

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: Nashville State: ARZIP: 71852 Country: USALatitude: 34.045 Longitude: 93.783

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 08/30/2025 Local Time: 08:25 PM

mm/dd/yyyy HH:MM

Time Zone: CentralCollision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N492PRManufacturer: RobinsonModel: R44 Raven IISerial Number: 11778Year of Manufacture: 2006Amateur-Built: Yes No If Yes: Original Design Kit/Plans Make: _____IFR-Equipped and Certified
Commercial Space Flight
Unmanned AircraftMaximum Gross Weight: 2500 lbs.Weight at Time of Accident/Incident: 1800 lbs.Number of Seats: 7 Flight Crew Seats: 1Cabin Crew Seats: 0 Passenger Seats: 3Number of Engines: 1Category of Aircraft
(Select one)Airplane
Balloon
Blimp/Dirigible
Glider
Gyroplane
Helicopter
Powered Lift
Rocket
Ultralight
UnknownType of Airworthiness Certificate
(Check all that apply)Standard Normal Special
Aerobatic Restricted
Balloon Limited
Commuter Provisional
Transport Special Flight
Utility Experimental
Special Light-Sport
Experimental Light-SportCertificate 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 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/yyyy)	Rated Power Horsepower or Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>J0540</u>	<u>L-33274-48E</u>	<u>N/A</u>	<u>245 HP</u>	<u>1212</u>	<u>745.3</u>	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour
AAIP
Annual
Continuous Airworthiness
Condition Inspection
UnknownDate of Last Inspection: 03/05/2025

mm/dd/yyyy

Airframe Total Time: 1864 hrs

Hours measured at (Select one)

Last Inspection Time of Accident/Incident

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 Hand Held
Specify: _____

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: _____

Model or Part No.: _____

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (406 MHz)Was ELT still mounted in aircraft? ☐ Yes ☐ NoWas ELT still connected to antenna? ☐ Yes ☐ NoDid ELT activate? ☐ Yes ☐ NoIf 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 AdjustableManufacturer: RobinsonModel: C016-7

Propeller 2

Fixed Pitch
Controllable Pitch
Ground AdjustableManufacturer: RobinsonModel: 8313 8314

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: N&E Aerial LLC
 City: Nashville State: AR
 ZIP: 71852 Country: USA

Fractional Ownership Aircraft:
☐ Yes ☐ No
Operator of Aircraft
☐ The Operator is also the Registered Owner

☒ Same address as Registered Owner

Name: Phillip Anthony White
 City: Nashville State: AR
 ZIP: 71852 Country: USA

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 FlightYes ☐ 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: Home
 Airport Identifier: None
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: -1 sm.
 Direction From Airport: 152 degrees true
 Airport Elevation: 720 ft. MSL

Runway Information

Runway ID: _____ Length: _____ ft. Width: _____ 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 Visual
 VOR/DME Localizer Only Contact
 TACAN LOC-back course Circling
 RNAV

VFR Approach (Check all that apply)

None
 Traffic Pattern
Straight-In Stop and Go
 Valley/Terrain Following Touch and Go
 Go Around Simulated Forced Landing
 Full Stop Forced Landing
 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: Phillip

City of Residence: Nashville

Middle Initial: A

State: AR ZIP: 71852

Last Name: White

Country: USA

Age at time of Accident/Incident: 47

Date of Birth: [REDACTED] (yyyy)

Certificate No. [REDACTED]

Degree of Injury

☒ None
☐ Serious
☐ Unknown
☐ Fatal
☐ Minor

Seat Occupied

☐ Left
☐ Right
☐ Center
☒ Front
☐ Rear
☐ Single
☐ Unknown

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

Pilot Certificate(s) (Check all that apply)

☐ None
☐ US Military
☐ Airline Transport
☐ Student
☐ Flight Instructor
☐ Private
☐ Foreign
☐ Flight Engineer
☒ Commercial
☐ Recreational
☐ Sport

Supplemental Restraint, specify: _____

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None
☒ Class 1
☐ Class 2
☐ Class 3
☐ BasicMed
☐ Driver's License (Sport Pilot only)
☐ Unknown

Medical Certificate Validity

☒ Without limitations/waivers
☐ With limitations/waivers
☐ Special Issuance
☐ Unknown
☐ N/A

Date of Last Medical

11/13/2024
mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Limitations

None

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit
☐ Fire resistant gloves
☐ Helmet
☐ Night vision goggles
☐ Laser protective visor/glasses
☐ Personal flotation
☐ Personal locator beacon(s) (PLB)
☐ Other: _____

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

03/05/2025
mm/dd/yyyy

Flight Review Aircraft

Make: Robinson
Model: R44 Raven 2

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
						Actual	Simulated					
Total Time	1292.3	1292.3			19			1292.3				
Pilot in Command (PIC)	1240.1	1240.1			19			1240.1				
Time as Instructor												
This Make/Model												
Last 90 Days	131.8	131.8						131.8				
Last 30 Days	42.5	42.5						42.5				
Last 24 Hours	0	0						0				

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: 730 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: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ nm
 Direction from Accident Site: _____ degrees true

Basic Conditions

- ☒ VMC ☐ Lowest Cloud Condition ☐ Light Condition
☐ IMC Height _____ ft. AGL ☐ Dawn ☐ Dusk
☐ Unknown ☐ Night ☐ Dark Night ☐ Unknown
☐ Day

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: _____ (°C) or _____ (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting:

_____ (Hg), or _____ (mb)

Wind Direction

☐ Variable or
 Direction: None
 degrees true

Wind Speed

☐ Calm
☐ Light and Variable
 or
 Speed: None kts

Wind Gusts

☐ Not Gusting
 or
 Speed: _____ kts

Visibility

_____ 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
 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
☐ Minor
☐ Substantial
☐ Destroyed
☐ Unknown

Aircraft Fire

- ☒ None
☐ In-Flight
☐ On-Ground
☐ Both Ground and In-Flight
☐ Fire at Unknown Time
☐ Unknown

Aircraft Explosion

- ☒ None
☐ In-Flight
☐ On-Ground
☐ Both Ground and In-Flight
☐ Fire at Unknown Time
☐ Unknown

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

total loss
 broke neutral wire

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.

After dropping off my
 Aunt I headed home I
 was only about 2 minutes
 from Home and Low Fuel
 light came on being dark
 I passed my LZ and
 continued looking and I ran out of
 Fuel

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

I then photoed still trying to find
 a reference next thing I saw was a power
 pole

Monitor Fuel level and have
 lighting at my LZ

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> Gallons		Fuel Type ☒ 100 Low Lead ☐ Jet A ☐ Automotive ☐ 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 <i>NO</i>			
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location: Sole occupant opened door and got out			
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft.)			
Aircraft Registration Number 		Manufacturer: <i>Robinson</i> Model: <i>R44 R11</i>	
Registered Owner of Other Aircraft Name: <i>A & E Aerial LLC</i> City: <i>Nashville</i> State: <i>AR</i> ZIP: <i>71852</i> Country: _____		Pilot of Other Aircraft Name: <i>None</i> City: _____ State: _____ ZIP: _____ Country: _____	
Damage to Other Aircraft: ☐ Destroyed ☐ Minor ☐ Substantial ☒ None			
ADDITIONAL INFORMATION (Additional space for answers to any question.)			

NTSB Accident/Incident no. CEN25LA359	Reviewed by NTSB AS Division CEN REGION	Name of Investigator C. Maxon	Date Report Received October 2, 2025
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