

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: LAKEVIEW State: Ar

ZIP: _____ Country: _____

Latitude: _____ Longitude: _____

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

At 2006 3m**Accident/Incident Date/Time**Date: 10/30/2025 Local Time: 3
mm/dd/yyyy HH:MMTime Zone: CCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N2040XManufacturer: CESSNAModel: 182HSerial Number: 18256140Year of Manufacture: 1965Amateur-Built: ☐ Yes ☐ No If Yes: ☐ Original Design ☐ Kit/Plans

Make: _____

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

Maximum Gross Weight: _____ lbs.

Weight at Time of Accident/Incident: _____ lbs.

Number of Seats: _____ Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: _____

Category of Aircraft
(Select one)

- ☒
- Airplane
-
- ☐
- Balloon
-
- ☐
- Blimp/Dirigible
-
- ☐
- Glider
-
- ☐
- Gyroplane
-
- ☐
- Helicopter
-
- ☐
- Powered Lift
-
- ☐
- Rocket
-
- ☐
- Ultralight
-
- ☐
- Unknown

Type of Airworthiness Certificate
(Check all that apply)**Standard**

- ☒
- Normal
-
- ☐
- Aerobatic
-
- ☐
- Balloon
-
- ☐
- Commuter
-
- ☐
- Transport
-
- ☐
- Utility

Special

- ☐
- Restricted
-
- ☐
- Limited
-
- ☐
- Provisional
-
- ☐
- Special Flight
-
- ☐
- Experimental
-
- ☐
- Special Light-Sport
-
- ☐
- Experimental Light-Sport

- ☐
- Certificate of Authorization or Waiver (COA)
-
- ☐
- None
- ☐
- Unknown

Landing Gear

(Check all that apply)

- ☐
- Retractable
- ☐
- High Skid
-
- ☒
- Tricycle
- ☐
- Skid
-
- ☐
- Tailwheel
- ☐
- Ski/Wheel
-
- ☐
- Emergency Float
- ☐
- Hull
-
- ☐
- Float
- ☐
- Ski
-
- ☐
- Amphibian
- ☐
- Other Launch/Recovery System
-
- ☐
- None
- ☐
- Unknown

Engine Type (Select one)

- ☒
- Reciprocating
- ☐
- Liquid Rocket
-
- ☐
- Turbo Shaft
- ☐
- Solid Rocket
-
- ☐
- Turbo Prop
- ☐
- Hybrid Rocket
-
- ☐
- Turbo Jet
- ☐
- None
-
- ☐
- Turbo Fan
- ☐
- Unknown
-
- ☐
- Electric

Fuel System Type (Reciprocating)

- ☒
- Carburetor
- ☐
- Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yyyy)	Rated Power ☒ Horsepower or ☐ Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Continental</u>	<u>470-R</u>		<u>1965</u>	<u>230</u>			
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 8/12/2025
mm/dd/yyyyAirframe Total Time: 4289.22 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 ☐ NoWas ELT still connected to antenna? ☐ Yes ☐ NoDid ELT activate? ☒ Yes ☐ NoIf activated: Did ELT aid in locating aircraft? ☒ Yes ☐ NoIf not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown**Propeller 1**

- ☐
- Fixed Pitch
-
- ☒
- Controllable Pitch
-
- ☐
- Ground Adjustable

Manufacturer: _____

Model: _____

Propeller 2

- ☐
- Fixed Pitch
-
- ☐
- Controllable Pitch
-
- ☐
- Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: [REDACTED]

Fractional Ownership Aircraft: ☐ Yes ☒ No

City: BELTON State: MO

ZIP: 64012 Country: US A

Operator of Aircraft

☒ The Operator is also the Registered Owner

☒ Same address as Registered Owner

Name: _____

Doing Business As: _____

City: _____ State: _____

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

ZIP: _____ Country: _____

Operating Certificates Held
(Check all that apply)

☐ None

☐ Flag Carrier Operating Certificate (FAR 121)

☐ Supplemental

☐ Air Cargo

☐ Foreign Air Carriers (FAR 129)

☐ Rotorcraft External Load (FAR 133)

☐ Commuter Air Carrier (FAR 135)

☐ On-Demand Air Taxi (FAR 135)

☐ Commercial Air Tour (FAR 136)

☐ Agricultural Aircraft (FAR 137)

☐ Pilot School (FAR 141)

☐ Certificate of Authorization or Waiver (COA)

☐ Commercial Space Transportation
Experimental Permit

☐ Commercial Space Transportation License

☐ Other Operator of Large Aircraft

Private Pilot

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: 3m0 Gastons

Airport Identifier: 3m0

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

Distance From Airport Center: _____ sm.

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. MSL

Runway Information

Runway ID: 24 Length: 3200 ft. Width: 55 ft.

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

☐ Unknown

☐ Slush-Covered

☐ Vegetation

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

Approach/Departure Segment (Select one)

☐ Taxi

☐ VFR Departure

☐ On Instrument Approach

☐ Downwind

☒ Low Approach

☐ Takeoff

☐ IFR Departure Procedure/Clearance

☒ Landing

☐ Base

☐ Go Around

☐ Initial Climb

☐ Crosswind

☐ Unknown

☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

☐ None

☐ ADF/NDB

☐ PAR

☐ MLS

☐ Practice

☐ SDF

☐ Sidestep

☐ LDA

☐ GPS

☐ Unknown

☐ VOR/TVOR

☐ ILS

☐ ASR

☐ Visual

☐ VOR/DME

☐ Localizer Only

☐ Contact

☐ TACAN

☐ LOC-back course

☐ Circling

☐ RNAV

VFR Approach (Check all that apply)

☐ None

☒ Traffic Pattern

☐ 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: _____ Middle Initial: _____ Last Name: _____ Age at time of Accident/Incident: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ 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 ☐ US Military ☐ Airline Transport ☐ Student ☐ Flight Instructor ☒ Private ☐ Foreign ☐ Flight Engineer ☐ Commercial ☐ Recreational ☐ Sport				Supplemental Restraint, specify: _____																																																																																																																	
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 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 <u>5/3/2022</u> mm/dd/yyyy																																																																																																													
Medical Certificate Limitations <u>N/A</u>				Medical Certificate Special Limitations <u>N/A</u>																																																																																																																	
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet visor ☐ Helmet ☐ Night vision goggles ☐ Laser protective visor/glasses ☐ Personal flotation ☒ Personal locator beacon(s) (PLB) ☐ Other: _____																																																																																																																					
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>6/2024</u> <u>6/24/2024</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>CCSS NA</u> Model: <u>182 H</u>																																																																																																																	
Airplane Rating(s) (Check all that apply) ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																																															
Type Ratings and Applicable Logbook Endorsements								Student Endorsements (Include dates)																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter hours for each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> <th rowspan="2">Multi-engine Rotorcraft</th> <th rowspan="2">Tail-wheel</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>640.8</td> <td></td> <td>646.8</td> <td></td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>646.8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td>24.3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td>6.8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td>4.5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												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	640.8		646.8		2								Pilot in Command (PIC)	646.8												Time as Instructor													This Make/Model													Last 90 Days		24.3											Last 30 Days		6.8											Last 24 Hours		4.5										
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"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****Actual****Simulated****Rotorcraft****Glider****Lighter Than Air****Multi-engine Rotorcraft****Tail-wheel**

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

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

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

Number of Passengers <u>1</u>					
Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: [REDACTED] City: <u>Kirksville</u> Middle Initial: _____ State: <u>MD</u> Zip: <u>65201</u> Last name: [REDACTED] Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☒ Right ☐ Unknown Row: _____	☐ None ☒ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: <u>Lap Belt + Plus Shoulder Harness</u>	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Passenger - minor bump on shin bone. Hospital checkout All clear & released					

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

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>PLK</u> City: <u>BRANSON</u> State: <u>MO</u> Country: <u>USA</u>	Time: <u>3:00 PM</u> HH:MM Time Zone: <u>C</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>3M0</u> City: <u>Bull Shoals</u> State: <u>AR</u> Country: <u>USA</u>	☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown

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

☐ Certificate of Authorization

☐ Special VFR

☐ Special IFR

☐ VFR Flight Following

☐ Cruise

☒ VFR

☐ IFR

☐ VFR On Top

☐ Traffic Advisory

☐ Unknown / NA

☐ None

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

☐ Class A

☐ Class B

☐ Class C

☐ Class D

☐ Class E

☒ Class G

☐ Demo Area

☐ Warning Area

☐ Prohibited Area

☐ Restricted Area

☐ Military Operations Area (MOA)

☐ Airport Advisory Area

☐ Jet Training Area

☐ TRSA

☐ FAR 93

☐ Special

☐ Air Traffic Control Area

☐ Unknown

Altitude of In-Flight Occurrence: _____ ft. MSL

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)

☐ National Weather Service

☐ Flight Service Station

☐ TV/Radio

☐ Automated Report

☐ Electronic Flight Bag-Application:

☐ On-Board Weather

☐ Company

☐ Military

☐ Internet

☐ None

☐ Unknown

Weather Observation Facility

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ nm

Direction from Accident Site: _____ degrees true

Basic Conditions

☐ VMC

☐ IMC

☐ Unknown

Lowest Cloud Condition

Height

6,600

ft. AGL

Light Condition

☐ Dawn

☒ Day

☐ Dusk

☐ Night

☐ Dark Night

☐ Bright Night

☐ Unknown

Sky/Lowest Cloud Condition

☒ Clear

☐ Few

☐ Partial

☐ Obscuration

☐ Scattered

☐ Thin Broken

☐ Thin Overcast

☐ Unknown

Ceiling

☒ None (Clear)

☐ Broken

☐ Overcast

☐ Obscured

☐ Indefinite

☐ Unknown

Ceiling Height

ft. AGL

Temperature: _____ (°C) or _____ (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting:

_____ (Hg), or _____ (mb)

Wind Direction

☐ Variable

or

Direction: _____ degrees true

Wind Speed

☒ Calm

☐ Light and Variable

or

Speed: _____ kts

Wind Gusts

☒ Not Gusting

or

Speed: _____ kts

Visibility

Good - Saw in Eyes

_____ miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft.

Type of Precipitation (Check all that apply)

☒ None

☐ Rain

☐ Snow

☐ Hail

☐ Rain Showers

☐ Drizzle

☐ Ice Pellets

☐ Snow Pellets

☐ Snow Grains

☐ Ice Crystals

☐ Freezing Rain

☐ Snow Shower

☐ Ice Pellets Shower

☐ Freezing Drizzle

Restriction to Visibility (Check all that apply)

☐ None

☐ Blowing Dust

☐ Blowing Sand

☐ Blowing Snow

☐ Blowing Spray

☐ Dust

☐ Fog

☐ Ground Fog

☐ Haze

☐ Ice Fog

☐ Smoke

☐ Unknown

Icing Forecast

Amount

☒ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

☐ Unknown

Type

☐ N/A

☐ Rime

☐ Clear

☐ Mixed

☐ Unknown

Intensity of Precipitation

☐ Light

☐ Moderate

☐ Heavy

☐ N/A

☐ Unknown

Icing Actual

Amount

☐ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

☐ Unknown

Type

☐ N/A

☐ Rime

☐ Clear

☐ Mixed

☐ Unknown

Turbulence (Check all that apply)

Type

☒ None

☐ Clean Air

☐ Terrain-Induced

☐ Convective

Turbulence

Severity

☐ Light

☐ Moderate

☐ Severe

☐ Extreme

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

7

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None
☐ Minor
☐ Substantial
☒ Destroyed
☐ Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

Front Suspension Torso loose &
 front cabin bottom pushed in
 firewall pushed back

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.

10-30-25 morning. Fog delay @ LRY. To IRK to pick passenger.
 to RAW, then attempt FWTB (chose runway). End PLK
 w/ some light. hand for fuel. 45 minute delay by Bank of
 America to approve fuel & due to fraud check.
 Depart PLK for 3rd maybe 3-3:30. Circle Airport
 to get a check as never been there. See no problems
 set flaps for normal landing. Sun in eyes (240°)
 but minor.
 Not expecting ditch at higher end of runway. No problem.
 Normal just a bit low. Throttle in for power, NO
 response so full throttle. Plane should have jumped
 up. Impact just short of runway. Checked later
 & throttle all the way in. Sunrise I must have
 pulled flaps twice - once on so around and
 one on final. Still stunned it didn't pull up.
 Perfect engine so hard to be flaps w/ full fuel &
 passenger.

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

more on page 10 This document

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a separate sheet.)Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

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

Total Time/ Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

_____ 84 _____ 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:

virtually no injury.
 exited after receiving Emergency Response phone
 call. Verified no injury

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.)

For 8-10 weeks prior I had ~~the~~ had back disc out of sync resulting in many nights of maybe 2 hrs sleep. I do easy crossword puzzles and ~~best~~ ^{some} days couldn't complete puzzle. Finally checked back and the days of non completion of an easy crossword were following nights of very poor sleep. I couldn't think through easy problems. Was 100% of the time.

Prior to my flight I may have gotten 2 hrs of sleep followed then by a very full day leading to weariness & exhaustion.

You would think that would be obvious... but it is not. You don't realize you are not making good decisions.

Today I will not even drive to the grocery store if I have had a really bad night. Maybe everybody but me already ~~known~~ ^{THAT} today if I was giving a Rusty Pilot Seminar (one which I took in OK City) I would stress fatigue as an absolute reason not to fly that day.

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:

2/9/26
mm/dd/yyyy

Name of Pilot/Operator:

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.

CEIV26LA033

Reviewed by NTSB AS Division

Central Region/AS-CEN

Name of Investigator

Andrew Finne

Date Report Received

2/10/26