

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: MorrisState: ILZIP: 60450Country: USLatitude: 41-25-29.1Longitude: 88-25-27.2(Enter in decimal degrees or
degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 2026-05-15Local Time: 16:00mm/dd/yyyyTime Zone: America/Chicago

Collision with Other

☐ Midair

Aircraft:

☐ On-ground☒ None

AIRCRAFT INFORMATION

Registration Number: N201QMManufacturer: MooneyModel: M20JSerial Number: 24-0339Year of Manufacture: 1977Amateur-Built: ☐ YesIf yes: ☐ Original Design☒ No☐ Kit/Plans

Make:

☒ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 2740lbsWeight at Time of Accident/Incident: 2080lbsNumber of Seats: 4Flight Crew Seats: 2Cabin Crew Seats: 0Passenger Seats: 2Number 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 | Special |
| ☒ Normal | ☐ Restricted |
| ☐ Aerobatic | ☐ Limited |
| ☐ Balloon | ☐ Provisional |
| ☐ Commuter | ☐ Special Flight |
| ☐ Transport | ☐ Experimental |
| ☐ Utility | ☐ Special Light-Sport |
| | ☐ Experimental Light-Sport |
| ☐ Certificate of Waiver or Authorization (COA) | |
| ☐ None ☐ Unknown | |

Landing Gear
(Check all that apply)

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

Engine Type
(Select one)

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

Fuel System Type (Reciprocating)

- ☐
- Carburetor
- ☐
- Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yy yy)	Rated Power ☐ or ☐	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1								
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

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

Date of Last Inspection: (mm/dd/yyyy) 05-14-2026Airframe Total Time: hours

Hours measured at (Select one)

- ☒
- Last Inspection
- ☐
- Time of Accident/Incident

Additional Equipment

- | | |
|--|--|
| ☒ ADS-B | ☒ Handheld GPS |
| ☐ Airframe Parachute | ☐ Heads Up Display |
| ☐ Angle of Attack Indicator | ☐ Night Vision Goggles |
| ☒ Autopilot | ☒ Onboard Weather |
| ☐ Autopilot/FMS, Model_ | ☐ Primary Flight Display |
| ☐ Coupled Flight Director | ☐ SAS, Axis: Model: |
| ☒ Data Recorder | ☐ Satellite Tracking Device |
| ☐ Device Stall Warning System | ☒ Stall Warning System |
| ☒ Electronic Flight Bag or Handheld Device | ☐ Video Recording Device |
| ☐ Electronic Multifunction Display | ☐ Wire Strike Detection |
| ☐ Electronic Primary Flight Display | ☐ Wire Strike Protection |
| ☐ Flight Management System | ☐ Other, Specify: |

ELT Installed ☒ Yes ☐ No

Propeller 1

○ 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: [REDACTED]
 Middle Initial: [REDACTED] State: IL Zip: [REDACTED]
 Last Name: [REDACTED] Country: US
 Age at time of Accident/Incident: 79 Date of Birth: [REDACTED] (mm/dd/yyyy)
 Certificate Number: [REDACTED]

Degree of Injury ☐ None ☐ Unknown ☐ Minor ☐ Serious ☐ Fatal	Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type <table border="0"> <tr> <td>Available</td> <td>Used</td> </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> Supplemental. Restraint type: _____	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
Available	Used																
☐ None	☐ None																
☐ Lap only	☐ Lap only																
☐ 3-point	☐ 3-point																
☐ 4-point	☐ 4-point																
☐ 5-point	☐ 5-point																
☐ Unknown	☐ Unknown																
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer																	
Principle Occupation ☐ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ BasicMed ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Class 3 ☐ 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 ☐ Laserprotective 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) <i>(Check all that apply)</i> ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea ☐ None		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Helicopter ☐ Airship ☐ Powered Lift ☐ Balloon ☐ Glider ☐ Gyroplane		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport					
Type Ratings and Applicable Logbook Endorsements						Student Endorsements <i>(Include dates)</i>					

Flight Time <i>(Enter hours for each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotocraft	Tail-wheel
						Actual	Simulated					
Total Time												
Pilot-in-Command												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hrs.												

“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 ☐ Unknown ☐ Minor ☐ Serious ☐ Fatal	Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint type:	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer		Medical Certificate Validity ☐ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A		
Principle Occupation ☐ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ BasicMed ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Class 3 ☐ Unknown			Date of Last Medical mm/dd/yyyy

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

☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/goggles ☐ 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) <i>(Check all that apply)</i> ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea ☐ None		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Helicopter ☐ Airship ☐ Powered Lift ☐ Balloon ☐ Glider ☐ Gyroplane		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport					
Type Ratings and Applicable Logbook Endorsements						Student Endorsements <i>(Include dates)</i>					

Flight Time <i>(Enter hours for each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotocraft	Tail-wheel
						Actual	Simulated					
Total Time												
Pilot-in-Command												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hrs.												

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

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
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Personal Flight Equipment *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation
☐ Other: _____

Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs.					

Additional Crewmember Information

 First Name: _____ City of Residence: _____

 Middle Initial: _____ State: _____ Zip: _____

 Last Name: _____ Country: _____

Personal Flight Equipment *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation

☐ Other: _____							
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Restraint Type Available ☐ 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	
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 (Include cabin crew; continue on separate sheet, if necessary.)

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

☐ 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

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>igq</u> City: <u>lansing</u> State: <u>IL</u> Country: <u>US</u>	Time: _____ Time Zone: <u>America/Chicago</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>igq</u> City: <u>lansing</u> State: <u>IL</u> Country: <u>US</u>	• None ☐ VFR/IFR ☐ Company ☐ IFR VFR ☐ Unknown ☐ Military VFR ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown

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

✓ None

- | | | | | |
|---|--------------------------------------|--------------------------------------|---|---------------------------------------|
| ☐ Certificate of Authorization | ☐ Special VFR | ☐ Special IFR | ☐ VFR Flight Following | ☐ Cruise |
| ☐ VFR | ☐ IFR | ☐ VFR On Top | ☐ Traffic Advisory | ☐ Unknown / NA |

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

- | | | | | |
|----------------------------------|--|---|---|---|
| ☐ Class A | ✓ Class G | ☐ Military Operations Area (MOA) | ☐ Special | Altitude of In-Flight Occurrence:
<u>3500 ft. MSL</u> |
| ☐ 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 | | |

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)		Weather Observation Facility	
✓ National Weather Service ☐ Flight Service Station ☐ TV/Radio ✓ Automated Report ☐ Electronic Flight Bag-Application: _____ ✓ On-Board Weather	☐ Company ☐ Military ✓ Internet ☐ None ☐ Unknown	Facility ID: <u>igq</u> Observation Time: _____ Time Zone: <u>America/Chicago</u> Distance from Accident Site: <u>48</u> nm Direction from Accident Site: <u>80</u> degrees true	
Basic Conditions • VMC ☐ IMC ☐ Unknown	Lowest Cloud Condition Height <u>8000 ft. AGL</u>	Light Condition ☐ Dawn • Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown	
Sky/Lowest Cloud Condition	Ceiling	Ceiling Height ft. AGL	

Altimeter Setting: <u>29.24</u> Hg or mb	Wind Direction ☐ Variable or Direction: degrees true	Wind Speed ☐ Calm ☐ Light and Variable or Speed: <u>22</u> kts	Wind Gusts ☐ Not Gusting or Speed: <u>44</u> kts	Visibility <u>10</u> miles RVR: <u> </u> feet RVV: <u> </u> miles Destiny Altitude: <u>600</u> ft
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Type of Precipitation <i>(Check all that apply)</i>			Restriction to Visibility <i>(Check all that apply)</i>	
☒ None	☐ Drizzle	☐ Freezing Rain	☒ None	☐ Fog
☐ Rain	☐ Ice Pellets	☐ Snow Shower	☐ Blowing Dust	☐ Ground Fog
☐ Snow	☐ Snow Pellets	☐ Ice Pellets Shower	☐ Blowing Sand	☐ Haze
☐ Hail	☐ Snow Grains	☐ Freezing Drizzle	☐ Blowing Snow	☐ Ice Fog
☐ Rain Showers	☐ Ice Crystals		☐ Blowing Spray	☐ Smoke
			☐ Dust	☐ Unknown

Icing Forecast		Intensity of Precipitation	Icing Actual		Turbulence <i>(Check all that apply)</i>	
Amount	Type	☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown	Amount	Type	Type	Severity
☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	☐ None ☒ Clean Air ☐ Terrain-Induced ☐ Convective Turbulence	☒ Light ☒ Moderate ☐ Severe ☐ Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:	
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY	
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Aircraft Damage	Aircraft Fire	Aircraft Explosion
○ None ○ Substantial ○ Minor ○ Destroyed ● Unknown	● None ○ Both Ground and In-Flight ○ In-Flight ○ Fire at Unknown Time ○ On-Ground ○ Unknown	● None ○ Both Ground and In-Flight ○ In-Flight ○ Fire at Unknown Time ○ On-Ground ○ Unknown

Description of Damage to Aircraft and Other Property <i>(Use additional sheet, if necessary.)</i>	
No other property damage. Aircraft has damaged prop. Dents both wings.	

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.

Plane removed from IGQ hanger approximately 2:45 pm. Fueled at Igq. Left tank 8 gal; right tank 24 gal. Departed at 3:15 pm for local test and practice flight. Performed steep turn maneuvers about 4 miles west of Morris, IL (C09) from approximately 3:45 to 3:55. Then departed area heading east toward Igq. Engine stopped producing power within a couple of minutes. After briefly trying to restart using mixture, and boost pump, headed A/C toward Morris RR18. Made a CTAF call of intended straight in. Felt the A/C was high so lowered gear. Soon saw that, with strong headwind, the glide was not going well. Raised gear, adjusted prop to high pitch, reduced speed to best glide (approximately 120 mph). Realized I was unlikely to clear a thin line of brush at approach end of RR18. Selected gear down. Did not try to extend glide over the brush; maintained level wings. There was a short roll out on a corn field and then impact with brush at about 4:00 pm.

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

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 <i>(Convert from pounds, as necessary)</i> 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: 		
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> aircraft.)		
Aircraft Registration Number 	Manufacturer: Model: _____	Damage to Other Aircraft: ☐ Destroyed ☐ Substantial ☐ Minor ☐ None
Registered Owner of Other Aircraft Name: _____ City: _____ State: <u>ZIP:</u> _____ Country: _____	Pilot of Other Aircraft Name: _____ City: _____ State: <u>ZIP:</u> _____ Country: _____	
ADDITIONAL INFORMATION (Additional space for answers to any question.)		

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I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

By signing this form, I am consenting to the public release of the information provided herein.

Date of this report:

Fri May 22 2026
mm/dd/yyyy

Name of Pilot/Operator:

[REDACTED]

Signature:

-or- ☒ Check hereto 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
CEN26LA189	CENTRAL	LINDBERG	5/22/2026

Joshua Lindberg

From: [REDACTED].net>
Sent: Monday, June 1, 2026 2:58 PM
To: Joshua Lindberg
Subject: Re: NTSB Investigation - N201QM Morris IL

[CAUTION] This email originated from outside of the organization. Do not click any links or open attachments unless you recognize the sender and know the content is safe.

- Josh,
- Here are my answers to the questions from your June 1, 2026 email:
1. Lycoming IO-360-A186D. Serial # L-15731-51AC.
 2. Engine total time, 6128.7. Time since overhaul, 198.35
 3. Airframe time since last inspection, 0.70. Tach time, 4130.72, at time of accident. Actual time on airframe greater than 7000.
 - 4.No injuries sustained
 - 5.Pilot only on board, left seat
 6. Seat and shoulder harness utilized
 7. Commercial Pilot. Airplane: Single Engine Land; Instrument Airplane
 8. Last Medical: 4-14-2026, Medical Self-Assessment. BasicMed Online Course completed 09/22/2025
 9. Last flight review: 2/15/2024
 10. Pilot total flight hours: 4996. Total time in 201QM: 4824
 11. Flight hours last 30 days (4/15--5/15/26): 9. Flight time on 5/15/26: 0.70
 12. 100LL; 32 gal.
 13. No known mechanical failure.

A stick measurement at the scene showed right tank about 3/4 full. The stick test showed no fuel in the left tank, which meant only a small amount could have been present-- near the base of the wing (the tank slopes toward the fuselage, away from the fill access).
I agree that fuel starvation was the probable cause.

On Monday, June 1, 2026 at 09:30:47 AM CDT, Joshua Lindberg [REDACTED] > wrote:

Mr. [REDACTED],

I received the NTSB 6120 Form that you submitted (attached). Would you please provide the additional details requested below since they were not included?

1. Engine make, model, serial number
2. Engine total time, time since inspection, and time since overhaul
3. Airframe total time since last inspection or at the time of the accident
4. Degree of injuries sustained
5. Seat occupied
6. Restraint type available and used
7. Pilot certificate and all ratings
8. Date of that medical and medical certificate type
9. Date of last flight review
10. Total flight hours, total time in type
11. Flight hours in the last 30 days and 24 hours
12. Fuel type used and amount onboard during last takeoff
13. Was there any mechanical malfunction or failure?

Also, the NTSB Duty Officer who triaged this case stated that the loss of engine power was due to fuel starvation since the left fuel tank was void of any fuel and the right fuel tank was about 1/2 full. Do you agree with this assessment?

Thank you,

Josh Lindberg
Senior Aviation Accident Investigator
National Transportation Safety Board

NTSB Response Operations Center (24/7/365): 1-844-373-9922

From: Joshua Lindberg
Sent: Monday, May 18, 2026 13:38
To: [REDACTED] net>
Cc: [REDACTED]@faa.gov>
Subject: NTSB Investigation - N201QM Morris IL
Importance: High

Accident #: CEN26LA189

Dear Mr. [REDACTED],

The National Transportation Safety Board (NTSB) is investigating the above referenced accident. Title VII of the Federal Aviation Act, 1958, and the Independent Safety Board Act, 1975, requires the NTSB to investigate all civil accidents, certain incidents, and certain public aircraft accidents to determine the probable cause.

The NTSB rules pertaining to the notification and reporting of aircraft accidents, Title 49 Code of Federal Regulations Part 830, require the operator and/or pilot of an aircraft involved in an accident or certain incidents to file a report on NTSB Form 6120.1, and furnish other information as may be required, within 10 days after receiving this letter.

Based on our preliminary investigation of this event, we are requesting that you complete an electronic Pilot/Operator Aircraft Accident Report, NTSB Form 6120.1. You can submit the completed form online [REDACTED] or fill it out and email it to me.

Should you have any questions regarding the material requested or experience any difficulty in completing the form in the required 10-day period, please reach out. Thank you in advance for your cooperation.

Thank you,

Josh Lindberg
Senior Aviation Accident Investigator
National Transportation Safety Board

NTSB Response Operations Center (24/7/365): 1-844-373-9922

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