

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: <u>(13WI)</u> Nearest City/Place: <u>Markesan</u> State: <u>WI</u> ZIP: _____ Country: <u>USA</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date/Time Date: <u>08/21/2025</u> Local Time: <u>6:30 PM</u> mm/dd/yyyy HH:MM Time Zone: <u>Central Standard Time</u> Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None
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AIRCRAFT INFORMATION

Registration Number: <u>N761SV</u> Manufacturer: <u>CESSNA</u> Model: <u>C210</u> Serial Number: <u>21062489</u> Year of Manufacture: <u>1978</u> Amateur-Built: ☐ Yes ☐ No If Yes: ☐ Original Design ☐ Kit/Plans Make: _____	☒ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>3800</u> lbs. Weight at Time of Accident/Incident: <u>~2905</u> lbs. Number of Seats: <u>6</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>N/A</u> Passenger Seats: <u>5</u> Number of Engines: <u>1</u>		
Category 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 ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	Landing Gear (Check all that apply) ☒ Retractable ☐ Tricycle ☐ Tailwheel ☐ Emergency Float ☐ Float ☐ Amphibian ☐ Other Launch/Recovery System ☐ None ☐ High Skid ☐ Skid ☐ Ski/Wheel ☐ Hull ☐ Ski ☐ Unknown	Engine Type (Select one) ☒ 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

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yyyy)	Rated Power ☒ Horsepower or ☐ Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>CONTINENTAL</u>	<u>T-520L-47</u>	<u>1044877</u>		<u>300</u>	<u>~200</u>		
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ AAIP ☒ Annual ☐ Continuous Airworthiness ☐ Condition Inspection ☐ Unknown Date of Last Inspection: _____ mm/dd/yyyy Airframe Total Time: <u>3197.4</u> hrs Hours measured at (Select one) ☐ Last Inspection ☐ Time of Accident/Incident	Additional Equipment ☒ ADS-B ☐ Airframe Parachute ☐ Angle of Attack Indicator ☒ Autopilot ☐ Autopilot/FMS, Model: _____ ☒ Coupled Flight Director ☐ Data Recorder ☐ Device Stall Warning System ☐ Electronic Flight Bag or Handheld Device ☒ Electronic Multifunction Display ☒ Electronic Primary Flight Display ☐ Flight Management System ☐ Handheld GPS ☐ Heads Up Display ☐ Night Vision Goggles ☒ Onboard Weather ☐ Primary Flight Display ☐ SAS, Number of Axes: _____ Model: _____ ☐ Satellite Tracking Device ☒ Stall Warning System ☐ Video Recording Device ☐ Wire Strike Detection ☐ Wire Strike Protection ☐ Other, Specify: _____	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>dm-ELT</u> Model or Part No.: <u>296B366</u> 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 If activated: Did ELT aid in locating aircraft? ☒ Yes ☐ No If not activated: Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown	Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Hartzell</u> Model: <u>HC-J3KE-1RE/F8068-2</u> Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program (Select One) ☒ 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: <u>handheld</u>			

"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: <u>Richard</u> Middle Initial: <u>L</u> Last Name: <u>VOGT</u> Age at time of Accident/Incident: <u>67</u>						City of Residence: <u>Panama City Beach</u> State: <u>FL</u> ZIP: <u>32413</u> Country: <u>USA</u> Date of Birth: [REDACTED] m/dd/yyyy Certificate Number: _____																	
Degree of Injury ☒ None ☐ Serious ☐ Unknown ☐ Fatal ☐ Minor		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table style="width:100%; border: none;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </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, specify: _____				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) <table style="width:100%; border: none;"> <tr> <td>☐ None</td> <td>☐ Flight Instructor</td> <td>☐ Commercial</td> </tr> <tr> <td>☐ US Military</td> <td>☒ Private</td> <td>☐ Recreational</td> </tr> <tr> <td>☐ Airline Transport</td> <td>☐ Foreign</td> <td>☐ Sport</td> </tr> <tr> <td>☐ Student</td> <td>☐ Flight Engineer</td> <td></td> </tr> </table>						☐ 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				Date of Last Medical <u>04/29/2025</u> mm/dd/yyyy	
☐ None	☐ Flight Instructor	☐ Commercial																					
☐ US Military	☒ Private	☐ Recreational																					
☐ Airline Transport	☐ Foreign	☐ Sport																					
☐ Student	☐ Flight Engineer																						
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 3 ☐ Unknown ☐ Class 1 ☐ BasicMed ☐ Class 2 ☐ Driver's License (Sport Pilot only)		Medical Certificate Limitations <u>Must use corrective lens(es) to meet vision standards at all required distances</u>						Medical Certificate Special Limitations													
Personal Flight Equipment (Check all that apply) <table style="width:100%; border: none;"> <tr> <td>☐ Fire resistant flight suit</td> <td>☐ Helmet</td> <td>☐ Laser protective visor/glasses</td> <td>☐ Personal locator beacon(s) (PLB)</td> <td>☐ Fire resistant gloves</td> </tr> <tr> <td>☐ Helmet visor</td> <td>☐ Night vision goggles</td> <td>☐ Personal flotation</td> <td colspan="2">☒ Other: <u>iphone w/ Foreflight</u></td> </tr> </table>												☐ Fire resistant flight suit	☐ Helmet	☐ Laser protective visor/glasses	☐ Personal locator beacon(s) (PLB)	☐ Fire resistant gloves	☐ Helmet visor	☐ Night vision goggles	☐ Personal flotation	☒ Other: <u>iphone w/ Foreflight</u>			
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/07/2023</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>PIPER</u> Model: <u>PA 28-181</u>																			
Airplane Rating(s) (Check all that apply) ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																	
Type Ratings and Applicable Logbook Endorsements								Student Endorsements (Include dates)															
Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel											
Total Time	3949.8	2087.1	3949.8																				
Pilot in Command (PIC)	11	11	11																				
Time as Instructor																							
This Make/Model																							
Last 90 Days	39.4	39.4	39.4		6.7																		
Last 30 Days	13.4	13.4	13.4		0																		
Last 24 Hours	4.8	4.8	4.8		0																		

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: Richard L. Vogt
 City: Panama City Beach State: FL
 ZIP: 32413 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft

☒ The Operator is also the Registered Owner

☒ Same address as Registered Owner

Name: _____
 City: _____ State: _____
 ZIP: _____ Country: _____

Doing Business As: _____

Air Carrier/Operator Designator (4-character code): _____

Operating Certificates Held

(Check all that apply)

- ☒ 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 Authorization or Waiver (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

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
☐ Non-Scheduled or Air Taxi ☐ International
☐ Passenger
☐ Cargo
☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137 (Select one)

- ☐ 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: Nowatzki Field
 Airport Identifier: 13WE
 Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: _____ sm.
 Direction From Airport: _____ degrees true
 Airport Elevation: 920 ft. MSL

Runway Information

Runway ID: 27 Length: 3000 ft. Width: 22 ft.

Runway/Landing Surface (Check all that apply)

- ☒ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow
☐ Concrete ☐ Gravel ☐ Macadam ☐ Water
☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown
☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area

Condition of Runway/Landing Surface (Check all that apply)

- ☒ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Base ☐ Go Around
☐ Initial Climb ☐ Final ☐ Aborted Landing (after touchdown)
☐ Crosswind ☐ Unknown

IFR Approach (Check all that apply)

- ☒ None
☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Unknown
☐ 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

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

- ☐ Certificate of Authorization ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☒ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA
☐ None

Airspace where the accident/incident occurred (Check all that apply)

- ☐ Class A ☐ Class G ☒ Military Operations Area (MOA) ☐ Special
☐ 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

Altitude of In-Flight Occurrence: _____ ft. MSL

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Source of Pilot Weather Information**

(Check all that apply)

- ☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☒ Internet
☐ Automated Report ☐ None
☐ Electronic Flight Bag-Application: ☐ Unknown

☒ On-Board Weather**Weather Observation Facility**

Facility ID: KUNU
 Observation Time: 5:50 pm
 Time Zone: CST
 Distance from Accident Site: 20.2 nm
 Direction from Accident Site: 145 degrees true

Basic Conditions

- ☒ VMC
☐ IMC
☐ Unknown

Lowest Cloud Condition

Height _____ ft. AGL

Light Condition

- ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☒ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition

- ☐ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial ☐ Unknown
☐ Obscuration
☐ Scattered

Ceiling

- ☒ None (Clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Ceiling Height

_____ ft. AGL

Temperature: 81 (°C) or 81 (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting:29.79 (Hg), or _____ (mb)**Wind Direction**

☒ Variable or
 Direction: _____
 degrees true

Wind Speed

☒ Calm
☐ Light and Variable
 or
 Speed: _____ kts

Wind Gusts

☒ Not Gusting
 or
 Speed: _____ kts

Visibility

710 miles
 RVR: _____ feet
 RVV: _____ miles
 Density Altitude: _____ ft.

Type of Precipitation (Check all that apply)

- ☒ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility (Check all that apply)

- ☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ 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 (Check all that apply)

- Type**
☒ None
☐ Clean Air
☐ Terrain-Induced
☐ Convective
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		Aircraft Fire		Aircraft Explosion	
☐ None	☒ Substantial	☒ None	☐ Both Ground and In-Flight	☒ None	☐ Both Ground and In-Flight
☐ Minor	☐ Destroyed	☐ In-Flight	☐ Fire at Unknown Time	☐ In-Flight	☐ Fire at Unknown Time
	☐ Unknown	☐ On-Ground	☐ Unknown	☐ On-Ground	☐ Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet, if necessary.)

Nose gear sheared off & propeller strike... Frame damage below engine from nose to belly before main gear...

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.

Landed long on Runway "27" but made decision not to go around... thought there was sufficient runway left to stop aircraft (that wasn't the case)... Ran off end of runway and hit small ditch before the road then settled in larger ditch on the other side of the road.

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

Should have decided to go around and setup for a better approach & landing.

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.)

Total Time/ Cycles On Part

Hours
N
Cycles A

Time Since This Part Inspected/Overhauled

Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

Gallons

Fuel Type

☒ 100 Low Lead
☐ Automotive

☐ Jet A
☐ Jet A-1
☐ Unleaded AV☐ Other, specify _____

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:

Normal departure from Aircraft

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☐ Minor☐ Substantial☐ 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.

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

Date of this report:

09/04/2025
mm/dd/yyyy

Name of Pilot/Operator

Richard L. Vogt

Signature:

-or-

☐

Check here to 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.

CEN25LA344

Reviewed by NTSB AS Division

CEN REGION

Name of Investigator

C. Maxon

Date Report Received

10/02/2025