

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: Hudson State: COZIP: 80621 Country: USALatitude: 40.1076 Longitude: -104.7007

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

Accident/Incident Date/TimeDate: 12/27/2025 Local Time: 09:00
mm/dd/yyyy HH:MMTime Zone: MSTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N239DAManufacturer: [REDACTED]Model: KITFOX CLASC IV-1200Serial Number: C9610-0177Year of Manufacture: 2,004Amateur-Built: ☒ Yes ☐ No If Yes: ☐ Original Design ☒ Kit/PlansMake: Skystar Acft Co

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

Maximum Gross Weight: 1,200 lbs.Weight at Time of Accident/Incident: 1,130 lbs.Number of Seats: 2 Flight Crew Seats: 2Cabin Crew Seats: 0 Passenger Seats: 0Number 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
-
- ☐
- 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	Rotax	912ULS	6778420	11/23/2011	100	766	39	766
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 12/01/2024
mm/dd/yyyyAirframe Total Time: 919.4 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: AmerikingModel or Part No.: AK-450TSO 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 ☐ UnknownPropeller 1 ☐ Fixed Pitch
☐ Controllable Pitch
☒ Ground AdjustableManufacturer: NR PropModel: SR-107Propeller 2 ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: [REDACTED]
 City: Wheat Ridge State: CO
 ZIP: 80033 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft

☒ The Operator is also the Registered Owner

☒ Same address as Registered Owner

Name: _____
 City: _____ State: _____
 ZIP: _____ Country: _____

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: Platte Valley Airpark

Airport Identifier: 18V

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

Distance From Airport Center: 0.00 sm.

Direction From Airport: 0.00 degrees true

Airport Elevation: 4,965.00 ft. MSL

Runway Information

Runway ID: 09 Length: 2,500 ft. Width: 90 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 ☐ 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: Wheat Ridge

Middle Initial: [REDACTED]

State: CO ZIP: 80033

Last Name: [REDACTED]

Country: USA

Age at time of Accident/Incident: 39

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 ☐ 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

11/20/2024
 mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Special Limitations****Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

01/16/2025
 mm/dd/yyyy

Flight Review Aircraft

Make: Piper

Model: PA18

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

Tailwheel 01/04/2020
 Complex 08/30/2020
 High-Performance 08/30/2020
 Glider tow 12/27/2021

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	548	216	465		14		4		83			427
Pilot in Command (PIC)	486	204	421						65			410
Time as Instructor												
This Make/Model												
Last 90 Days	45	5	45		4							35
Last 30 Days	21	2	21									21
Last 24 Hours	2	2	2									2

"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: _____	☐ 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: _____ City: <u>Longmont</u> Middle Initial: _____ State: <u>CO</u> Zip: <u>80503</u> Last name: _____ 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: _____	☒ 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>KBDU</u> City: <u>Boulder</u> State: <u>CO</u> Country: <u>USA</u>	Time: <u>08:40</u> HH:MM Time Zone: <u>MST</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>18V</u> City: <u>Hudson</u> State: <u>CO</u> Country: <u>USA</u>	☒ None ☐ Company VFR ☐ Military VFR ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown ☐ VFR/IFR ☐ IFR ☐ Unknown

Type of ATC Clearance/Service <i>(Check all that apply)</i>					
☐ 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 <i>(Check all that apply)</i>					
☐ Class A	☒ Class G	☐ Military Operations Area (MOA)	☐ Special		
☐ Class B	☐ Demo Area	☐ Airport Advisory Area	☐ Air Traffic Control Area		
☐ Class C	☐ Warning Area	☐ Jet Training Area	☐ Unknown		
☐ Class D	☐ Prohibited Area	☐ TRSA			
☐ Class E	☐ Restricted Area	☐ FAR 93			
Altitude of In-Flight Occurrence: <u>4965</u> ft. MSL					
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Pilot Weather Information <i>(Check all that apply)</i>			Weather Observation Facility		
☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Electronic Flight Bag-Application:			Facility ID: <u>KBDU</u> Observation Time: <u>08:35</u> Time Zone: <u>MST</u> Distance from Accident Site: <u>25.00</u> nm Direction from Accident Site: <u>254.00</u> degrees true		
☐ On-Board Weather					
Basic Conditions		Lowest Cloud Condition	Light Condition		
☒ VMC ☐ IMC ☐ Unknown		_____ ft. AGL	☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown		
Sky/Lowest Cloud Condition		Ceiling	Ceiling Height		
☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	_____ ft. AGL		
				Temperature: <u>4.00</u> (°C) or _____ (°F) Dewpoint: <u>-5.00</u> (°C) or _____ (°F)	
Altimeter Setting:	Wind Direction	Wind Speed	Wind Gusts	Visibility	
<u>29.76</u> (Hg), or _____ (mb)	☐ Variable or Direction: <u>0.00</u> degrees true	☒ Calm ☐ Light and Variable or Speed: _____ kts	☒ Not Gusting or Speed: _____ kts	_____ miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>5,400.0</u> ft.	
Type of Precipitation <i>(Check all that apply)</i>				Restriction to Visibility <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				☒ 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	☒ 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:					
!DEN 01/444 BDU AIRSPACE PJE WI AN AREA DEFINED AS 2NM RADIUS OF BDU SFC-15000FT 2501101647-2601092359 !DEN 12/566 18V RWY 15/33 REDL U/S 2512182150-2601182359 G-AIRMET: Turbulence (high) Valid:2025-12-27T15:00:00.000Z Issued:2025-12-27T14:45:00.000Z Severity:MOD Top:41,000 Base:26,000 APA UA /OV FAP 17L/TM 1451/FL060/TP S22T/TB NEG/RM NEG LLWS					

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.)*

Aircraft came to rest upside down. Propeller heavily damaged. Minor fiberglass damage to cowling. Upper rudder hoop damage. Fuselage truss structure rear of turtledeck and forward of empennage damaged. Elevator control tube destroyed. Left wing minor fabric damage, rear spar to fuselage connection point damaged and minor fabric damage. Left flaperon control linkage damaged. Right wing minor fabric damage. Both wing struts main attach points at forward spar bent.

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.

Engine start at approximately 08:35 MST at KBDU. Take-off from KBDU after warm up and run up, uneventful. Fly to 18V. Two landings prior to event landing uneventful. All landings on 09. Takeoffs on 27. Runway 09 at 18V is a dirt/grass runway. The runway has a paved taxiway that crosses through 09/27. Taxiway is raised relative to the dirt/grass runway surface.

The event occurred on third landing on runway 09.

During the event landing, the aircraft encountered bumps on the runway after touchdown. While traversing the bumps the aircraft rotated nose-down and immediate up elevator was applied to correct. Main gear contacted the raised taxiway and increased nose down rotation. After traversing taxiway, the aircraft nose contacted the ground and flipped the aircraft onto its back, where it came to rest.

Egress was made and initial securing of the aircraft was made to include fuel shutoffs, electrical system and ELT. This is when the initial phone call to Denver TRACON was made to report the event.

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

The root cause is unknown at this time. PIC/operator did not have pressure applied to the brakes of the aircraft at the time of the event. Potentially work with airport management to grade runway 09/27 to help alleviate the bumps that seem to have contributed to the event.

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)

14.0 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:

Both occupants exited through right hand door.

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:

01/06/2026

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.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
CEN26LA068	Central Region		1/5/26