

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: Lafayette State: INZIP: 47905 Country: USALatitude: 40.17 Longitude: -86.96

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

Accident/Incident Date/TimeDate: 01/28/2026 Local Time: 10:07
mm/dd/yyyy HH:MMTime Zone: ESTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N51204Manufacturer: Textron (Cessna)Model: 172PSerial Number: 172P74279Year of Manufacture: 1,980Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/PlansMake: N/A☒ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 2,400 lbs.Weight at Time of Accident/Incident: 2,070 lbs.Number of Seats: 4 Flight Crew Seats: 2Cabin Crew Seats: 0 Passenger Seats: 2Number 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	Lycoming	O-320-D2J	L-20429-39E	07/23/2023	160	6,679	14	2,122
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: mm/dd/yyyyAirframe Total Time: 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: DMModel or Part No.: ELT 6.1 S/N 52485TSO No.: ☐ C91 (121.5 MHz) ☒ C91a (121.5 MHz)
☐ C126 (406 MHz)Was ELT still mounted in aircraft? ☒ Yes ☐ NoWas ELT still connected to antenna? ☒ Yes ☐ NoDid ELT activate? ☐ Yes ☒ NoIf activated: Did ELT aid in locating aircraft? ☐ Yes ☒ NoIf not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown**Propeller 1**

- ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: McCaugheyModel: IC160/DTM7557M1**Propeller 2**

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: N/AModel: N/A

Registered Aircraft OwnerName: Purdue Aviation LLCCity: West LafayetteState: INZIP: 47906Country: USA

Fractional Ownership Aircraft:

☐ Yes☒ No**Operator of Aircraft**☒ The Operator is also the Registered Owner☒ Same address as Registered OwnerName: Purdue Aviation LLCDoing Business As: Purdue Aviation LLCCity: West LafayetteState: INZIP: 47906Country: 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 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 Name:** _____**Airport Identifier:** _____Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A

Distance From Airport Center: _____ sm.

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. MSL

Runway Information

Runway ID: _____ 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 ☐ Heliport ☐ 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
☐ Shush-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 ☐ Crosswind ☐ Aborted Landing (after touchdown)
☐ 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” Responsibilities at the Time of Accident/Incident ☐ Captain ☐ First Officer ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☒ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																																				
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“Flight Crewmember 1” Identification First Name: XXXXXXXXXX Middle Initial: XXXX Last Name: XXXXXXXXXX Age at time of Accident/Incident: <u>21</u>						City of Residence: <u>Lafayette</u> State: <u>IN</u> ZIP: <u>47904</u> Country: <u>USA</u> Date of Birth: XXXX/XX/XX (mm/dd/yyyy) Certificate Number: XXXXXXXXXX																																																																																																														
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Medical Certificate Limitations Must use corrective lens(es) to meet vision standards at all required distances						Medical Certificate Special Limitations																																																																																																														
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"Flight Crewmember 2" Information																							
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident ☐ Captain ☐ First Officer ☐ Pilot ☐ Co-Pilot ☒ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																							
"Flight Crewmember 2" was pilot flying ☒ Yes ☐ No																							
"Flight Crewmember 2" Identification First Name: XXXXXXXXXX Middle Initial: _____ Last Name: XXXXXXXXXX Age at time of Accident/Incident: <u>20</u>						City of Residence: <u>Beijing</u> State: _____ ZIP: _____ Country: <u>CN</u> Date of Birth: XXXXXXXXXX (mm/dd/yyyy) Certificate Number: _____ N/A																	
Degree of Injury ☒ None ☐ Serious ☐ Unknown ☐ Fatal ☐ Minor		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☒ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>				Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☒ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
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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 ☐ 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) ☐ 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: _____																							
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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																	
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						Actual	Simulated																
	Total Time	2	1	2																			
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	This Make/Model																						
Last 90 Days	2	1	2																				
Last 30 Days	2	1	2																				
Last 24 Hours																							

ADDITIONAL CREWMEMBER INFORMATION (If the accident involves multiple crewmembers, complete this form for each one.)							
Additional Crewmember Information First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> <td style="width: 50%; vertical-align: top;"> Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table>		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
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Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs.		Supplemental Restraint, specify: _____			
Additional Crewmember Information First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> <td style="width: 50%; vertical-align: top;"> Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table>		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
Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown						
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs.		Supplemental Restraint, specify: _____			
PASSENGER(S) / OTHER PERSONNEL (If the cabin crew, continue on separate sheet. Injuries Same.)							
Number of Passengers _____							
Passenger Information First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Restraint Type <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> <td style="width: 50%; vertical-align: top;"> Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table>	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	Age ☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown						
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: _____							

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 Airport ID: <u>KLAF</u> City: <u>West Lafayette</u> State: <u>IN</u> Country: <u>USA</u>	Time of Departure Time: <u>09:47</u> HH:MM Time Zone: <u>EST</u>	Flight Information Flight Number: _____ Operating as Flight _____	Destination Airport ID: <u>KLAF</u> City: <u>West Lafayette</u> State: <u>IN</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company ☐ IFR ☐ VFR ☐ Unknown ☐ Military ☐ VFR ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown	

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

- ☐ Certificate of Authorization ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☒ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA
☐ None

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

- ☐ Class A ☐ Class 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: 4000 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**

_____ ft. AGL

Light Condition

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

Sky/Lowest Cloud Condition

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

Ceiling

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

Ceiling Height

_____ ft. AGL

Temperature: 1.00 (°C) or _____ (°F)Dewpoint: -4.00 (°C) or _____ (°F)**Altimeter Setting:**30.27 (Hg), or _____ (mb)**Wind Direction**☐ Variable

or

Direction: 250.00
degrees true**Wind Speed**
☐ Calm
☐ Light and Variable
Speed: 6.0 kts**Wind Gusts**☒ Not Gusting

or

Speed: _____ kts

Visibility10.0 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: 246.0 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 ☐ Minor ☒ Substantial ☐ Destroyed ☐ Unknown	Aircraft Fire ☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Fire at Unknown Time ☐ Unknown	Aircraft Explosion ☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Fire at Unknown Time ☐ Unknown
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Description of Damage to Aircraft and Other Property *(Use additional sheet, if necessary.)*
Main spars bent, substantial damage to the flaps, fuselage bent, and horizontal stabilizer bent

NARRATIVE HISTORY OF FLIGHT

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.

Departed KLAF at 9:47am EST for a instructional flight for a pre-solo student's 3rd lesson, which would end back at KLAF. We went south to practice maneuvers, started off with some slow flight and eventually got into practicing power-off stalls. We did a few power-off stalls which seemed fine and I demonstrated 2 as well. The student on that specific maneuver recovered abruptly with excessive pitch down and push in full throttle within 2-3 seconds which got us into a full power nose dive exceeding Vne. The student froze on the controls and didn't hear "my controls" and I had to slap him off the throttle to regain control of the aircraft. I pulled the power to idle first to prevent the aircraft from diving into the ground then gently pull the aircraft up to recover from the unusual attitude. I then declared an emergency to KLAF tower not knowing if the aircraft suffered any damage after exceeding Vne and would like priority back to the runway. We then made a successful landing back in KLAF at 10:23am EST and taxi back to the FBO.

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

More complete briefing prior to completing any training maneuver. Proper preparedness to respond to incorrect/dangerous student actions.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate page.)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 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:

Instructor and student exited the aircraft through the main doors.

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 information 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:

02/05/2026

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
CEN26LA106	Central	Aguilera	5 Feb 2026

Date/Time (L)	Temp (°F)	Dew Point (°F)	Relative Humidity (%)	Wind Chill (°F)	Wind Direction	Wind Speed (mph)	Visibility (miles)	Weather	Clouds (x100 ft)	Sea Level Pressure (mb)	Station Pressure (in Hg)	Altitude Setting (in Hg)	1 Hour Precip (in)	3 Hour Precip (in)	6 Hour Precip (in)	24 Hour Precip (in)	Hour 6 Max (°F)	Hour 6 Min (°F)	Hour 6 Max (°F)	Hour 6 Min (°F)
Jan 28, 10:40 am	7	-1	72	-7	WSW	9	10.00		CLR		29.61	30.27								
Jan 28, 10:35 am	5	-2	71	-7	WSW	7	10.00		CLR		29.61	30.27								
Jan 28, 10:30 am	3	-2	78	-8	WSW	6	10.00		CLR		29.61	30.27								
Jan 28, 10:25 am	3	-2	78	-8	WSW	6	10.00		CLR		29.61	30.27								
Jan 28, 10:20 am	3	-2	78	-8	WSW	6	10.00		CLR		29.61	30.27								
Jan 28, 10:15 am	3	-2	78	-8	WSW	6	10.00		CLR		29.61	30.27								
Jan 28, 10:10 am	1	-2	84	-10	WSW	6	10.00		CLR		29.61	30.27								
Jan 28, 10:05 am	1	-4	77	-10	WSW	6	10.00		CLR		29.61	30.27								
Jan 28, 10:00 am	1	-4	77	-10	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 9:55 am	0	-4	84		N	0	10.00		CLR		29.62	30.28								
Jan 28, 9:54 am	0	-4	83	-8	WSW	3	10.00		CLR	1026.80	29.62	30.28								
Jan 28, 9:50 am	0	-6	77	-10	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 9:45 am	0	-6	77	-8	W	3	10.00		CLR		29.62	30.28								
Jan 28, 9:40 am	0	-6	77		N	0	10.00		CLR		29.62	30.28								
Jan 28, 9:35 am	-2	-6	84		N	0	10.00		CLR		29.62	30.28								
Jan 28, 9:30 am	-2	-6	84	-10	WSW	3	10.00		CLR		29.62	30.28								
Jan 28, 9:25 am	-2	-6	84	-12	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 9:20 am	-2	-8	77	-12	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 9:15 am	-2	-8	77	-14	WSW	6	10.00		CLR		29.62	30.28								
Jan 28, 9:10 am	-2	-8	77	-14	WSW	6	10.00		CLR		29.62	30.28								
Jan 28, 9:05 am	-2	-8	77	-14	WSW	6	10.00		CLR		29.62	30.28								
Jan 28, 9:00 am	-4	-8	84	-16	WSW	6	10.00		CLR		29.62	30.28								
Jan 28, 8:55 am	-4	-8	84	-15	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 8:54 am	-4	-8	82	-16	WSW	6	10.00		CLR	1026.70	29.62	30.28								
Jan 28, 8:50 am	-4	-8	84	-16	WSW	6	10.00		CLR		29.61	30.27								
Jan 28, 8:45 am	-6	-8	92	-18	WSW	6	10.00		CLR		29.61	30.27								
Jan 28, 8:40 am	-6	-9	84	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 8:35 am	-6	-8	92	-18	WSW	6	10.00		CLR		29.61	30.27								
Jan 28, 8:30 am	-6	-9	84	-18	WSW	6	10.00		CLR		29.62	30.28								
Jan 28, 8:25 am	-6	-9	84	-18	WSW	6	10.00		CLR		29.62	30.28								
Jan 28, 8:20 am	-6	-9	84	-17	WSW	5	9.00		CLR		29.62	30.28								
Jan 28, 8:15 am	-6	-9	84	-14	WSW	3	6.00	Mist	CLR		29.62	30.28								
Jan 28, 8:10 am	-6	-9	84	-14	WSW	3	7.00		CLR		29.62	30.28								
Jan 28, 8:05 am	-6	-9	84	-14	WSW	3	10.00		CLR		29.62	30.28								
Jan 28, 8:00 am	-6	-9	84	-14	WSW	3	10.00		CLR		29.62	30.28								
Jan 28, 7:55 am	-6	-9	84	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 7:54 am	-6	-9	86	-17	WSW	5	10.00		CLR	1026.80	29.62	30.28								
Jan 28, 7:50 am	-6	-9	84	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 7:45 am	-6	-9	84	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 7:40 am	-6	-9	84	-17	W	5	10.00		CLR		29.62	30.28								
Jan 28, 7:35 am	-6	-9	84	-17	W	5	10.00		CLR		29.62	30.28								
Jan 28, 7:30 am	-6	-9	84	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 7:25 am	-6	-8	92	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 7:20 am	-6	-8	92	-14	WSW	3	10.00		CLR		29.62	30.28								
Jan 28, 7:15 am	-6	-8	92	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 7:10 am	-6	-8	92	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 7:05 am	-6	-8	92	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 7:00 am	-6	-8	92	-17	W	5	10.00		CLR		29.62	30.28								
Jan 28, 6:55 am	-6	-8	92	-17	W	5	10.00		CLR		29.62	30.28								
Jan 28, 6:54 am	-5	-8	87	-16	W	5	10.00		CLR	1026.90	29.62	30.28								
Jan 28, 6:50 am	-4	-8	84	-15	W	5	10.00		CLR		29.62	30.28								
Jan 28, 6:45 am	-4	-8	84	-15	W	5	10.00		CLR		29.62	30.28								
Jan 28, 6:40 am	-4	-8	84	-15	W	5	10.00		CLR		29.62	30.28								
Jan 28, 6:35 am	-4	-8	84	-12	W	3	10.00		CLR		29.62	30.28								
Jan 28, 6:30 am	-4	-8	84	-15	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 6:25 am	-4	-8	84	-15	W	5	10.00		CLR		29.62	30.28								
Jan 28, 6:20 am	-4	-8	84	-15	W	5	10.00		CLR		29.62	30.28								
Jan 28, 6:15 am	-6	-8	92	-17	W	5	10.00		CLR		29.62	30.28								
Jan 28, 6:10 am	-6	-8	92	-17	W	5	10.00		CLR		29.62	30.28								
Jan 28, 6:05 am	-6	-8	92	-17	W	5	10.00		CLR		29.62	30.28								
Jan 28, 6:00 am	-6	-8	92	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 5:55 am	-6	-9	84	-18	WSW	6	10.00		CLR		29.62	30.28								
Jan 28, 5:54 am	-5	-9	82	-18	WSW	6	10.00		CLR	1026.80	29.62	30.28								
Jan 28, 5:50 am	-6	-8	92	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 5:45 am	-6	-8	92	-18	WSW	6	10.00		CLR		29.62	30.28								
Jan 28, 5:40 am	-6	-8	92	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 5:35 am	-6	-8	92	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 5:30 am	-4	-8	84	-15	W	5	10.00		CLR		29.62	30.28								
Jan 28, 5:25 am	-4	-8	84	-15	W	5	10.00		CLR		29.62	30.28								
Jan 28, 5:20 am	-6	-8	92	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 5:15 am	-6	-8	92	-17	WSW	5	10.00		CLR		29.62	30.28								
Jan 28, 5:10 am	-6	-8	92	-17	W	5	10.00		CLR		29.63	30.29								
Jan 28, 5:05 am	-6	-8	92	-17	W	5	10.00		CLR		29.63	30.29								
Jan 28, 5:00 am	-6	-8	92	-17	W	5	10.00		CLR		29.63	30.29								
Jan 28, 4:55 am	-4	-8	84	-15	W	5	10.00		CLR		29.63	30.29								
Jan 28, 4:54 am	-4	-7	86	-15	W	5	10.00		CLR	1026.90	29.63	30.29								
Jan 28, 4:50 am	-4	-8	84	-15	W	5	10.00		CLR		29.62	30.28								
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Jan 28, 4:10 am	-4	-8	84	-12	SW	3	10.00		CLR		29.63	30.29								
Jan 28, 4:05 am	-4	-8	84	-12	SW	3	10.00		CLR		29.63	30.29								
Jan 28, 4:00 am	-4	-8	84	-12	WSW	3	10.00		CLR		29.63	30.29								
Jan 28, 3:55 am	-4	-8	84	-12	WSW	3	10.00		CLR		29.63	30.29								
Jan 28, 3:54 am	-4	-7	86	-12	WSW	3	10.00		CLR	1027.00										