

**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: Cambridge State: MN

 ZIP: 55008 Country: US

 Latitude: 45.5656755 Longitude: 93.2258999

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

**Accident/Incident Date/Time**

 Date: 09/25/2025 Local Time: 15:30  
 mm/dd/yyyy HH:MM

 Time Zone: Centr

 Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

**AIRCRAFT INFORMATION**

 Registration Number: N851FH

 Manufacturer: Floyd G. Halderman

 Model: Vans RV6A

 Serial Number: 25086

 Year of Manufacture: 2,018

 Amateur-Built: ☒ Yes ☐ No If Yes: ☐ Original Design ☒ Kit/Plans

 Make: RV6A

- ☐
- IFR-Equipped and Certified
- 
- ☐
- Commercial Space Flight
- 
- ☐
- Unmanned Aircraft

 Maximum Gross Weight: 1,650 lbs.

 Weight at Time of Accident/Incident: 1,376 lbs.

 Number of Seats: 2 Flight Crew Seats: 1

 Cabin Crew Seats: 0 Passenger Seats: 1

 Number of Engines: 1
**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                                                                  | Special                                           |
|---------------------------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> Normal                                | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic                                        | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon                                          | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter                                         | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport                                        | <input checked="" type="checkbox"/> Experimental  |
| <input type="checkbox"/> Utility                                          | <input type="checkbox"/> Special Light-Sport      |
|                                                                           | <input type="checkbox"/> Experimental Light-Sport |
| <input type="checkbox"/> Certificate of Authorization or Waiver (COA)     |                                                   |
| <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown |                                                   |

**Landing Gear**  
 (Check all that apply)

- |                                                       |                                    |
|-------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Retractable                  | <input type="checkbox"/> High Skid |
| <input checked="" type="checkbox"/> Tricycle          | <input type="checkbox"/> Skid      |
| <input type="checkbox"/> Tailwheel                    | <input type="checkbox"/> Ski/Wheel |
| <input type="checkbox"/> Emergency Float              | <input type="checkbox"/> Hull      |
| <input type="checkbox"/> Float                        | <input type="checkbox"/> Ski       |
| <input type="checkbox"/> Amphibian                    |                                    |
| <input type="checkbox"/> Other Launch/Recovery System |                                    |
| <input type="checkbox"/> None                         | <input type="checkbox"/> Unknown   |

**Engine Type (Select one)**

- |                                                |                                     |
|------------------------------------------------|-------------------------------------|
| <input checked="" type="radio"/> Reciprocating | <input type="radio"/> Liquid Rocket |
| <input type="radio"/> Turbo Shaft              | <input type="radio"/> Solid Rocket  |
| <input type="radio"/> Turbo Prop               | <input type="radio"/> Hybrid Rocket |
| <input type="radio"/> Turbo Jet                | <input type="radio"/> None          |
| <input type="radio"/> Turbo Fan                | <input type="radio"/> Unknown       |
| <input type="radio"/> Electric                 |                                     |

**Fuel System Type (Reciprocating)**

- ☒
- Carburetor
- ☐
- Fuel Injected

| Engine | Engine Manufacturer | Engine Model/Series | Engine Serial Number | Date of Mfg.<br>(mm/dd/yyyy) | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> Lbs. of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|----------------------|------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Lycoming            | O-320-E3D           | LW30908-36           |                              | 150                                                                                                   | 3,900                 | 20                                   | 336                 |
| Eng. 2 |                     |                     |                      |                              |                                                                                                       |                       |                                      |                     |
| Eng. 3 |                     |                     |                      |                              |                                                                                                       |                       |                                      |                     |
| Eng. 4 |                     |                     |                      |                              |                                                                                                       |                       |                                      |                     |

**Last Inspection Type**

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

 Date of Last Inspection: 05/15/2025  
 mm/dd/yyyy

 Airframe Total Time: 350.0 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: \_\_\_\_\_

**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 ☐ 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: Sensenich

 Model: 70cm659-0-75
**Propeller 2** ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: ANERV6A LLC

Fractional Ownership Aircraft:

☒ Yes☐ NoCity: Coon RapidsState: MNZIP: 55433Country: US**Operator of Aircraft**☐ The Operator is also the Registered Owner☐ Same address as Registered OwnerName: Timothy Lynch

Doing Business As: \_\_\_\_\_

City: Coon RapidsState: MNZIP: 55433Country: US

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: Cambridge Municipal AirportDistance From Airport Center: 0.25 sm.Airport Identifier: KCBGDirection From Airport: 160.00 degrees trueProximity to Airport: ☐ Off Airport/Airstrip    ☒ On Airport/Airstrip    ☐ N/AAirport Elevation: 945.40 ft. MSL**Runway Information**Runway ID: 16 Length: 4,001 ft. Width: 75 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

**"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: Timothy

City of Residence: Coon Rapids

Middle Initial: P.

State: MN ZIP: 55433

Last Name: Lynch

Country: US

Age at time of Accident/Incident: 67

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** **Used**  
☐ None ☐ None  
☐ Lap only ☐ Lap only  
☐ 3-point ☐ 3-point  
☒ 4-point ☒ 4-point  
☐ 5-point ☐ 5-point  
☐ Unknown ☐ Unknown

Supplemental Restraint, specify: \_\_\_\_\_

**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

**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**

09/08/2025  
 mm/dd/yyyy

**Medical Certificate Limitations**

None

**Medical Certificate Special Limitations**

None

**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:**

09/19/2023  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: Piper

Model: J3 Cub

**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****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                             | 2,400        | 10                | 2,400                  |                      |       |            |           |            |        |                  |                         | 2,000      |
| Pilot in Command (PIC)                 | 2,400        | 10                |                        |                      |       |            |           |            |        |                  |                         |            |
| Time as Instructor                     |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| This Make/Model                        |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 90 Days                           | 23           | 10                | 23                     |                      |       |            |           |            |        |                  |                         |            |
| Last 30 Days                           | 12           | 10                | 12                     |                      |       |            |           |            |        |                  |                         |            |
| Last 24 Hours                          | 0            | 0                 | 0                      |                      |       |            |           |            |        |                  |                         |            |

**"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 ☐ 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**

\_\_\_\_\_  
 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:**

\_\_\_\_\_  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

**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****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                             |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Pilot in Command (PIC)                 |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Time as Instructor                     |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| This Make/Model                        |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 90 Days                           |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 30 Days                           |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 24 Hours                          |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |

**ADDITIONAL FLIGHT CREWMEMBERS** (Exclusive of cabin crew, complete the following information.)

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Injury                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____                                                   | <input type="radio"/> Left <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Right <input type="radio"/> Unknown<br><input type="radio"/> Front                                                                                                                                                                                                                                                                  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: _____ Zip: _____                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country: _____                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                |                                                                            | <b>Restraint Type</b><br>Available      Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown<br>Supplemental Restraint, specify:<br>_____ | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                           | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Injury                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____                                                   | <input type="radio"/> Left <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Right <input type="radio"/> Unknown<br><input type="radio"/> Front                                                                                                                                                                                                                                                                  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: _____ Zip: _____                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country: _____                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal Locator Beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                |                                                                            | <b>Restraint Type</b><br>Available      Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown<br>Supplemental Restraint, specify:<br>_____ | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                           | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |

**PASSENGER(S) / OTHER PERSONNEL** (Include cabin crew; continue on separate sheet, if necessary.)

| Number of Passengers _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Seat                                                                                                                                         | Injury                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                         | Inflatable Restraints                                                                                                                                                                          | Age                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Passenger Information</b><br><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><br><b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br><br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | Available      Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown<br>Supplemental Restraint, specify:<br>_____ | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br><br>If under 5 years,<br><input type="checkbox"/> Child<br>Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                 |                                                                                                                                                                                                |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

### FLIGHT ITINERARY INFORMATION

| Last Departure Point                                                                     | Time of Departure                                                    | Flight Information                                | Destination                                                                                 | Type Flight Plan Filed                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Airport ID: <u>KANE</u><br>City: <u>Blaine</u><br>State: <u>MN</u><br>Country: <u>US</u> | Time: <u>15:00</u><br><small>HH:MM</small><br>Time Zone: <u>Cent</u> | Flight Number: _____<br>Operating as Flight _____ | Airport ID: <u>KCBG</u><br>City: <u>Cambridge</u><br>State: <u>MN</u><br>Country: <u>US</u> | <input checked="" type="radio"/> None<br><input type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br><input type="radio"/> VFR/IFR<br><input type="radio"/> IFR<br><input type="radio"/> Unknown<br>Activated? <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Unknown |

|                                                                                                     |                                                       |                                                                     |                                                              |                                                                |                                                 |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <b>Type of ATC Clearance/Service</b> <i>(Check all that apply)</i>                                  |                                                       |                                                                     |                                                              |                                                                |                                                 |
| <input type="checkbox"/> Certificate of Authorization                                               | <input type="checkbox"/> Special VFR                  | <input type="checkbox"/> Special IFR                                | <input type="checkbox"/> VFR Flight Following                | <input type="checkbox"/> Cruise                                |                                                 |
| <input checked="" type="checkbox"/> VFR                                                             | <input type="checkbox"/> IFR                          | <input type="checkbox"/> VFR On Top                                 | <input type="checkbox"/> Traffic Advisory                    | <input type="checkbox"/> Unknown / NA                          |                                                 |
| <input type="checkbox"/> None                                                                       |                                                       |                                                                     |                                                              |                                                                |                                                 |
| <b>Airspace where the accident/incident occurred</b> <i>(Check all that apply)</i>                  |                                                       |                                                                     |                                                              |                                                                |                                                 |
| <input type="checkbox"/> Class A                                                                    | <input checked="" type="checkbox"/> Class G           | <input type="checkbox"/> Military Operations Area (MOA)             | <input type="checkbox"/> Special                             |                                                                |                                                 |
| <input type="checkbox"/> Class B                                                                    | <input type="checkbox"/> Demo Area                    | <input type="checkbox"/> Airport Advisory Area                      | <input type="checkbox"/> Air Traffic Control Area            |                                                                |                                                 |
| <input type="checkbox"/> Class C                                                                    | <input type="checkbox"/> Warning Area                 | <input type="checkbox"/> Jet Training Area                          | <input type="checkbox"/> Unknown                             |                                                                |                                                 |
| <input type="checkbox"/> Class D                                                                    | <input type="checkbox"/> Prohibited Area              | <input type="checkbox"/> TRSA                                       |                                                              |                                                                |                                                 |
| <input type="checkbox"/> Class E                                                                    | <input type="checkbox"/> Restricted Area              | <input type="checkbox"/> FAR 93                                     | Altitude of In-Flight Occurrence: _____ ft. MSL              |                                                                |                                                 |
| <b>WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE</b>                                            |                                                       |                                                                     |                                                              |                                                                |                                                 |
| <b>Source of Pilot Weather Information</b><br><i>(Check all that apply)</i>                         |                                                       |                                                                     | <b>Weather Observation Facility</b>                          |                                                                |                                                 |
| <input type="checkbox"/> National Weather Service                                                   |                                                       |                                                                     | Facility ID: _____                                           |                                                                |                                                 |
| <input type="checkbox"/> Flight Service Station                                                     |                                                       |                                                                     | Observation Time: _____                                      |                                                                |                                                 |
| <input type="checkbox"/> TV/Radio                                                                   |                                                       |                                                                     | Time Zone: _____                                             |                                                                |                                                 |
| <input checked="" type="checkbox"/> Automated Report                                                |                                                       |                                                                     | Distance from Accident Site: _____ nm                        |                                                                |                                                 |
| <input type="checkbox"/> Electronic Flight Bag-Application:                                         |                                                       |                                                                     | Direction from Accident Site: _____ degrees true             |                                                                |                                                 |
| <input type="checkbox"/> Company                                                                    |                                                       |                                                                     |                                                              |                                                                |                                                 |
| <input type="checkbox"/> Military                                                                   |                                                       |                                                                     |                                                              |                                                                |                                                 |
| <input type="checkbox"/> Internet                                                                   |                                                       |                                                                     |                                                              |                                                                |                                                 |
| <input type="checkbox"/> None                                                                       |                                                       |                                                                     |                                                              |                                                                |                                                 |
| <input type="checkbox"/> Unknown                                                                    |                                                       |                                                                     |                                                              |                                                                |                                                 |
| <input type="checkbox"/> On-Board Weather                                                           |                                                       |                                                                     |                                                              |                                                                |                                                 |
| <b>Basic Conditions</b>                                                                             |                                                       | <b>Lowest Cloud Condition</b>                                       | <b>Light Condition</b>                                       |                                                                |                                                 |
| <input checked="" type="radio"/> VMC                                                                |                                                       | <b>Height</b>                                                       | <input type="radio"/> Dawn                                   |                                                                |                                                 |
| <input type="radio"/> IMC                                                                           |                                                       | 0 _____ ft. AGL                                                     | <input type="radio"/> Dusk                                   |                                                                |                                                 |
| <input type="radio"/> Unknown                                                                       |                                                       |                                                                     | <input type="radio"/> Day                                    |                                                                |                                                 |
|                                                                                                     |                                                       |                                                                     | <input type="radio"/> Night                                  |                                                                |                                                 |
|                                                                                                     |                                                       |                                                                     | <input type="radio"/> Dark Night                             |                                                                |                                                 |
|                                                                                                     |                                                       |                                                                     | <input type="radio"/> Bright Night                           |                                                                |                                                 |
|                                                                                                     |                                                       |                                                                     | <input type="radio"/> Unknown                                |                                                                |                                                 |
| <b>Sky/Lowest Cloud Condition</b>                                                                   |                                                       | <b>Ceiling</b>                                                      | <b>Ceiling Height</b>                                        |                                                                |                                                 |
|                                                                                                     |                                                       |                                                                     | _____ ft. AGL                                                |                                                                |                                                 |
| <input checked="" type="radio"/> Clear                                                              | <input type="radio"/> Thin Broken                     | <input checked="" type="radio"/> None (Clear)                       | Temperature: _____ (°C) or <u>70.6</u> (°F)                  |                                                                |                                                 |
| <input type="radio"/> Few                                                                           | <input type="radio"/> Thin Overcast                   | <input type="radio"/> Broken                                        | Dewpoint: _____ (°C) or <u>57.6</u> (°F)                     |                                                                |                                                 |
| <input type="radio"/> Partial                                                                       | <input type="radio"/> Unknown                         | <input type="radio"/> Overcast                                      |                                                              |                                                                |                                                 |
| <input type="radio"/> Obscuration                                                                   |                                                       | <input type="radio"/> Obscured                                      |                                                              |                                                                |                                                 |
| <input type="radio"/> Scattered                                                                     |                                                       | <input type="radio"/> Indefinite                                    |                                                              |                                                                |                                                 |
|                                                                                                     |                                                       | <input type="radio"/> Unknown                                       |                                                              |                                                                |                                                 |
| <b>Altimeter Setting:</b>                                                                           | <b>Wind Direction</b>                                 | <b>Wind Speed</b>                                                   | <b>Wind Gusts</b>                                            | <b>Visibility</b>                                              |                                                 |
| _____ (Hg), or _____ (mb)                                                                           | <input checked="" type="checkbox"/> Variable or _____ | <input type="checkbox"/> Calm                                       | <input checked="" type="checkbox"/> Not Gusting or _____ kts | 10.0 _____ miles                                               |                                                 |
|                                                                                                     | Direction: _____ degrees true                         | <input checked="" type="checkbox"/> Light and Variable or _____ kts |                                                              | RVR: _____ feet                                                |                                                 |
|                                                                                                     |                                                       |                                                                     |                                                              | RVV: _____ miles                                               |                                                 |
|                                                                                                     |                                                       |                                                                     |                                                              | Density Altitude: _____ ft.                                    |                                                 |
| <b>Type of Precipitation</b> <i>(Check all that apply)</i>                                          |                                                       |                                                                     |                                                              | <b>Restriction to Visibility</b> <i>(Check all that apply)</i> |                                                 |
| <input checked="" type="checkbox"/> None                                                            |                                                       |                                                                     |                                                              | <input checked="" type="checkbox"/> None                       |                                                 |
| <input type="checkbox"/> Rain                                                                       |                                                       |                                                                     |                                                              | <input type="checkbox"/> Fog                                   |                                                 |
| <input type="checkbox"/> Drizzle                                                                    |                                                       |                                                                     |                                                              | <input type="checkbox"/> Ground Fog                            |                                                 |
| <input type="checkbox"/> Ice Pellets                                                                |                                                       |                                                                     |                                                              | <input type="checkbox"/> Haze                                  |                                                 |
| <input type="checkbox"/> Snow                                                                       |                                                       |                                                                     |                                                              | <input type="checkbox"/> Ice Fog                               |                                                 |
| <input type="checkbox"/> Snow Pellets                                                               |                                                       |                                                                     |                                                              | <input type="checkbox"/> Smoke                                 |                                                 |
| <input type="checkbox"/> Hail                                                                       |                                                       |                                                                     |                                                              | <input type="checkbox"/> Unknown                               |                                                 |
| <input type="checkbox"/> Snow Grains                                                                |                                                       |                                                                     |                                                              |                                                                |                                                 |
| <input type="checkbox"/> Freezing Drizzle                                                           |                                                       |                                                                     |                                                              |                                                                |                                                 |
| <input type="checkbox"/> Rain Showers                                                               |                                                       |                                                                     |                                                              |                                                                |                                                 |
| <input type="checkbox"/> Ice Crystals                                                               |                                                       |                                                                     |                                                              |                                                                |                                                 |
| <b>Icing Forecast</b>                                                                               |                                                       | <b>Intensity of Precipitation</b>                                   | <b>Icing Actual</b>                                          |                                                                | <b>Turbulence</b> <i>(Check all that apply)</i> |
| <b>Amount</b>                                                                                       | <b>Type</b>                                           |                                                                     | <b>Amount</b>                                                | <b>Type</b>                                                    | <b>Type</b>                                     |
| <input checked="" type="radio"/> None                                                               | <input type="radio"/> N/A                             | <input type="radio"/> Light                                         | <input checked="" type="radio"/> None                        | <input checked="" type="radio"/> N/A                           | <input checked="" type="checkbox"/> None        |
| <input type="radio"/> Trace                                                                         | <input type="radio"/> Rime                            | <input type="radio"/> Moderate                                      | <input type="radio"/> Trace                                  | <input type="radio"/> Rime                                     | <input type="checkbox"/> Light                  |
| <input type="radio"/> Light                                                                         | <input type="radio"/> Clear                           | <input type="radio"/> Heavy                                         | <input type="radio"/> Light                                  | <input type="radio"/> Clear                                    | <input type="checkbox"/> Moderate               |
| <input type="radio"/> Moderate                                                                      | <input type="radio"/> Mixed                           | <input checked="" type="radio"/> N/A                                | <input type="radio"/> Moderate                               | <input type="radio"/> Mixed                                    | <input type="checkbox"/> Severe                 |
| <input type="radio"/> Severe                                                                        | <input type="radio"/> Unknown                         | <input type="radio"/> Unknown                                       | <input type="radio"/> Severe                                 | <input type="radio"/> Unknown                                  | <input type="checkbox"/> Extreme                |
| <input type="radio"/> Unknown                                                                       |                                                       |                                                                     | <input type="radio"/> Unknown                                |                                                                |                                                 |
| <b>NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:</b> |                                                       |                                                                     |                                                              |                                                                |                                                 |

**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** *(Use additional sheet, if necessary.)*

The aircraft suffered with fuel starvation on a 1/4 mile final approach. The pilot performed a forced landing when the nose gear buckled, the aircraft flipped over destroying the canopy structure, fuselage, top of vertical stabilizer, engine cowling, both leading edges of wings. The engine was stopped when accident occurred.

**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.

My 3 partners and I just purchased this aircraft on Sept 12 2025. I recieved 8 hours of transitional training, in addition to my 800 hrs in my RV4.

I was a bit concerned with the fuel control valve as it was difficult to turn, and didn't feel right when you transition from wing tanks. I discussed this with one of my partners. We didn't feel at this time it was necessary to ground the plane. We did however, purchase a new control valve.

We were going to have it installed ASAP.

The next day, I took off from ANE (Anoka County Airport) intending to shoot some landings at a local uncontrolled airport about 30 miles north of ANE, which is CBG (Cambridge Municipal Airport)

The right wing tank was about 1/2 full compared to the left. So as I was letting down to land at CBG I switched to the left tank, thinking if there was an issue I would be able to land at CBG. (I know, pretty stupid of me) I assumed I had plenty of distance to determine if everything was OK. Everything went perfectly- Down Wind, Base, Final-

I was lined up on 16 and was less than a quarter mile from the threshold when the engine quit. I didn't have the time to do anything but "fly the plane".

I thought I was going to make a reasonable dead stick landing until the nose gear caught. I found myself upside down. I was lying on my back, sideways on the seats. I immediately shut off the master switch and turned the fuel selector to off because I was worried about a fire

When I did this, I noticed that the fuel control lever was not fully open. This of course is the cause of the fuel starvation.

I couldn't get out of the cockpit, as it had been collapsed to the point where I was trapped. I called 911. I had Police and Sheriff deputies there with in minutes. They extricated me, and I spoke to Police, FAA, and NTSB.

Wentworth Aviation had the aircraft picked up the next morning.

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

The obvious issue was the fuel selector valve. I should have grounded the plane until that was dealt with. This was a classic example of where experimental aircraft have different builders and their own idiosyncracies. (the builder and the aircraft)

The other huge mistake was switching the tank at that time. When switching tanks, I should have been up about 3000 feet, to work with the control valve at a safe altitude.

**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.)

The fuel control valve was probably from Vans- However, it had a home made lever vertical with about a 2 inch horizontal piece held on by a cotter pin. It was wrapped with red electrical tape.

Total Time/ Cycles On Part

340.0 Hours

\_\_\_\_\_ Cycles

Time Since This Part Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

20.0 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 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:

Just Pilot- the emergency help, lifted the aircraft and they pulled me out.

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

Aircraft Registration Number

Manufacturer: \_\_\_\_\_

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ None

Model: \_\_\_\_\_

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:

09/29/2025

mm/dd/yyyy

Name of Pilot/Operator: Timothy Lynch

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. | Reviewed by NTSB AS Division | Name of Investigator | Date Report Received |
|----------------------------|------------------------------|----------------------|----------------------|
| CEN25LA393                 | AS-CEN                       | J. Brannen           | 09/29/2025           |