

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: LancasterState: TXZIP: 75146Country: US

Latitude:

Longitude:

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

Accident/Incident Date/Time

Date: 09-13-2025Local Time: 00:10mm/dd/yyyyTime Zone: America/Chicago

Collision with Other

☐ Midair

Aircraft:

☐ On-ground☒ None

AIRCRAFT INFORMATION

Registration Number: N7774AManufacturer: CessnaModel: 172

Serial Number: _____

Year of Manufacture: _____

Amateur-Built: ☐ YesIf yes: ☐ Original Design☒ No☐ Kit/Plans

Make: _____

☐ IFR-Equipped and Certified☒ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: lbsWeight at Time of Accident/Incident: lbsNumber 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

☒ Normal☐ Aerobatic☐ Balloon☐ Commuter☐ Transport☐ Utility☐ Certificate of Waiver or Authorization (COA)☒ None

Special

☐ Restricted☐ Limited☐ Provisional☐ Special Flight☐ Experimental☐ Special Light-Sport☐ Experimental Light-Sport☐ UnknownLanding Gear
(Check all that apply)☐ Retractable☒ Tricycle☐ Tailwheel☐ Emergency Float☐ Float☐ Amphibian☐ Other Launch/Recovery System☐ None☐ High Skid☐ Skid☐ Ski/Wheel☐ Hull☐ Ski☐ UnknownEngine 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/yy yy)	Rated Power ● or ○	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	Continental	0-300 SER	17252168		145			
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

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

Date of Last Inspection: (mm/dd/yyyy)

Airframe Total Time: hours

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, Axis: Model:☐ Satellite Tracking Device☐ Stall Warning System☐ Video Recording Device☐ Wire Strike Detection☐ Wire Strike Protection☐ Other, Specify:

ELT Installed

☒ Yes ☐ No

Propeller 1

Registered Aircraft Owner		Fractional Ownership Aircraft:	
Name: <u>SAYDUN LLC</u>	State: <u>TX</u>	☐ Yes	☒ No
City: <u>Richardson</u>	Country: <u>US</u>		
ZIP:			

Name:	Doing Business As:	
City:	State:	Air Carrier/Operator Designator (4-character code):
ZIP:	Country:	

☐ 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	☐ 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	☐ 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 Name: <u>Lancaster</u>	Distance from Airport Center: <u>sm.</u>
Airport Identifier: <u>KLNC</u>	Direction from Airport: <u>degrees true</u>
Proximity to Airport: ● Off Airport/Airstrip○ On Airport/Airstrip○ N/A	Airport Elevation: <u>501ft. MSL</u>
Runway Information	Condition of Runway/Landing Surface <i>(Check all that apply)</i>
Runway ID: <u>LNC</u> Length: <u>6500 ft.</u> Width: <u>100 ft.</u>	
Runway/Landing Surface <i>(Check all that apply)</i>	
✓ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow	✓ Dry ☐ Snow Compacted ☐ Water-Calm
✓ Concrete ☐ Gravel ☐ Macadam ☐ Water	☐ Holes ☐ Snow-Crusted ☐ Water-Glassy
☐ Dirt ☐ Helideck ☐ ☐ Unknown	☐ Ice Covered ☐ Snow-Dry ☐ Water-Choppy
☐ Elevated ☐ Helistop Metal/Wood ☐ Snow-Wet ☐ Wet	☐ Rough ☐ Rubber Deposits ☐ Soft
Heliport ☐ Off-site landing area	☐ Slush-Covered ☐ Vegetation ☐ Unknown

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

"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: Schaumburg
 Middle Initial: State: IL Zip: 60193
 Last Name: [REDACTED] Country: US
 Age at time of Accident/Incident: 31 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"> <tr> <td> Available ○ None ● Lap only ○ 3-point ○ 4-point ○ 5-point ○ Unknown </td> <td> Used ○ None ● Lap only ○ 3-point ○ 4-point ○ 5-point ○ Unknown </td> </tr> </table>	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
Available ○ None ● Lap only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	Used ○ 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 09-15-2021 _____ mm/dd/yyyy		

Medical Certificate Limitations

No limitations,

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 ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A		
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 ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicopter ☐ Airplane Multiengine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered lift ☐ 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: _____ 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.					

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: 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 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: 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 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: 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 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>MXA</u> City: <u>Manila Municipal</u> State: <u>AR</u> Country: <u>US</u>	Time: <u>20:10</u> Time Zone: <u>America/Chicago</u>	Flight Number: <u>N7774A</u> Operating as Flight	Airport ID: <u>Lnc</u> City: <u>Lancaster</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>6500 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: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Lowest Cloud Condition Height <u>20000 ft. AGL</u>	Light Condition ☐ Dawn ☐ Day ☐ Dusk ☒ Night ☐ Dark Night ☐ Bright Night ☐ Unknown	
Sky/Lowest Cloud Condition	Ceiling	Ceiling Height ft. AGL	

● 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>3006</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> ft </u>
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>) Bent propellers and structural damage to wings				
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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Gallons _____			
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:			
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: 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:

Sat Sep 27 2025

mm/dd/yyyy

Name of Pilot/Operator:

[REDACTED]

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
CEN25LA377	CENTRAL	LINDBERG	9/27/2025

My name is [REDACTED], below is my detailed statement for the accident that happened to N7774A on 12th September 2025.

It was around 8pm on the 12th of sep . I took off from MXA .I was re-positioning N7774A from MXA to LNC, as me and 2 other pilots went to pick up a Piper Aztec from MXA airport for the school. 2 pilots were needed for the Aztec re positioning and I was to bring back the C172. The tanks were full (53 gallons usable) and the fuel selector was on BOTH throughout the whole flight .I have calculated fuel consumption average around 6.5 to 7 gallons per hour basis. The overall weather was good, visibility was great and winds were calm. 3 miles from MXA I contacted Memphis Centre requesting a flight following all the way to LNC. I was at 2500 climbing to 4500 and requested if i could cruise around 6500 (i was following VFR altitude requirements) .I was granted the request and after reaching to 6500 i pulled my throttle to cruise speed settings and leaned my mixture accordingly. Throughout the whole cruise I have been passed on to several centres as a part of my flight following . I was using an android app called AVARE to see my live location and flight path. I have not filed any flight plan as it was a VFR flight and a clear night . The live app was helping me with distance and time remaining. I flew for approximately 4 hours and 15 mins. The last contact I had was with the Dallas centre .I have requested them let me descend to 2500 as LNC airport is under Class B airspace (starts at 4000 ft) . My request was granted and I asked them to terminate my flight following as I could see the airport rotating light signals. Dallas centre has informed me that there was no one flying close to or at the airport. I switched to local frequency and announced my intentions and just to make sure I asked if anyone was in the vicinity. Around 12:05 AM of 13th sep I entered 45 degree left downwind into the pattern and realized i was little close to the runway so instead of turning to the final i did a right 270 turn to line up with the runway for a smooth landing. The second I straightened up the engine started sputtering and I was losing altitude. I immediately pulled the yolk up so that I would reach the glide speed (V_g) and tried to do a quick restart but it wouldn't start and before I knew it I was on the ground and the plane very quickly hit the fence of the airport and came to a stop. No person or animal was injured in this accident.

Joshua Lindberg

From: [REDACTED]@gmail.com>
Sent: Monday, September 29, 2025 11:43 AM
To: Joshua Lindberg
Subject: Re: NTSB Investigation - N7774A Lancaster TX

[CAUTION] This email originated from outside of the organization. Do not click any links or open attachments unless you recognize the sender and know the content is safe.

Hi,

Please find the answers to your questions below

Date of last flight review and airplane make and model that it was completed in : Multi Engine checkride in DA-42 airplane 06/07/2025 , Commercial checkride in C-172 on 10/27/2024.

Total flight hours : 360.2 hours.

Total hours in single engine airplane : 347.1 hours.

Total night time hours : 16.1 hours.

Total night time hours in Cessna 172 : 12.2 hours

Total hours in Cessna 172 : 184.7 hours.

Total hours in the last 30 and 90 days in a Cessna 172 : none

Fuel onboard before takeoff and type of fuel : full 56 gallons and 53 usable.

Were there any airplane or engine mechanical malfunctions or failures during the flight that you are aware of? : i was not aware of any mechanical issues or malfunctions.

Please let me know if you have any questions or need additional information.

Regards

[REDACTED]

On Sat, Sep 27, 2025, 18:16 Joshua Lindberg [REDACTED] wrote:

Satish – Please provide the following information.

1. Date of last flight review and airplane make and model that it was completed in
2. Total flight hours
3. Total hours in single engine airplane
4. Total night time hours
5. Total night time hours in Cessna 172
6. Total hours in Cessna 172
7. Total hours in the last 30 and 90 days in a Cessna 172
8. Fuel onboard before takeoff and type of fuel