

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 Seagoville State TexasZIP 75159 Country USALatitude 32.65586 Longitude 96.56274

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

Accident/Incident Date/Time

Date 09/19/2025 Local Time 9:00 PMTime Zone CentralCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N2500QManufacturer: CessnaModel: 150Serial Number: 150-66600Year of Manufacture: 1967Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans Make: _____☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned AircraftMaximum Gross Weight: 1600 lbs.Weight at Time of Accident/Incident: 1358 lbs.Number of Seats: 2 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: _____

Number 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
- 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 ☐ 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/yyyy)	Rated Power ☒ Horsepower or ☐ Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Continental	O-200A	265441R		100 HP	3968.2		1,846.2
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 09/11/2025
mm/dd/yyyyAirframe Total Time: 6188.7 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
☒ Specify: Halon 1301

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: Emergency Beacon CorpModel or Part No.: 1A101/DCMEBC-102ATSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☐ OC126 (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 ☐ NoIf not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery Expired/Damaged ☒ Unknown

Propeller 1

- ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: McCawleyModel: 1A101/DCM

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name SAYDUN LLC

Fractional Ownership Aircraft:

☐ Yes

☒ No

City Lancaster

State Texas

ZIP 75146

Country United States

Operator of Aircraft

☐ The Operator is also the Registered Owner

☒ Same address as Registered Owner

Name _____

Doing Business As _____

City _____

State _____

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

ZIP _____

Country _____

Operating Certificates Held

(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: _____

Distance From Airport Center: _____ sm.

Airport Identifier: _____

Direction From Airport: _____ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Airport Elevation: _____ 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 ☐ 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

"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: Jesse Day

Middle Initial: W

Last Name: Day

Age at time of Accident/Incident: 22

City of Residence: Grandview

State: Texas ZIP: 76050

Country: United States

Date of Birth: [REDACTED] (mm/dd/yyyy)

Certificate Number: [REDACTED]

Degree of Injury

☒ None ☐ Serious
☐ Unknown ☐ Fatal
☐ Minor

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

Inflatable Restraints

☒ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ 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, specify: _____

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

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

Date of Last Medical

05/01/2025
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Limitations

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/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:

03/05/2024
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
Model: 172 Skyhawk

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 ☐ Instrument Airplane
☒ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multiengine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered lift ☐ Sport

Type Ratings and Applicable Logbook Endorsements

High Performance
High Altitude
Complex
Tail Wheel

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	767.7	208.2	683.8	83.9	98.9	31.9	38.0					126
Pilot in Command (PIC)	668.2	207.7	614.3	53.9	90.7	31.9	31.4					57
Time as Instructor	255.5	100.3	255.5		50.8							
This Make/Model					15.5		6.0					
Last 90 Days	108.4	106.1	108.4		15.5		5.5					
Last 30 Days	60.2	60.2	60.2		4.1		5.5					
Last 24 Hours	11.1	11.1	11.1		1.3							

"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: Elliot

City of Residence: Roland

Middle Initial: L

State: Arkansas ZIP: 72135

Last Name: Easterly

Country: United States

Age at time of Accident/Incident: 21

Date of Birth: [REDACTED] (mm/dd/yyyy)

Certificate Number: [REDACTED]

Degree of Injury

☒ None
☐ Serious
☐ Unknown
☐ Fatal
☐ Minor

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

Inflatable Restraints

☒ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ 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, specify: _____

Principal Occupation

☐ Pilot
☒ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

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

Date of Last Medical

10/28/2024
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Limitations

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit
☐ Helmet
☐ Laser protective visor/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: 05/30/2025
mm/dd/yyyy

Flight Review Aircraft

Make: Piper
Model: PA-28-181

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
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport
☐ Airplane Single-Engine
☐ Airplane Multiengine
☐ Gyroplane
☐ Powered lift

Type Ratings and Applicable Logbook Endorsements

Complex endorsement

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	552.5	85.7	544.7	7.8	159.8	23.4	146.4					
Pilot in Command (PIC)	463.2	82.5	463.2									
Time as Instructor												
This Make/Model												
Last 90 Days	297.3	85.7	289.5	7.8	114.6	14.3	107					
Last 30 Days	116	82.4	116		25	2.7	41.7					
Last 24 Hours	8	8	8				2.5					

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														
Personal Flight Equipment (Check all that apply) ☐ 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: _____																			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type <table style="width:100%;"> <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																		
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														
Personal Flight Equipment (Check all that apply) ☐ 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: _____																			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type <table style="width:100%;"> <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																		
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	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	<table style="width:100%;"> <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	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Available	Used																		
☐ None	☐ None																		
☐ Lap Only	☐ Lap Only																		
☐ 3-point	☐ 3-point																		
☐ 4-point	☐ 4-point																		
☐ 5-point	☐ 5-point																		
☐ Unknown	☐ Unknown																		
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: _____																			

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	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-Field ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____			Supplemental Restraint, specify: _____			
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	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-Field ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____			Supplemental Restraint, specify: _____			
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	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-Field ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____			Supplemental Restraint, specify: _____			

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KCDH</u> City: <u>Camden</u> State: <u>Arkansas</u> Country: <u>USA</u>	Time of Departure Time: <u>18:00</u> Time Zone: <u>Central</u>	Flight Information Flight Number: <u>N2500Q</u> Operating as Flight: _____	Destination Airport ID: <u>KLNC</u> City: <u>Lancaster</u> State: <u>Texas</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company ☐ IFR ☐ VFR ☐ Unknown ☐ Military ☐ VFR ☐ VFR Activated? ☐ Yes ☒ No ☐ Unknown
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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: <u>2000</u> ft. MSL		
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Pilot Weather Information (Check all that apply)			Weather Observation Facility		
☐ National Weather Service			Facility ID: <u>KLNC</u>		
☐ Flight Service Station			Observation Time: <u>0155Z</u>		
☐ TV/Radio			Time Zone: <u>Central</u>		
☐ Automated Report			Distance from Accident Site: <u>12nm</u> nm		
☒ Electronic Flight Bag Application:			Direction from Accident Site: <u>060</u> degrees true		
☐ Company					
☐ Military					
☒ Internet					
☐ None					
☐ Unknown					
☐ On-Board Weather					
Basic Conditions		Lowest Cloud Condition	Light Condition		
☒ VMC		Height: <u>Clear</u> ft. AGL	☐ Dawn		
☐ IMC			☐ Dusk		
☐ Unknown			☒ Night		
			☐ Dark Night		
			☐ Bright Night		
			☐ Unknown		
Sky/Lowest Cloud Condition		Ceiling	Ceiling Height	Temperature: <u>27</u> (°C) or ____ (°F)	
☒ Clear		☒ None (Clear)	____ ft. AGL	Dewpoint: <u>18</u> (°C) or ____ (°F)	
☐ Thin Broken		☐ Broken			
☐ Thin Overcast		☐ Overcast			
☐ Unknown		☐ Obscured			
		☐ Indefinite			
		☐ Unknown			
☐ Partial Obscuration					
☐ Scattered					
Altimeter Setting:	Wind Direction	Wind Speed	Wind Gusts	Visibility	
<u>29.98</u> (Hg), or ____ (mb)	☐ Variable or	☒ Calm	☒ Not Gusting	<u>10</u> miles	
	Direction: <u>Calm</u> degrees true	☐ Light and Variable	Speed: ____ kts	RVR: ____ feet	
		Speed: ____ kts		RVV: ____ miles	
				Density Altitude: <u>440</u> ft.	
Type of Precipitation (Check all that apply)				Restriction to Visibility (Check all that apply)	
☒ None				☒ None	
☐ Rain				☐ Fog	
☐ Snow				☐ Ground Fog	
☐ Hail				☐ Haze	
☐ Rain Showers				☐ Ice Fog	
☐ Drizzle				☐ Smoke	
☐ Ice Pellets				☐ Unknown	
☐ Snow Pellets					
☐ Snow Grains					
☐ Freezing Rain					
☐ Snow Shower					
☐ Ice Pellets Shower					
☐ Freezing Drizzle					
☐ Ice Crystals					
Icing Forecast		Intensity of Precipitation	Icing Actual	Turbulence (Check all that apply)	
Amount	Type	☐ Light	Amount	Type	Severity
☒ None	☒ N/A	☐ Moderate	☒ None	☒ N/A	☐ Light
☐ Trace	☐ Rime	☐ Heavy	☐ Trace	☐ Rime	☐ Moderate
☐ Light	☐ Clear	☒ N/A	☐ Light	☐ Clear	☐ Severe
☐ Moderate	☐ Mixed	☐ Unknown	☐ Moderate	☐ Mixed	☐ Extreme
☐ Severe	☐ Unknown		☐ Severe	☐ Unknown	
☐ Unknown			☐ Unknown		
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.)

- Rips in exterior of Plane (wings, Body, Tail)
- Prop Bent
- Fender Destroyed

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.

Jesse, the Instructor, Planned this Flight back to KLNC From KCDH. We Left from CDH, everything was normal. Only thing I noticed was he Flew us up north a little Bit, He said he wanted to make the Flight get back at 9:00 pm. I Asked if we needed to Plan a Fuel stop, he reassured me, that we had enough Fuel, with how he had it leaned out. He even pulled out the POTH. About 10 miles From KLNC the motor cut out. We went Down in a Field next to the Freeway.

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

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

Unsure

Total Time/ Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

26

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:

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

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

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: <u>09/19/2025</u> mm/dd/yyyy	Name of Pilot/Operator: _____ Signature: _____ -or- ☐ Check here to electronically sign this document
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If a person other than Pilot/Operator is filing this report

Name: <u>Elliot Easterly</u>	Title: <u>Student</u>
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
CEN25LA391	Central	Laura Abraham	9/21/2025