

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: GranburyState: TXZIP: 76049Country: USLatitude: 32°29'37.8"NLongitude: 97°43'50.8"W(Enter in decimal degrees or
degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 08-24-2025Local Time: 18:54mm/dd/yyyyTime Zone: America/Chicago

Collision with Other

☐ Midair

Aircraft:

☐ On-ground☒ None

AIRCRAFT INFORMATION

Registration Number: N376CDManufacturer: CirrusModel: SR22Serial Number: 1425Year of Manufacture: 2005Amateur-Built: ☐ YesIf yes: ☐ Original Design☒ No☐ Kit/Plans

Make:

☒ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 3400lbsWeight at Time of Accident/Incident: 2700lbsNumber of Seats: 4Flight Crew Seats: 2Cabin Crew Seats: 0Passenger Seats: 2Number of Engines: 1Category of Aircraft
(Select one)

- ☒ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☐ Glider
- ☐ Gyroplane
- ☐ Helicopter
- ☐ Powered Lift
- ☐ Rocket
- ☐ Ultralight
- ☐ Unknown

Type of Airworthiness Certificate
(Check all that apply)

- | | |
|---|---|
| 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 | |

Landing Gear
(Check all that apply)

- | | |
|---|------------------------------------|
| ☐ Retractable | ☐ High Skid |
| ☒ Tricycle | ☐ Skid |
| ☐ Tailwheel | ☐ Ski/Wheel |
| ☐ Emergency Float | ☐ Hull |
| ☐ Float | ☐ Ski |
| ☐ Amphibian | |
| ☐ Other Launch/Recovery System | |
| ☐ None | ☐ Unknown |

Engine Type
(Select one)

- | | |
|--|-------------------------------------|
| ☒ Reciprocating | ☐ Liquid Rocket |
| ☐ Turbo Shaft | ☐ Solid Rocket |
| ☐ Turbo Prop | ☐ Hybrid Rocket |
| ☐ Turbo Jet | ☐ None |
| ☐ Turbo Fan | ☐ Unknown |
| ☐ Electric | |

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	Continental	IO-550-N43B	1049024	2025-05-07	310	11.5	11.5	
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

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

Date of Last Inspection: (mm/dd/yyyy) 2025-06-01Airframe Total Time: 2921.4hours

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_Avidyne DFC100 | ☒ 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: |

ELT Installed ☒ Yes ☐ No

Propeller 1

○ 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: City of Residence: Fort Worth
 Middle Initial: State: TX Zip: 76109
 Last Name: Country: US
 Age at time of Accident/Incident: 58 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 <table> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td> ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown </td> <td> ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table>	Available	Used	☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used						
☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown						
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer		Supplemental Restraint type: _____					
Principle Occupation ☐ Pilot ☒ Other ☐ Unknown	Medical Certificate ☐ None ☐ BasicMed ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☒ Class 3 ☐ Unknown	Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance	Date of Last Medical 2024-12-16 _____ mm/dd/yyyy				

Medical Certificate Limitations

Corrective lenses

Medical Certificate Special Limitations**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.												

“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/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: 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 Supplemental Restraint, specify:		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. _____					
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: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ 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 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 Supplemental Restraint, specify:	☐ 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: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ 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 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 Supplemental Restraint, specify:	☐ 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: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ 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 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 Supplemental Restraint, specify:	☐ 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>KFWS</u> City: <u>Fort Worth</u> State: <u>TX</u> Country: <u>US</u>	Time: <u>16:55</u> Time Zone: <u>America/Chicago</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>KFWS</u> City: <u>Fort Worth</u> State: <u>TX</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>4700 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: <u>Stratus Insight</u> ☒ On-Board Weather	☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown	Facility ID: <u>KFWS</u> Observation Time: <u>18:50</u> Time Zone: <u>America/Chicago</u> Distance from Accident Site: <u>21</u> nm Direction from Accident Site: <u>80</u> degrees true	
Basic Conditions	Lowest Cloud Condition	Light Condition	
☒ VMC ☐ IMC ☐ Unknown	Height <u>ft. AGL</u>	☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition	Ceiling	Ceiling Height <u>ft. AGL</u>	

● Clear ○ Few ○ Partial - Obscuration ○ Scattered	○ Thin Broken ○ Thin Overcast ○ Unknown	● None (Clear) ○ Broken ○ Overcast ○ Obscured ○ Indefinite ○ Unknown	Temperature: (°C) or (°F) Dewpoint: (°C) or (°F)	
Altimeter Setting: <u>2996</u> Hg or mb	Wind Direction ☐ Variable or Direction: <u>110</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable or Speed: <u>4</u> kts	Wind Gusts ☐ Not Gusting or Speed: <u> </u> kts	Visibility <u>10</u> miles RVR: <u> </u> feet RVV: <u> </u> miles Destiny Altitude: <u> </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: None				
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>) Cirrus Airframe Parachute System (CAPS) deployed. Nose gear collapsed. Propeller bent. Right main gear sheared off and punctured through the right wing.				
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.				

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

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

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>	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>	Fuel Type ● 100 Low Lead ○ Automotive ○ Jet A ○ Jet A-1 ○ Unleaded AV ○ Other, specify _____
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46Gallons

Other Services, if any, prior to departure:

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location:

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for *other* aircraft.)

Aircraft Registration Number

Manufacturer:

Model: _____

Damage to Other Aircraft:

- ☐ Destroyed
☐ Substantial
☐ Minor
☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Additional space for answers to any question.)

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:

Thu Aug 28 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
CEN25LA342	CENTRAL	LINDBERG	8/28/2025

[REDACTED], Pilot & Owner
Cirrus SR22, N376CD, S/N 1425
August 24, 2025

Accident #: CEN25LA342

Narrative History of Flight

I departed KFWS Spinks Airport at approximately 4:55 PM on August 24, 2025 with approximately 46 gallons on board my Cirrus SR22 N376CD. The purpose of the flight was to continue breaking in a new engine, varying the power between 65% and 75% power at 30 minute intervals. The engine had been replaced with a factory new engine and had 9.5 hours at the beginning of the flight.

I climbed to 8,500' and headed southwest. I planned generally to fly a triangle and return to Spinks. I was monitoring the appropriate radio frequencies and 121.5 but did not get flight following or check in with any ATC facility. I took notes on the engine performance and varied the power settings approximately every 30 minutes according to the POH performance tables throughout the flight. I switched tanks approximately every 10 gallons during the flight but had not noted the initial levels in each tank, so I did not know exactly how much fuel I had in each tank.

I turned northwest and remained at 8,500'. I eventually put KFWS into the GPS, turned toward the airport, descended to 7,500' and programmed the autopilot to arrive 5 NM from the airport at 2,500' to avoid the large tower to the west of the airport. My avionics indicated that I had about 14 gallons remaining and would land at Spinks with 10 gallons. I was on the left tank and the fuel gauges indicated about 4.5 gallons in the left tank and 14 gallons in the right tank (as best I can recall). The gauges are not particularly accurate in the Generation 2 SR22 so I intentionally decided to pull the left tank down some more and then switch to the right tank on descent. I briefed myself that if the engine sputtered I would switch tanks.

The autopilot began the descent as planned. When I was a little over 20 miles out and checked the weather at Spinks. It was about to update, so I waited until information Juliet was current and changed my barometer from 2998 to 2996. Winds were 110 at 4, landing runways 18R & L. At this point I was probably about 18 miles from the airport and was about to call the tower.

Before I called the tower I felt the plane decelerate. I turned on the boost pump, advanced the mixture, and then the throttle. I did not switch tanks as I had previously briefed myself. I thought I was having engine problems and making partial power, so I decided to land at Granbury Regional Airport KGDJ. I turned toward the airport and set the GPS for direct to. I mistakenly put the AWOS frequency in the radio twice before entering the UNICOM 123.0. At some point I removed the CAPS cover.

About 7 miles from the airport I transmitted on UNICOM that I was making an emergency landing. I still had not sighted the airport. At 5 miles from the airport I realized I was making 92 knots and could not maintain altitude.

I activated CAPS and the parachute deployed successfully. As I was descending nose down toward a stock tank I pulled the mixture back to turn off the engine, per CAPS procedure. The line cutters activated and the plane leveled out. Within one second of the plane levelling I made a successful landing on the landing gear on nearly level ground near the stock tank at approximately 6:54 pm CDT. I was uninjured. I turned off the power and magnetos and exited the aircraft.

The plane was intact, and the parachute had settled behind the plane over a power line. There was no debris and no property damage to my knowledge. The CAPS cover, however, was not found. I eventually cut the parachute straps and pulled them off the power line. It was around this point that I realized I had not switched tanks as I had intended, and I had run the left tank dry.

Operator/Owner Safety Recommendation

There are multiple ways this accident/incident could have been prevented.

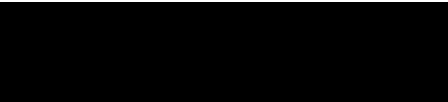
1. I should have immediately switched tanks as I had previously briefed myself when the plane decelerated and the boost pump and mixture did not solve the problem.
2. Rather than deciding to pull the left tank down more I should have gone ahead and switched tanks at that point. I knew at the time that I had more fuel in the right tank but I was not certain how much. I thought at the time that it would be better to run a tank dry on descent rather than short final. This is true, but I had adequate fuel in the right tank to land at Spinks from that position.
3. Even though I had shortly before briefed myself that I would switch tanks, I failed to do so when the airplane decelerated. At any point I could have switched tanks and solved the problem, and I failed to do so.
4. My second biggest mistake was misdiagnosing the problem. I erroneously concluded that I was having engine problem rather than fuel starvation. Because my engine was so new, I was most concerned with potential engine troubles because new engines have the highest failure rates.
5. My second misdiagnoses was that I believed that I was making partial power rather than being completely without power. I decided to make a precautionary landing and believed I would have sufficient power to safely land at Granbury.
6. Even if the engine had been making partial power, I should have immediately used my airspeed to gain altitude and trimmed for best glide speed, which would have given me more time to assess the situation.
7. I should not have wasted any time searching for an airport and rather gained altitude, maneuvered over a safe area to utilize CAPS and then executed my checklist. I would have switched tanks and solved the problem.
8. Fully filled the fuel tanks before the flight.
9. Measured each tank prior to flight so that I would have a more accurate understanding of how much fuel was in each tank at all times during the flight.
10. I could have landed for more fuel or returned to Spinks earlier because I was not exactly certain how much fuel was in each tank. That being said, I did have adequate fuel to complete the flight safely with adequate minimums.
11. I wear an in-ear headset that virtually eliminate engine noise. This contributed to my misdiagnoses because I hear very little engine noise during flight. When the engine stopped making power I did not hear the change or realize that the engine was not running.

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I understand that the information provided may be subject to public release.

Date of this report: 06/28/2025

Name of Pilot/Operator: 

Signature: 


-or- ☒ Check here to electronically sign this document