○ Hybrid Rocket ○ None ○ Unknown	Fuel System Type (Reciprocating) ☐ Carburetor ☐ Fuel Injected	
Standard	Special																																										
☐ Normal	☐ Restricted																																										
☐ Aerobatic	☐ Limited																																										
☐ Balloon	☐ Provisional																																										
☐ Commuter	☐ Special Flight																																										
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Fuel System Type (Reciprocating) ☐ Carburetor ☐ Fuel Injected																																											

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yy yy)	Rated Power ☐ or ☐	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	For Experimental Use Only	Ranger	AEE001BBC4+21-09		200			
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

- 100-Hour
- AAIP
- Annual
- Continuous Airworthiness
- «Last_inspection_type_Condition_Inspection» Condition
- Unknown

Date of Last Inspection: (mm/dd/yyyy) 2025-08-16Airframe Total Time: hours

Hours measured at (Select one)

☐ Last Inspection ☐ Time of Accident/Incident**Additional Equipment**

- | | |
|--|--|
| ☐ ADS-B | ☐ Handheld GPS |
| ☐ Airframe Parachute | ☐ Heads Up Display |
| ☐ Angle of Attack Indicator | ☐ Night Vision Goggles |
| ☐ Autopilot | ☐ Onboard Weather |
| ☐ Autopilot/FMS, Model_ | ☐ Primary Flight Display |
| ☐ Coupled Flight Director | ☐ SAS, Axis: Model: |
| ☐ Data Recorder | ☐ Satellite Tracking Device |
| ☐ Device Stall Warning System | ☐ Stall Warning System |
| ☒ Electronic Flight Bag or Handheld Device | ☐ Video Recording Device |
| ☐ Electronic Multifunction Display | ☐ Wire Strike Detection |
| ☐ Electronic Primary Flight Display | ☐ Wire Strike Protection |
| ☐ Flight Management System | ☐ Other, Specify: |

Type of Maintenance Program <i>(Select one)</i> ☐ Annual ☒ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program ☐ (AAIP) Continuous Airworthiness ☐ Other, specify: Description of Fire Extinguishing System ☒ None ☐ Specify:	ELT Installed ☐ Yes ☒ No <i>If yes:</i> ELT Manufacturer: Model or Part No.: TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz) ☐ C126 (406 MHz) Was ELT still mounted in aircraft? ☐ Yes ☐ No Was ELT still connected to antenna? ☐ Yes ☐ No Did ELT activate? ☐ Yes ☐ No <i>If activated: Did ELT aid in locating aircraft?</i> ☐ Yes ☐ No <i>If not activated: Indicate Reason:</i> ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown	Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Sensenich</u> Model: <u>W86RA58</u> Propeller 2 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: Model:
OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Lafayette Foundation INC</u> State: <u>CO</u> Fractional Ownership Aircraft: ☐ Yes ☒ No City: <u>Ft Lupton</u> Country: <u>US</u> ZIP: <u>80621</u>		
Operator of Aircraft ☒ The Operator is also the Registered Owner ☒ Same address as Registered Owner Name: Doing Business As: City: State: Air Carrier/Operator Designator (4-character code): ZIP: Country:		
Operating Certificates Held <i>(Check all that apply)</i> ☐ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Waiver or Authorization (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ FAR 103 ☐ FAR 133 ☐ FAR 431 ☐ FAR 121 ☐ FAR 135 ☐ FAR 435 ☐ FAR 125 ☐ FAR 137 ☐ FAR 437 ☐ FAR 450 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-Commercial ☐ Public Aircraft (Select one) ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☒ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Firefighting ☐ Aerial Observation ☐ Flight Test ☐ Air Drop ☐ Glider Tow ☐ Air Race/Show ☐ Instructional ☐ Banner Tow ☐ Other Work Use ☐ Business ☐ Personal ☐ Executive/Corporate ☒ Positioning ☐ External Load ☐ Skydiving ☐ Ferry ☐ Unknown
Revenue Sightseeing Flight? ☐ Yes ☒ No	Air Medical Flight? ☐ Yes ☒ No	
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport.)		
Airport Name: <u>Centennial</u> Airport Identifier: <u>KAPA</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance from Airport Center: <u>.5 sm.</u> Direction from Airport: <u>090 degrees true</u> Airport Elevation: <u>5884ft. MSL</u>
Runway Information Runway ID: <u>28</u> Length: <u>4800 ft.</u> Width: <u>75 ft.</u>		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☐ Snow Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Glassy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Choppy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Slush-Covered ☐ Vegetation ☐ Unknown
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow ☐ Concrete ☐ Gravel ☐ Macadam ☐ Water ☐ Dirt ☐ Helideck ☐ ☐ Unknown ☐ Elevated ☐ Helistop Metal/Wood Heliport ☐ Off-site landing area		
Approach/Departure Segment <i>(Select one)</i>		

- | | | | | |
|--|---|---|--|---|
| <ul style="list-style-type: none"> ○ Taxi ○ Takeoff ○ Initial Climb | <ul style="list-style-type: none"> ○ VFR Departure ○ IFR Departure Procedure/Clearance | <ul style="list-style-type: none"> ○ On Instrument Approach ● Landing | <ul style="list-style-type: none"> ○ Downwind ○ Base ○ Final ○ Crosswind | <ul style="list-style-type: none"> ○ Low Approach ○ Go Around ○ Aborted Landing (after touchdown) ○ Unknown |
|--|---|---|--|---|

IFR Approach (Check all that apply)

✓ None

- | | | |
|-----------------------------------|--|-----------------------------------|
| ☐ ADF/NDB | ☐ PAR | ☐ MLS |
| ☐ SDF | ☐ Sidestep | ☐ LDA |
| ☐ VOR/TVOR | ☐ ILS | ☐ ASR |
| ☐ VOR/DME | ☐ Localizer Only | ☐ Visual |
| ☐ TACAN | ☐ LOC-back course | ☐ Contact |
| | ☐ RNAV | ☐ Circling |

VFR Approach (Check all that apply)☐ None

- | | |
|---|---|
| ☐ Traffic pattern | ☐ Stop and Go |
| ✓ Straight-In | ☐ Touch and Go |
| ☐ Valley/Terrain Following | ☐ Simulated Forced Landing |
| ☐ Go Around | ☐ Forced landing |
| ✓ Full Stop | ☐ Precautionary Landing |
| | ☐ Unknown |

"FLIGHT CREWMEMBER 1" INFORMATION**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

- Captain ○ First Officer ● Pilot ○ Co-Pilot ○ Student Pilot ○ Flight Instructor ○ Check Pilot ○ Flight Engineer ○ Other Flight Crew

"Flight Crewmember 1" was pilot flying ✓ Yes ☐ No**"Flight Crewmember 1" Identification:**

First Name: [REDACTED] City of Residence: Broomfield

Middle Initial: [REDACTED] State: CO Zip: 80023

Last Name: [REDACTED] Country: US

Age at time of Accident/Incident: 43 Date of Birth: [REDACTED] (mm/dd/yyyy)

Certificate Number: [REDACTED]

Degree of Injury ● None ○ Unknown ○ Minor ○ Serious ○ Fatal	Seat Occupied ○ Left ○ Front ○ Unknown ○ Right ○ Rear ○ Center ● Single	Restraint Type <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Available</td> <td style="width: 50%;">Used</td> </tr> <tr> <td>○ None</td> <td>○ None</td> </tr> <tr> <td>○ Lap only</td> <td>○ Lap only</td> </tr> <tr> <td>○ 3-point</td> <td>○ 3-point</td> </tr> <tr> <td>● 4-point</td> <td>● 4-point</td> </tr> <tr> <td>○ 5-point</td> <td>○ 5-point</td> </tr> <tr> <td>○ Unknown</td> <td>○ Unknown</td> </tr> </table> Supplemental Restraint type: _____	Available	Used	○ None	○ None	○ Lap only	○ Lap only	○ 3-point	○ 3-point	● 4-point	● 4-point	○ 5-point	○ 5-point	○ Unknown	○ Unknown	Inflatable Restraints ✓ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																
○ None	○ None																
○ Lap only	○ Lap only																
○ 3-point	○ 3-point																
● 4-point	● 4-point																
○ 5-point	○ 5-point																
○ Unknown	○ Unknown																
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ✓ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer		Medical Certificate Validity ● Without limitations/waivers ○ Unknown ○ With limitations/waivers ○ N/A ○ Special Issuance															
Principle Occupation ○ Pilot ● Other ○ Unknown	Medical Certificate ○ None ● BasicMed ○ Class 1 ○ Driver's License (Sport Pilot only) ○ Class 2 ○ Class 3 ○ Unknown		Date of Last Medical 2022-02-21 _____ mm/dd/yyyy														

Medical Certificate Limitations**Medical Certificate Special Limitations****Personal Flight Equipment** (Check all that apply)

- ☐ Fire resistant flight suit ✓ Helmet ☐ Laser protective visor/goggles ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
- ✓ Helmet visor ☐ Night vision goggles ☐ Personal flotation
- ☐ Other: _____

Date of Last Flight Review Or Equivalent, Including FAR 121/135 Checks:

2023-09-14

mm/dd/yyyy

Flight Review Aircraft

Make: Schleicher

Model: ASK-21

Airplane Rating(s) <i>(Check all that apply)</i> ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea ☐ None		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Helicopter ☐ Airship ☐ Powered Lift ☐ Balloon ☒ Glider ☐ Gyroplane		Instrument Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport					
Type Ratings and Applicable Logbook Endorsements Type: None Tailwheel: 4/18/18						Student Endorsements <i>(Include dates)</i>					

Flight Time <i>(Enter hours for each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotocraft	Tail-wheel
						Actual	Simulated					
Total Time	1371	10.2	1230.4	5.1	105.1	.8	17.8	0	135.5	0	0	906.7
Pilot-in-Command	1312.4	10.2	1185.6	0	98.5	0	13.5	0	126.8	0	0	900.7
Time as Instructor	0	0	0	0	0	0	0	0	0	0	0	0
This Make/Model					0	0	0					
Last 90 Days	114.4	5.1		0	0	0	0	0	52.3	0	0	60.6
Last 30 Days	40.2	4.4	21.7	0	0	0	0	0	18.5	0	0	21.7
Last 24 Hrs.	1	1	1	0	0	0	0	0	0	0	0	1

“FLIGHT CREWMEMBER 2” INFORMATION

“Flight Crewmember 2 Responsibilities at the Time of Accident/Incident
☐ Captain ☐ First Officer ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

“Flight Crewmember 2” was pilot flying ☐ Yes ☐ No
“Flight Crewmember 2” Identification:

 First Name: City of Residence:

 Middle Initial: State: Zip:

 Last Name: Country:

 Age at time of Accident/Incident: Date of Birth: (mm/dd/yyyy)

 Certificate Number:

Degree of Injury ☐ None ☐ Unknown ☐ Minor ☐ Serious ☐ Fatal	Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint type:	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	
Principle Occupation ☐ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ BasicMed ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Class 3 ☐ Unknown		Date of Last Medical mm/dd/yyyy

Medical Certificate Limitations	Medical Certificate Special Limitations
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Personal Flight Equipment *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation
☐ Other:

Date of Last Flight Review Or Equivalent, Including FAR 121/135 Checks: mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____							
Airplane Rating(s) <i>(Check all that apply)</i> ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea ☐ None		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Helicopter ☐ Airship ☐ Powered Lift ☐ Balloon ☐ Glider ☐ Gyroplane		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport					
Type Ratings and Applicable Logbook Endorsements						Student Endorsements <i>(Include dates)</i>					

Flight Time <i>(Enter hours for each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotocraft	Tail-wheel
						Actual	Simulated					
Total Time												
Pilot-in-Command												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hrs.												

ADDITIONAL FLIGHT CREWMEMBERS *(Exclusive of cabin crew, complete the following information.)*

Additional Crewmember Information First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____		Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
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Personal Flight Equipment *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation
☐ Other: _____

Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs.		

Additional Crewmember Information First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____		Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
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Personal Flight Equipment *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation

☐ Other: _____							
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: hrs. _____		Supplemental Restraint, specify:			

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)

Number of Passengers _____					
Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: City: Middle Initial: State: Zip: Last name: Country: ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown Row: _____	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify:	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: City: Middle Initial: State: Zip: Last name: Country: ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown Row: _____	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify:	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: City: Middle Initial: State: Zip: Last name: Country: ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves	☐ Left ☐ Center ☐ Right ☐ Unknown ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown Row: _____	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify:	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	

☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____					
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>18v</u> City: <u>Hudson</u> State: <u>CO</u> Country: <u>US</u>	Time: <u>08:00</u> Time Zone: <u>America/Boise</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>KAPA</u> City: <u>Englewood</u> State: <u>CO</u> Country: <u>US</u>	☒ None ☐ VFR/IFR ☐ Company ☐ IFR VFR ☐ Unknown ☐ Military VFR ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply)☐ None

- | | | | | |
|---|--------------------------------------|--------------------------------------|---|---------------------------------------|
| ☐ Certificate of Authorization | ☐ Special VFR | ☐ Special IFR | ☐ VFR Flight Following | ☐ Cruise |
| ☒ VFR | ☐ IFR | ☐ VFR On Top | ☐ Traffic Advisory | ☐ Unknown / NA |

Type of ATC Clearance/Service (Check all that apply)

- | | | | | |
|---|--|---|---|--|
| ☐ Class A | ☐ Class G | ☐ Military Operations Area (MOA) | ☐ Special | Altitude of In-Flight Occurrence:
<u>ft. MSL</u> |
| ☐ Class B | ☐ Demo Area | ☐ Airport Advisory Area | ☐ Air Traffic Control Area | |
| ☐ Class C | ☐ Warning Area | ☐ Jet Training Area | ☐ Unknown | |
| ☒ Class D | ☐ Prohibited Area | ☐ TRSA | | |
| ☐ Class E | ☐ Restricted Area | ☐ FAR 93 | | |

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)		Weather Observation Facility	
☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Electronic Flight Bag-Application: _____ ☐ On-Board Weather	☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown	Facility ID: <u>KAPA</u> Observation Time: _____ Time Zone: <u>America/Boise</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>0</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Lowest Cloud Condition Height <u>20000 ft. AGL</u>	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition	Ceiling	Ceiling Height <u>20000 ft. AGL</u>	

☐ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered	☒ Thin Broken ☐ Thin Overcast ☐ Unknown	☐ None (Clear) ☒ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	Temperature: 21 (°C) or (°F) Dewpoint: 4 (°C) or (°F)	
Altimeter Setting: <u>30.38</u> Hg or mb	Wind Direction ☐ Variable Direction: or degrees true	Wind Speed ☒ Calm ☐ Light and Variable or Speed: <u>kts</u>	Wind Gusts ☒ Not Gusting or Speed: <u>kts</u>	Visibility <u>10</u> miles RVR: <u>feet</u> RVV: <u>miles</u> Destiny Altitude: <u>7500</u> ft
Type of Precipitation <i>(Check all that apply)</i> ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle			Restriction to Visibility <i>(Check all that apply)</i> ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Turbulence <i>(Check all that apply)</i> Type ☐ None ☐ Clean Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:				
DAMAGE TO AIRCRAFT AND OTHER PROPERTY				
Aircraft Damage ☐ None ☐ Substantial ☐ Minor ☐ Destroyed ☐ Unknown	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Fire at Unknown Time ☐ On-Ground ☐ Unknown	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Fire at Unknown Time ☐ On-Ground ☐ Unknown		
Description of Damage to Aircraft and Other Property <i>(Use additional sheet, if necessary.)</i> Damage to right wingtips (including a bend in the protruding right aileron), left wingtips, propeller, motor mounts, and cowl deformation. No damage outside aircraft.				
NARRATIVE HISTORY OF FLIGHT (Please type or print in ink.)				
Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.				

On August 22nd, from approximately 08:00 to 08:45 local time, I was repositioning an Experimental Fokker D VII replica (N18852) from the Vintage Aero Flying Museum at Platte Valley Airport (18V) to Centennial Airport (KAPA) for display at a fundraiser for children's cancer research (the Morgan Adams Foundation's 22nd annual event). During rollout, I experienced a runway excursion/ground loop, following a tailwheel steering failure. Full rudder, together with additional control inputs, was insufficient to maintain directional control. Pictures just prior to tailwheel's touchdown clearly show the rudder's deflection to the right and the tailwheel's to the left. This is simply not possible with a properly functioning, linked and locked, steerable tailwheel.

OPERATOR/OWNER SAFETY RECOMMENDATION (How could this accident/incident have been prevented?)

Tailwheel mechanism functionality and installation on the airframe should be reviewed prior to any further flight of this aircraft, or other aircraft in the fleet.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a separate sheet.)

Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Yes, see narrative above.

Total Time/ Cycles On Part

Hours _____

Cycles _____

**Time Since This Part
Inspected/Overhauled**

Hours _____

FUEL & SERVICES INFORMATION		
Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> <u>33 Gallons</u>	Fuel Type ● 100 Low Lead ○ Automotive ○ Jet A ○ Jet A-1 ○ Unleaded AV ○ Other, specify _____	
Other Services, if any, prior to departure: 		
EVACUATION OF AIRCRAFT		
Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No		
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location: Pilot exited from the (always) open cockpit.		
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> aircraft.)		
Aircraft Registration Number 	Manufacturer: Model: _____	Damage to Other Aircraft: ☐ Destroyed ☐ Substantial ☐ Minor ☐ None
Registered Owner of Other Aircraft Name: _____ City: _____ State: <u>ZIP:</u> _____ Country: _____	Pilot of Other Aircraft Name: _____ City: _____ State: <u>ZIP:</u> _____ Country: _____	
ADDITIONAL INFORMATION (Additional space for answers to any question.)		

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I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

By signing this form, I am consenting to the public release of the information provided herein.

Date of this report:

Mon Sep 08 2025
mm/dd/yyyy

Name of Pilot/Operator:

Signature:

-or- ☒ Check hereto electronically sign this document

If a person other than Pilot/Operator is filing this report

Name: _____ **Title:** _____

Signature: _____

-or- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
CEN25LA333	CENTRAL	LINDBERG	9/8/2025