

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: Grayslake State: ILZIP: 60030 Country: USALatitude: N 42:19.48 Longitude: W 88:04.45

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

Accident/Incident Date/TimeDate: 01/05/2026 Local Time: 15:00
mm/dd/yyyy HH:MMTime Zone: CSTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N101FAManufacturer: CessnaModel: 150LSerial Number: 15072843Year of Manufacture: 1971Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans

Make: _____

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

Maximum Gross Weight: 1600 lbs.Weight at Time of Accident/Incident: 1400 lbs.Number of Seats: 2 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

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
-
- ☐
- Certificate of Authorization or Waiver (COA)
-
- ☐
- None
-
- Special**
-
- ☐
- Restricted
-
- ☐
- Limited
-
- ☐
- Provisional
-
- ☐
- Special Flight
-
- ☐
- Experimental
-
- ☐
- Special Light-Sport
-
- ☐
- Experimental Light-Sport
-
- ☐
- Unknown

Landing Gear
(Check all that apply)

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

Engine Type (Select one)

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

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	Continental	O-200-A	213724-71A	01/01/1971	100	1662	40	128
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 10/03/2025
mm/dd/yyyyAirframe Total Time: 1622 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:
- 100-Hour

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: ACKModel or Part No.: E-04TSO 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: McCauleyModel: 1A102-OCMPropeller 2 ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Stiletto Beaver Touchdown

Fractional Ownership Aircraft:

☐ Yes☒ NoCity: WilmingtonState: DEZIP: 19808Country: USA**Operator of Aircraft**☐ The Operator is also the Registered Owner☐ Same address as Registered OwnerName: [REDACTED]

Doing Business As: _____

City: EvanstonState: ILZIP: 60201Country: USA

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: Campbell Airport

Distance From Airport Center: _____ sm.

Airport Identifier: C81

Direction From Airport: _____ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 788 ft. MSL**Runway Information**Runway ID: 27 Length: 3270 ft. Width: 40 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: Evanston

Middle Initial: [REDACTED]

State: IL ZIP: 60201

Last Name: [REDACTED]

Country: USA

Age at time of Accident/Incident: 48

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

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

11/27/2024
 mm/dd/yyyy

Medical Certificate Limitations

Must use corrective lens(es) to meet vision standards at all required distances

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:

07/29/2024
 mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: 150

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	1291.2	351.1	607.2		106.5	43.3	69.2	684				
Pilot in Command (PIC)	889.9	351.1	507.8					389				
Time as Instructor	233.4	233.4	233.4		8.6							
This Make/Model					17.5							
Last 90 Days	56.8	56.8	56.8		1.0							
Last 30 Days	17.1	17.1	17.1		0							
Last 24 Hours	3.7	3.7	3.7		0							

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

Additional Crewmember Information		Seat Occupied	Injury
First Name: <u>N/A</u>	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 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 at the Time of this Accident/Incident: _____ hrs.		

Additional Crewmember Information		Seat Occupied	Injury
First Name: <u>N/A</u>	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 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 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 Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ 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>C81</u> City: <u>Grayslake</u> State: <u>IL</u> Country: <u>USA</u>	Time: <u>15:00</u> HH:MM Time Zone: <u>CST</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>C81</u> City: <u>Grayslake</u> State: <u>IL</u> Country: <u>USA</u>	☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ 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: _____ 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: _____ Foreflight ☐ On-Board Weather			☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown		
			Facility ID: <u>KUGN, KPWK, KORD, KENW</u> Observation Time: <u>14:50</u> Time Zone: <u>CST</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true		
Basic Conditions		Lowest Cloud Condition	Light Condition		
☒ VMC ☐ IMC ☐ Unknown		Height <u>10,000</u> 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: _____ (°C) or <u>40</u> (°F) Dewpoint: _____ (°C) or _____ (°F)	
Altimeter Setting:	Wind Direction	Wind Speed	Wind Gusts	Visibility	
_____ (Hg), or _____ (mb)	☐ Variable or Direction: <u>270</u> degrees true	☐ Calm ☐ Light and Variable or Speed: <u>7</u> kts	☒ Not Gusting or Speed: _____ kts	_____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ 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 ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ 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: <u>Runway 09 & 27 NSTD TRIL Out of Service</u>					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
☐ None	☒ Substantial	☒ None	☐ Both Ground and In-Flight	☒ None	☐ Both Ground and In-Flight
☐ Minor	☐ Destroyed	☐ In-Flight	☐ Fire at Unknown Time	☐ In-Flight	☐ Fire at Unknown Time
	☐ Unknown	☐ On-Ground	☐ Unknown	☐ On-Ground	☐ Unknown

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

Propeller strike. Left wing leading edge: multiple dents. Cowling: multiple dents. Empennage: tail separation at rivet line midway between aft of cabin and horizontal stabilizer.

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.

This was a primary training flight for a student who is pursuing his Private Pilot Certificate. I, as the CFI, had already flown with another student immediately before this flight. The student and I briefed the flight in the hangar, beginning around 14:00. He conducted a preflight inspection of the airplane under my observation. We taxied to the fuel pump to get gas. Following fueling we completed the preflight by checking the quality of three fuel samples, which were normal.

The student taxied the airplane to the departure end of runway 27. He gave the takeoff brief according to the checklist. He was to execute a takeoff using the soft-field technique, then remain in the landing pattern. He taxied onto the runway with the yoke back for elevator deflection. As soon as the airplane gained speed, the nosewheel lifted off the ground, and the plane began to drift to the left. The main wheels lifted off the ground (in ground effect), but the plane was still drifting. I tried to correct the drift and told the student to apply more right rudder. By that time we were over the turf on the left side of the runway. I tried to take controls to steer away from the trees, but not before the left wing impacted, and the aircraft rotated 270 degrees before coming to a stop in the grass.

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

Performance takeoff and landings will be demonstrated by the instructor each flight prior to students performing these maneuvers for pre-solo students. Instructor will "shadow" controls and take control of the aircraft sooner in case of any deviation. I have met with the instructor with whom I did my CFI training to review my Private Pilot syllabus and plan to fly with him for assistance with refining how I coach students during performance takeoff and landings in terms of flight control position, takeoff airspeed, and precision on runway position.

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)

22 Gallons

Fuel Type

☒ 100 Low Lead☐ Automotive☐ Jet A☐ Jet A-1☐ Unleaded AV☐ Other, specify _____

Other Services, if any, prior to departure:

N/A

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 pilots exited respective cockpit door normally.

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:

01/27/2027

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.

CEN26LA083

Reviewed by NTSB AS Division

CENTRAL REGION

Name of Investigator

C. MAXON

Date Report Received

1/27/2026