

## 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: El Campo State: TXZIP: 77437 Country: WartenLatitude: 29.15821 Longitude: 96.22594

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

## Accident/Incident Date/Time

Date: 5/5/2026 Local Time: 16:40

mm/dd/yyyy

HH:MM

Time Zone: CentralCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

## AIRCRAFT INFORMATION

Registration Number: N422TWManufacturer: Air TractorModel: AT-602Serial Number: 602-1278Year of Manufacture: 2016Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans

Make: \_\_\_\_\_

☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 12,500 lbs.Weight at Time of Accident/Incident: 11,000 lbs.Number of Seats: 1 Flight Crew Seats: \_\_\_\_\_

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_

Number of Engines: 1Category 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.<br>(mm/dd/yyyy) | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> Lbs. of Thrust | Total<br>Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|----------------------|---------------------|----------------------|------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|---------------------|
| Eng. 1 | <u>Pratt Whitney</u> | <u>PT6A-60AG</u>    | <u>R66208</u>        | <u>2016</u>                  | <u>1180</u>                                                                                           | <u>4026</u>              | <u>11</u>                            | <u>4026</u>         |
| Eng. 2 |                      |                     |                      |                              |                                                                                                       |                          |                                      |                     |
| Eng. 3 |                      |                     |                      |                              |                                                                                                       |                          |                                      |                     |
| Eng. 4 |                      |                     |                      |                              |                                                                                                       |                          |                                      |                     |

## Last Inspection Type

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

Date of Last Inspection: 03/06/2026

mm/dd/yyyy

Airframe Total Time: 4026 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: \_\_\_\_\_

Model or Part No.: \_\_\_\_\_

TSO 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: HartzellModel: HL-B5MP36

## Propeller 2

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_



**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**

Name: SUG-ATR LLC  
 City: Lubbock State: TX  
 ZIP: 79407 Country: Lubbock

Fractional Ownership Aircraft:

☐ Yes☒ No**Operator of Aircraft**☐ The Operator is also the Registered Owner☐ Same address as Registered Owner

Name: [REDACTED]  
 City: Wakerusa State: IN  
 ZIP: 46573 Country: St Joseph

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: Trade Wind A3  
 Airport Identifier: 8TEB  
 Proximity to Airport: ☒ Off Airport/Airstrip    ☐ On Airport/Airstrip    ☐ N/A

Distance From Airport Center: 0.4 sm.  
 Direction From Airport: 170 degrees true  
 Airport Elevation: 95 ft. MSL

**Runway Information**Runway ID: 18 Length: 2500 ft. Width: 100 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    ☐ 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: Ukiah

Middle Initial: [REDACTED]

State: IN ZIP: 46573

Last Name: [REDACTED]

Country: St. Joseph

Age at time of Accident/Incident: 49

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

Supplemental Restraint, specify: Am Side Airbag

**Pilot Certificate(s) (Check all that apply)**

☐ None ☐ Flight Instructor ☒ Commercial  
☐ US Military ☐ Private ☐ Recreational  
☐ Airline Transport ☐ Foreign ☐ Sport  
☐ Student ☐ Flight Engineer

**Principal Occupation**

☒ Pilot  
☐ Other  
☐ Unknown

**Medical Certificate**

☐ None ☐ Class 3  
☐ Class 1 ☐ 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**

2-2-2026  
mm/dd/yyyy

**Medical Certificate Limitations****Medical Certificate Special Limitations**

Glasses for near vision

**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:**

4/2/2026  
mm/dd/yyyy

**Flight Review Aircraft**

Make: Game Composites  
Model: GB1 Gamebird

**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**

137 signoff  
AT 802 Type rating

**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                             | 13320        | 6000              | 12215                  | 775                  | 800   | 192        | 74        |            |        |                  |                         |            |
| Pilot in Command (PIC)                 | 12820        | 6000              | 12215                  | 775                  | 800   | 192        | 74        |            |        |                  |                         |            |
| Time as Instructor                     |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| This Make/Model                        |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 90 Days                           | 35           | 13                | 25                     |                      |       |            |           |            |        |                  |                         |            |
| Last 30 Days                           | 36           | 13                | 30                     |                      |       |            |           |            |        |                  |                         |            |
| Last 24 Hours                          | 8            | 0                 | 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**

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

**Used**

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

**Inflatable Restraints**

☐ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

**Pilot Certificate(s)** (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial  
☐ US Military ☐ Private ☐ Recreational  
☐ Airline Transport ☐ Foreign ☐ Sport  
☐ Student ☐ Flight Engineer

Supplemental Restraint, specify: \_\_\_\_\_

**Principal Occupation**

☐ Pilot  
☐ Other  
☐ Unknown

**Medical Certificate**

☐ None ☐ Class 3  
☐ Class 1 ☐ BasicMed  
☐ Class 2 ☐ Driver's License (Sport Pilot only)

☐ Unknown

**Medical Certificate Validity**

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

**Date of Last Medical**

\_\_\_\_\_  
mm/dd/yyyy

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

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves  
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: \_\_\_\_\_

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

\_\_\_\_\_  
mm/dd/yyyy

**Flight Review Aircraft**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

**Airplane Rating(s)**

(Check all that apply)

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

**Other Aircraft Rating(s)**

(Check all that apply)

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

**Instrument Rating(s)**

(Check all that apply)

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

**Instructor Rating(s)**

(Check all that apply)

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

**Type Ratings and Applicable Logbook Endorsements****Student Endorsements** (Include dates)

| Flight Time (Enter<br>hours for each box) | All<br>Aircraft | This Make<br>& Model | Airplane<br>Single<br>Engine | Airplane<br>Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter<br>Than Air | Multi-<br>engine<br>Rotorcraft | Tail-<br>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: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Front                                                                                                                                                                                                                                                                                                                                         | <input type="radio"/> Rear<br><input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                    | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State: _____ Zip: _____  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |                                                                                                                                                            |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country: _____           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |                                                                                                                                                            |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> Personal locator beacon(s) (PLB)<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |                                                                                                                                                            |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Private<br><input type="checkbox"/> Student<br><input type="checkbox"/> Flight Instructor<br><input type="checkbox"/> Recreational<br><input type="checkbox"/> Sport<br><input type="checkbox"/> Commercial<br><input type="checkbox"/> Airline Transport<br><input type="checkbox"/> Flight Engineer<br><input type="checkbox"/> US Military<br><input type="checkbox"/> Foreign             |                          | <b>Restraint Type</b><br><b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                            |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                    |                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs.<br><b>Supplemental Restraint, specify:</b> _____                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                |                                                                                                                                                            |

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Injury                                                                                                                                                                                                                         |                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City of Residence: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Front                                                                                                                                                                                                                                                                                                                                         | <input type="radio"/> Rear<br><input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                    | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State: _____ Zip: _____  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |                                                                                                                                                            |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country: _____           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |                                                                                                                                                            |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> Personal Locator Beacon(s) (PLB)<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |                                                                                                                                                            |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Private<br><input type="checkbox"/> Student<br><input type="checkbox"/> Flight Instructor<br><input type="checkbox"/> Recreational<br><input type="checkbox"/> Sport<br><input type="checkbox"/> Commercial<br><input type="checkbox"/> Airline Transport<br><input type="checkbox"/> Flight Engineer<br><input type="checkbox"/> US Military<br><input type="checkbox"/> Foreign             |                          | <b>Restraint Type</b><br><b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                            |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                    |                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs.<br><b>Supplemental Restraint, specify:</b> _____                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                |                                                                                                                                                            |

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

| Number of Passengers _____                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Seat                                                                                                                                     | Injury                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Inflatable Restraints                                                                                                                                                                          | Age                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Passenger Information</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                      | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b> _____ | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br><br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                |                                                                                                                                                                             |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                 |                                                                                                                                                                                                |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

## FLIGHT ITINERARY INFORMATION

| Last Departure Point                                                                        | Time of Departure                                                 | Flight Information                                | Destination                                                                                 | Type Flight Plan Filed                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Airport ID: <u>BTEB</u><br>City: <u>El Campo</u><br>State: <u>TX</u><br>Country: <u>USA</u> | Time: <u>16:40</u><br><small>HH:MM</small><br>Time Zone: <u>C</u> | Flight Number: _____<br>Operating as Flight _____ | Airport ID: <u>BTEB</u><br>City: <u>El Campo</u><br>State: <u>TX</u><br>Country: <u>USA</u> | <input type="radio"/> None<br><input type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown<br><input type="radio"/> VFR/IFR<br><input type="radio"/> IFR<br><input type="radio"/> 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: Fore Flight    ☐ 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 2000 ft. AGL**Light Condition**

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

**Sky/Lowest Cloud Condition**

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

**Ceiling**

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

**Ceiling Height**2000 ft. AGLTemperature: \_\_\_\_\_ (°C) or 88 (°F)Dewpoint: \_\_\_\_\_ (°C) or 75 (°F)**Altimeter Setting:**30.02 (Hg), or \_\_\_\_\_ (mb)**Wind Direction**

☐ Variable    or  
 Direction: SE  
 degrees true

**Wind Speed**

☐ Calm  
☐ Light and Variable  
 or  
 Speed: 15-20 kts

**Wind Gusts**

☐ Not Gusting  
 or  
 Speed: 15-20 kts

**Visibility**

RVR: 10 miles  
 or  
 feet  
 RVV: \_\_\_\_\_ miles  
 Density Altitude: 1900 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

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

Tail section was smashed up to the cockpit  
Both wings were bent 3/4 of the way outboard  
Engine broke off at the C-8 stage  
Smashed down corn

**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.

On May 5th, 2026, at approximately 1640 local time during departure from Run 18 at GT28, the aircraft became airborne and, near the dep end of the run, encountered a wind disturbance from the surrounding structures upwind resulting in an uncommanded roll to the left. The left wing subsequently contacted a ground obstacle, causing damage to the wing and a further left yaw and loss of directional control. The AC then departed the run environment and entered an adjacent corn field, where it came to rest inverted.

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

The obstacle has been removed.  
Climb higher to avoid the down draft from the buildings when the wind is from the SW



**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)

100 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:

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

Aircraft Registration Number

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Damage to Other Aircraft:

☐ Destroyed☐ Substantial☐ Minor☐ None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Country: \_\_\_\_\_

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



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:

05/07/2026  
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.

CEN26LA177

Reviewed by NTSB AS Division

Central Region

Name of Investigator

Ezra Olson

Date Report Received

12 May 2026