

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 Revenue Sightseeing Flight Yes No	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 Air Medical Flight Yes No	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
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AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: CONROE/NORTH HOUSTON RGNL Airport Identifier: KCXO Proximity to Airport: Off Airport/ Airstrip On Airport ☒ /Airstrip N/A	Distance From Airport Center: 1/2 sm. Direction From Airport: NW 320 degrees true Airport Elevation: 245 ft. MSL
Runway Information Runway ID: Length: ft. Width: ft. Runway/Landing Surface (Check all that apply) Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow ☒ Concrete ☐ Gravel ☐ Macadam ☐ Water ☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown ☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area	Condition of Runway/Landing Surface (Check all that apply) Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft Slush-Covered Vegetation Unknown
Approach/Departure Segment (Select one) Taxi VFR Departure On Instrument Approach Downwind Low Approach Takeoff IFR Departure Procedure/Clearance ☒ Landing Base Go Around Initial Climb 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 Straight-In Valley/Terrain Following Go Around Stop and Go Touch and Go Simulated Forced Landing Forced Landing Precautionary Landing

	Full Stop	Unknown
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"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: XXXXXXXXXX City of Residence: Conroe
 Middle Initial: XXXX State: Texas ZIP:

Last Name: XXXXXXXXXX Country:
 USA Age at time of Accident/Incident: 25 Date of Birth:
XXXXXX (mm/dd/yyyy)

Certificate Number XXXXXXXXXX

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 Unknown Class 1 ☒ Class 3 Class 2 BasicMed Driver's License (Sport Pilot only)	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A ☒ Special Issuance	Date of Last Medical 11/17/2022 mm/dd/yyyy
Medical Certificate Limitations N/A		Medical Certificate Special Limitations	

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flightsuit
 ☐ 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: 06/02/2025 mm/dd/yyyy	Flight Review Aircraft Make: Piper Model: PA-28-181
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Airplane Rating(s) <i>(Check all that apply)</i> Single-Engine Land ✓ Single-Engine Sea Multiengine Land ✓ Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> None Airplane ✓ Helicopter Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> None Instrument Airplane ✓ Airplane Single-Engine ✓ Instrument Helicopter Airplane Multiengine Helicopter Gyroplane Glider Powered lift Sport
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Type Ratings and Applicable Logbook Endorsements	Student Endorsements <i>(Include dates)</i>
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Flight Time <i>(Enter hours for each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multiengine Rotorcraft	Tail wheel
						Actual	Simulated					
Total Time	1516	1395	1482	34	200	141	73	0	0	0	0	8
Pilot in Command (PIC)	1363	1334	1334	24	196	138	47	0	0	0	0	0
Time as Instructor	1154	1154	1154	0	168	108	1.7	0	0	0	0	0
This Make/Model	1395	1395	1395		200	141	73	0	0	0	0	0
Last 90 Days	280											
Last 30 Days	90											
Last 24 Hours	8											

"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 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

Unknown

None

Class 3

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)

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☐ Fire resistant flightsuit ☐ 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 AircraftRating(s) (Check all
that apply)

None

Airship

Balloon

Glider

Gyroplane

Helicopter

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				Powered lift Sport							
Type Ratings and Applicable Logbook Endorsements								Student Endorsements <i>(Include dates)</i>				
Flight Time <i>(Enter hours for each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multiengine Rotorcraft	Tailwheel
						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 <i>(Exclusive of cabin crew, complete the following information.)</i>			
Additional Crewmember Information First Name: City of Residence: Middle Initial: State: Zip: Last Name: Country:		Seat Occupied	Injury
		Left Rear Center Single Right Unknown Front	None Minor Serious Fatal Unknown
Personal Flight Equipment <i>(Check all that apply)</i> □ ☐ Fire resistant flightsuit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves □ ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type Available ☐ Used ☐ 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
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: hrs.		

Additional Crewmember Information

First Name:	City of		Zip:		☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial:	Residence:					
Last Name:	Country:					

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flightsuit ☐ 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 ☐ Private ☐ Recreational ☐ Student ☐ Sport	☐ Commercial ☐ Airline Transport ☐ Flight Engineer		☐ US Military ☐ Foreign		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
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time Time of this Accident/Incident		hrs.			

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

Number of Passengers _____						
Passenger Information	Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: City: Middle Initial: State: Zip: Last name: Country: ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (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	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown 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	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ _____ knownRestr t, 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	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ _____ knownRestr t, 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	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ _____ knownRestr t, specify:	☐ 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
		Flight Number: Operating as Flight _____		☐ None ☐ VFR/IFR ☐ IFR ☐ Company ☐ Unknown ☐ VFR ☐ Military
Airport ID: City: State: Country:	Time: HH:MM Time Zone:		Airport ID: City: State: Country:	

				VFR o VFR
				Activated? o Yes o No o 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: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: nm _____
 Direction from Accident Site: degrees true _____

Basic Conditions ☐ VMC ☒ IMC ☐ Unknown		Lowest Cloud Condition Height 12,000 _____ ft. AGL		Light Condition ☒ Dawn ☐ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Unknown ☐ Bright Night			
Sky/Lowest Cloud Condition		Ceiling			Ceiling Height	ft. AGL	Temperature: <u> </u> (°C) or (°F)
☒ Clear ☐ Thin Broken ☐ Thin Overcast ☐ Few ☐ Partial Obscuration ☐ Scattered		☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown					Dewpoint: <u> </u> (°C) or (°F)
Altimeter Setting: 29.96 (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 miles 3/4 RVR: feet 4000 RVV: miles Density Altitude: ft.
Type of Precipitation <i>(Check all that apply)</i> ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle						Restriction to Visibility <i>(Check all that apply)</i> ☐ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☒ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Icing Forecast		Intensity of Precipitation		Icing Actual		Turbulence <i>(Check all that apply)</i>	
Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Amount ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Type ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Severity ☐ Light ☐ Moderate ☐ Severe ☐ 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	Aircraft Fire	Aircraft Explosion
☐ None ☐ Substantial ☐ Minor ☐ Destroyed ☒ Unknown	☐ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Fire at Unknown Time ☐ On-Ground ☐ Unknown	☒ 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.)*

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.

GOT IFR CLEARANCE FROM AMERICAN FLYERS PAD. TAXI'D TO RUNWAY 14 VIA R,D,A DID THE GROUND CHECK EVERYTHING SEEMED NORMAL WAITED ABOUT 5+ MINUTES AFTER RUN UP WAS COMPLETE TO HAVE OUR OIL TEMP RISE TO SAFE OPERATIONAL TEMP. ONCE OIL TEMP WAS GOOD LEFT THE RUN UP PAD TO HOLD SHORT OF RWY 14 @ ALPHA. CALLED TOWER, TOWER RESPONDED WITH HOLD SHORT OF RWY 14 AWAITING IFR RELEASE 25 SECONDS WENT BY THEN WE GOT OUR TAKEOFF CLEARANCE. BETWEEN THE TIME WE GOT TAKEOFF CLEARANCE AND MY STUDENT READ BACK THE CLEARANCE 10 SECONDS WENT BY. ROLLED ONTO THE RUNWAY STUDENT LINED UP ON CENTERLINE CONFIRMED RUNWAY 14 NUMBERS ON GROUND AS WELL AS HEADINGS INSIDE THE AIRPLANE.. STUDENT SLOWLY ADDED FULL POWER AND WAS CALLING THAT ENGINE INDICATIONS WERE IN THE GREEN AND AIRSPEED WAS ALIVE, I LOOKED OVER TO CONFIRM AND ALL WAS LOOKING WELL. TO THE RIGHT AND LEFT OF RUNWAY 14 WAS ALL OF THE GROUND FOG STRAIGHT DOWN THE RUNWAY WAS VERY LITTLE FOG. AS WE ARE ROLLING DOWN THE RUNWAY AT ABOUT 40-45KIAS WE BOTH SEE A DEER RUN DIRECTLY IN FRONT OF US FROM RIGHT TO LEFT MAYBE 1-5 FEET FROM HITTING US MY EYES FOLLOW THE DEER TO THE LEFT TO ENSURE WE DONT HIT IT SIMULTANEOUSLY I GRAB CONTROLS AND 1-3 SECONDS AFTER I GRAB CONTROLS WE WERE HIT BY THE SECOND DEER FROM THE RIGHT WE GOT HIT BY THE DEER BETWEEN THE BEGINNING OF RUNWAY 14 AND JULIETTE NEAR THE 500 FOOT MARKERS, THERE WAS NO WAY TO AVOID HITTING THE FIRST OR EVEN SECOND DEER WE WERE MORE THAN 500 FEET DOWN THE RUNWAY BUT LESS THAN 800 FEET AND AT 40-45 KIAS. WE NEEDED 870+ FEET OF GROUND ROLL AND 60 KIAS TO TAKEOFF FOR THE CONFIGURATION WE WERE IN AT THE TIME. WE NEVER HAD TIME TO AVOID THE DEER. EVEN IF WE HAD A FEW MORE SECONDS WE WERE TOO FAST TO COME TO A HALTING STOP AND TOO SLOW TO TAKEOFF. THE DEER JUMPED IN FRONT OF OUR PROPELLER HIT OUR WING WENT UNDER AND TOOK OUT OUR LEFT MAIN GEAR STRUT. CAUSING MY LEFT WING TO HIT THE GROUND VEER TO THE LEFT OF THE RUNWAY AND WITH VERY LITTLE HYDRAULIC PRESSURE LEFT IN MY RIGHT BRAKE. I MAINTAINED THE AIRPLANE ON THE RUNWAY WITH AILERON RUDDER AND AS EFFECTIVE MY RIGHT BRAKE WAS. I QUICKLY WHILE TRYING TO MAINTAIN AIRCRAFT CONTROL SHUTDOWN THE THROTTLE AND MIXTURE SIMULTANEOUSLY TURNED ALL ENGINE SWITCHES OFF CAME TO A STOP TOLD ATC WHAT WAS HAPPENING THEN SHUTDOWN ALL OTHER SWITCHES AS WELL AS BATTERY OFF, POPPED OPEN THE DOOR CLIMBED ON THE WING AND HELPED MY STUDENT OUT OF THE PLANE GOT FAR AWAY FROM THE AIRPLANE DUE TO OUR FUEL LEAKING , WHILE WE WAITED FOR THE CRASH CREW TO COME OUT.

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

IM NOT SURE CXO MAINTENANCE CAME OUT AND TALKED TO ME SAYING WE JUST INSPECTED ALL RUNWAY AND AROUND THE AIRPORT IN FRUSTRATION MEANING THEY ALSO DID NOT HAVE SIGHT OF THE DEERS. I WISH I HAD A BETTER ANSWER AS I AM SEEKING IT AS WELL TO ENSURE THIS DOESN'T EVER HAPPEN TO ME OR MY STUDENT AGAIN.

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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)*

Gallons 49

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: I OPENED THE RIGHT DOOR CLIMBED ON WING HELPED MY STUDENT OUT AND WE WENT AT A 45 DEGREE ANGLE AWAY FROM 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 ☐ Minor☐ Substantial ☐ None

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:

12/11/2025

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. CEN26LA058	Reviewed by NTSB AS Division Central	Name of Investigator Aguilera	Date Report Received 18 DEC 2025
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