

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: Brainerd State: MN

 ZIP: 56401 Country: USA

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

 Date: 11/5/2025 Local Time: 14:30
mm/dd/yyyy HH:MM

 Time Zone: Cent

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

AIRCRAFT INFORMATION

 Registration Number: N9054C

 Manufacturer: Cessna

 Model: R182

 Serial Number: R18200381

 Year of Manufacture: 1,978

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

Make: _____

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

 Maximum Gross Weight: 3,100 lbs.

 Weight at Time of Accident/Incident: 2,320 lbs.

 Number of Seats: 4 Flight Crew Seats: 1

 Cabin Crew Seats: 0 Passenger Seats: 3

 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

- ☒
- 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
- ☐
- Unknown
-
- ☐
- Other Launch/Recovery System
-
- ☐
- None

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. <i>(mm/dd/yyyy)</i>	Rated Power ☒ Horsepower or ☐ Lbs. of Thrust	Total Time <i>(hours)</i>	Time Since: Inspection <i>(hours)</i>	Overhaul <i>(hours)</i>
Eng. 1	<u>Lycoming</u>	<u>O-540-J3C5D</u>	<u>L-11621-40E</u>	<u>12/30/2009</u>	<u>250</u>	<u>2,829</u>	<u>65</u>	<u>917</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

 Date of Last Inspection: 03/14/2025
mm/dd/yyyy

 Airframe Total Time: 5,363.6 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:
- GPS GTN-650

 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: McCauley

 Model: B2D34C214-B
Propeller 2 ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: Souring Soul LLC
 City: Brainerd State: MN
 ZIP: 56401 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft

☒ The Operator is also the Registered Owner

☐ Same address as Registered Owner

Name: Souring Soul LLC
 City: Brainerd State: MN
 ZIP: 56401 Country: USA

Doing Business As: _____

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

Operating Certificates Held

(Check all that apply)

- ☒ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☐ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation
 Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415
☐ FAR 103 ☐ FAR 133 ☐ FAR 431
☐ FAR 121 ☐ FAR 135 ☐ FAR 435
☐ FAR 125 ☐ FAR 137 ☐ FAR 437
☐ FAR 450
☐ FAR 91 Special Flight
☐ Non-US, Commercial
☐ Non-US, Non-commercial
☐ Public Aircraft (Select one)
 ☐ Armed Forces
 ☐ Federal
 ☐ State
 ☐ Local
☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
☐ Non-Scheduled or Air Taxi ☐ International
☐ Passenger
☐ Cargo
☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137 (Select one)

- ☐ Aerial Application ☐ Firefighting
☐ Aerial Observation ☐ Flight Test
☐ Air Drop ☐ Glider Tow
☐ Air Race/Show ☐ Instructional
☐ Banner Tow ☐ Other Work Use
☐ Business ☒ Personal
☐ Executive/Corporate ☐ Positioning
☐ External Load ☐ Skydiving
☐ Ferry ☐ Unknown

Revenue Sightseeing 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: Brainerd Lakes Regional Airport

Distance From Airport Center: 0.00 sm.

Airport Identifier: KBRD

Direction From Airport: 0.00 degrees true

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

Airport Elevation: 1,232.00 ft. MSL

Runway Information

Runway ID: 34 Length: 7,100 ft. Width: 150 ft.

Condition of Runway/Landing Surface (Check all that apply)**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

- ☒ 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 ☐ 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: [REDACTED]

City of Residence: Breezy Point

Middle Init: [REDACTED]

State: MN ZIP: 56472

Last Name: [REDACTED]

Country: USE

Age at time of Accident/Incident: 57

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

Certificate Number: [REDACTED]

Degree of Injury

☒ None ☐ Serious
☐ Unknown ☐ Fatal
☐ Minor

Seat Occupied

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

Restraint Type**Available**

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

Used

☐ None
☐ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

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
☒ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

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

Date of Last Medical

10/16/2025
 mm/dd/yyyy

Medical Certificate Limitations

Must use corrective lenses

Medical Certificate Special Limitations

HIMS Special Issuance

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:

07/30/2025
 mm/dd/yyyy

Flight Review Aircraft

Make: Airbus

Model: H135T3

Airplane Rating(s)
(Check all that apply)

☒ Single-Engine Land
☐ Single-Engine Sea
☒ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)
(Check all that apply)

☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☒ Helicopter
☐ Powered Lift

Instrument Rating(s)
(Check all that apply)

☐ None
☒ Airplane
☒ Helicopter
☐ Powered Lift

Instructor Rating(s)
(Check all that apply)

☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multiengine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered lift ☐ Sport

Type Ratings and Applicable Logbook Endorsements

High Performance Airplane - 12/08/1993

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	8,873	10	320	585	3,020	745	60	7,968			2,950	
Pilot in Command (PIC)	8,264	10	300	15	3,010	365	60	7,943			2,950	
Time as Instructor	2,310	0	0	0	710	22		2,310			0	
This Make/Model					0	1	1					
Last 90 Days	21	7	7	0	0	1	0	12			12	
Last 30 Days	7	1	1	0	0	0	0	6			6	
Last 24 Hours	1	1	1	0	0	0	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
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

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: _____	☐ 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>0</u>					
Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (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: _____	☐ 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
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>KBRD</u> City: <u>Brainerd</u> State: <u>MN</u> Country: <u>USA</u>	Time: <u>14:00</u> HH:MM Time Zone: <u>C</u>	Flight Number: <u>NA</u> Operating as Flight <u>Personal</u>	Airport ID: <u>KBRD</u> City: <u>Brainerd</u> State: <u>MN</u> Country: <u>USA</u>	☒ None ☐ Company VFR ☐ Military VFR ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown ☐ VFR/IFR ☐ IFR ☐ 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 G ☐ Military Operations Area (MOA) ☐ Special
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☒ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence: _____ ft. MSL

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Source of Pilot Weather Information**

(Check all that apply)

- ☒ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☒ Automated Report ☐ None
☐ Electronic Flight Bag-Application: ☐ Unknown

☐ On-Board Weather**Weather Observation Facility**

Facility ID: BRD
 Observation Time: 14:30
 Time Zone: Cen
 Distance from Accident Site: 0.20 nm
 Direction from Accident Site: 320.00 degrees true

Basic Conditions

- ☒ VMC
☐ IMC
☐ Unknown

Lowest Cloud Condition**Height**CLR ft. AGL**Light Condition**

- ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☒ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition

- ☒ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial ☐ Unknown
☐ Obscuration
☐ Scattered

Ceiling

- ☒ None (Clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Ceiling HeightCLR ft. AGLTemperature: 10.00 (°C) or _____ (°F)Dewpoint: -3.00 (°C) or _____ (°F)**Altimeter Setting:**30.16 (Hg), or _____ (mb)**Wind Direction**

☐ Variable or
 Direction: 310.00
 degrees true

Wind Speed

☐ Calm
☐ Light and Variable
 or
 Speed: 10.0 kts

Wind Gusts

☐ Not Gusting
 or
 Speed: 18.0 kts

Visibility

10.0 miles
 RVR: _____ feet
 RVV: _____ miles
 Density Altitude: _____ ft.

Type of Precipitation (Check all that apply)

- ☒ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility (Check all that apply)

- ☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

- | Amount | Type |
|---------------------------------------|-------------------------------|
| ☒ None | ☐ N/A |
| ☐ Trace | ☐ Rime |
| ☐ Light | ☐ Clear |
| ☐ Moderate | ☐ Mixed |
| ☐ Severe | ☐ Unknown |
| ☐ Unknown | |

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy
☒ N/A
☐ Unknown

Icing Actual

- | Amount | Type |
|---------------------------------------|-------------------------------|
| ☒ None | ☐ N/A |
| ☐ Trace | ☐ Rime |
| ☐ Light | ☐ Clear |
| ☐ Moderate | ☐ Mixed |
| ☐ Severe | ☐ Unknown |
| ☐ Unknown | |

Turbulence (Check all that apply)

- | Type | Severity |
|--|-----------------------------------|
| ☒ None | ☐ Light |
| ☐ Clear Air | ☐ Moderate |
| ☐ Terrain-Induced | ☐ Severe |
| ☐ Convective | ☐ Extreme |

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

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

- ☐ None ☒ 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.)

Cracks in motor mount, Prop damage and possible spar damage.

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.

Gear Up Landing N9054C 11/5/2025

Pre-flighted N9054C for a short local flight in the Brainerd, MN area. Everything on the aircraft checked out just fine. Checked weather for a departure time of about 20:00Z for KBRD (see weather information in the report). While taxiing to runway 34 I listened to the current weather being reported on the ASOS (126.775). Winds were favoring runway 34. I completed the run-up checks per the checklist; items checked within limits and operational.

Made my radio call, departed the airport and headed northwest about 12 miles or so and climbed to 8,500 feet to get a higher-than-normal altitude view of the area and lake where I live (Breezy Point, MN, Pelican Lake). I made a 180-degree turn back towards KBRD and descended back down to about 3,000 feet.

I decided to fly to the southeast side of KBRD and set myself up for a practice ILS-34 for a full stop landing. While vectoring myself onto a right base leg to intercept the localizer for the ILS-34 I slowed my airspeed down to 90kts and leveled at 3,000 feet then listened and identified the approach, nav frequency 109.7 as well as the ASOS.

I started to execute my prelanding check which consisted of the following: mixture-rich, prop-full, carb heat-on, seatbelts-check secure, landing light-on, engine instruments-green, com & nav-set, flaps-10 degrees.

At this point I notice a lot of birds in the direction of what would be my right turn to a long final to intercept the localizer for the ILS-34 approach. This is where things went wrong for me. I got distracted with all the bird activity and stopped my pre-landing task I decided to continue my heading of 250 degrees and fly through the final approach course on this heading for about 3 minutes, then I made a 180-degree turn to the left to establish a heading of 70 degrees to fly back and intercept the localizer and execute the ILS approach. This bought me time for the birds to exit my flight path for the approach or so I thought. Everything was going well, I intercepted the localizer, maintained altitude until I intercepted the glide slope, I was at about 80kts at this point. Just prior to crossing the ZIBEG fix I was distracted once again with more birds in my path, and I navigated around them successfully without hitting any (with the sun glare I could not tell what type of birds they were).

As a general rule that I have for myself, I always do a verify check that all landing items have been completed prior to the FAF or descent portion of the final approach. Due to the second bird distraction and avoiding them I failed to verify. Going back to my initial pre-landing task, if you remember, I stopped on the last item which was putting the gear down and verifying a green light expecting to come back to the last task. This obviously did not happen, and since I also failed to follow my own rule of a final verification on the approach trying to keep an eye out for additional birds, I did not notice that I had not put the landing gear down. I was also so preoccupied with the bird situation that it didn't register with me that the landing gear horn was on. I did not realize until it was too late, that I was way too low over the runway during my flair and the gear was not down. Just as I realized the situation the airplane sunk just enough that the prop hit the runway. I immediately realized what had happened and committed to the belly landing rather than risk adding power and trying to fly away after the prop hit.

Once the airplane came to rest, I commenced with an immediate emergency shut down of all systems. While doing so I notified the

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

Distractions and interruptions are going to happen. It's important to remember that when this happens, that is our indicator to pause and physically and mentally go back to verify that all required tasks have been completed. This was a very eye-opening experience that I will carry forward as an example when conducting recurrent training where I work.

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)

40.0 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 AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location:

I performed an emergency shut down of all fuel consumers and electrical just incase. Unlatched my seat belt opened the left pilot door and exited the aircraft.

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft:

☐ Destroyed☐ Substantial☐ Minor☐ None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Additional space for answers to any question.)

(cont.)

Once the airplane came to rest, I commenced with an immediate emergency shut down of all systems. While doing so I notified the airport that I had done a gear up landing on runway 34 via the radio on 122.7. They responded promptly over the radio and the airport emergency response team came out as well as the airport administrator. I sustained no physical injuries.

A little about me. I am a career pilot of 38 years and currently am the Chief Pilot for a Hospital owned and operated Air Ambulance Service. I manage 35 Pilots, we operate 9 helicopters out of seven bases and will be adding a PC-12 next year. Besides managing I am also a company instructor and Check Airman. We train and instill in our pilots to follow checklist, but not only follow the checklist, verify a second time prior to the last critical phase of flight which in this case was landing. I hold myself to a higher standard and take full ownership of my mistakes. I can see perfectly clear where I went wrong and how to improve. A distraction should be something you work through, but it should also be a big reminder to go back and verify.

If you have any additional questions, please feel free to reach out.

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:

11/10/2025

mm/dd/yyyy

Name of Pilot/Operator: [REDACTED]

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
CEN26LA038	CENTRAL	LINDBERG	11/10/2025