

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: Summit Point Training Facility State: WVZIP: 25446 Country: USALatitude: 39.241895 Longitude: -77.980860

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

Accident/Incident Date/TimeDate: 03/17/2026 Local Time: 08:45
mm/dd/yyyy HH:MMTime Zone: ESTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N136ZPManufacturer: Pyka Inc.Model: Pelican CargoSerial Number: 16056PC0007Year of Manufacture: 2,024Amateur-Built: ☐ Yes ☒ No If Yes: ☒ Original Design
☐ Kit/Plans

Make: _____

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

Maximum Gross Weight: _____ lbs.

Weight at Time of Accident/Incident: 1,039 lbs.

Number of Seats: _____ Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: 4**Category of Aircraft**
(Select one)

- ☒
- Airplane
-
- ☐
- Balloon
-
- ☐
- Blimp/Dirigible
-
- ☐
- Glider
-
- ☐
- Gyroplane
-
- ☐
- Helicopter
-
- ☐
- Powered Lift
-
- ☐
- Rocket
-
- ☐
- Ultralight
-
- ☐
- Unknown

Type of Airworthiness Certificate
(Check all that apply)**Standard**

- ☐
- Normal
-
- ☐
- Aerobatic
-
- ☐
- Balloon
-
- ☐
- Commuter
-
- ☐
- Transport
-
- ☐
- Utility

Special

- ☐
- Restricted
-
- ☐
- Limited
-
- ☐
- Provisional
-
- ☐
- Special Flight
-
- ☒
- Experimental
-
- ☐
- Special Light-Sport
-
- ☐
- Experimental Light-Sport

- ☒
- Certificate of Authorization or Waiver (COA)
-
- ☐
- None
- ☐
- Unknown

Landing Gear

(Check all that apply)

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

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

- ☐
- Carburetor
- ☐
- Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yyyy)	Rated Power ☒ Horsepower or ☐ Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Sunray	DT13855-42P-60KV			25	12	12	
Eng. 2	Sunray	DT13855-42P-60KV			25	12	12	
Eng. 3	Sunray	DT13855-42P-60KV			25	12	12	
Eng. 4	Sunray	DT13855-42P-60KV			25	12	12	

Last Inspection Type

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

Date of Last Inspection: 12/16/2024
mm/dd/yyyyAirframe Total Time: 12.0 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 ☐ UnknownPropeller 1 ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground AdjustableManufacturer: E-PropsModel: NG-D CWPropeller 2 ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground AdjustableManufacturer: E-PropsModel: NG-D CCW

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: Pyka Inc
 City: Alameda State: CA
 ZIP: 94501 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☐ No

Operator of Aircraft

☒ The Operator is also the Registered Owner

☒ Same address as Registered Owner

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

Doing Business As: _____

Air Carrier/Operator Designator (4-character code): _____

Operating Certificates Held
(Check all that apply)

- ☐ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☐ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☒ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☒ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation
 Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415
☐ FAR 103 ☐ FAR 133 ☐ FAR 431
☐ FAR 121 ☐ FAR 135 ☐ FAR 435
☐ FAR 125 ☐ FAR 137 ☐ FAR 437
☐ FAR 450
☐ FAR 91 Special Flight
☐ Non-US, Commercial
☐ Non-US, Non-commercial
☐ Public Aircraft *(Select one)*
 ☐ Armed Forces
 ☐ Federal
 ☐ State
 ☐ Local
☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135
(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
☐ Non-Scheduled or Air Taxi ☐ International
☐ Passenger
☐ Cargo
☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137 *(Select one)*

- ☐ Aerial Application ☐ Firefighting
☐ Aerial Observation ☒ Flight Test
☐ Air Drop ☐ Glider Tow
☐ Air Race/Show ☐ Instructional
☐ Banner Tow ☐ Other Work Use
☐ Business ☐ Personal
☐ Executive/Corporate ☐ Positioning
☐ External Load ☐ Skydiving
☐ Ferry ☐ Unknown

Revenue Sightseeing Flight

☐ Yes ☒ No

Air Medical Flight

☐ Yes ☒ No

AIRPORT INFORMATION *(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)*

Airport Name: Summit Point Training Facility

Airport Identifier: _____

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

Distance From Airport Center: _____ sm.

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. MSL

Runway Information

Runway ID: _____ Length: 1,150 ft. Width: 33 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:

City of Residence:

Middle Initial:

State: ZIP

Last Name:

Country: USA

Age at time of Accident/Incident: 26

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 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

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

Date of Last Medical

06/18/2021
 mm/dd/yyyy

Medical Certificate Limitations

Must wear corrective lenses

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:

06/29/2025
 mm/dd/yyyy

Flight Review Aircraft

Make: Schleicher

Model: ASK 21

Airplane Rating(s)
(Check all that apply)

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

Other Aircraft Rating(s)
(Check all that apply)

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

Instrument Rating(s)
(Check all that apply)

☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)
(Check all that apply)

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

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

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	664	140	639						25			
Pilot in Command (PIC)	608	140	597						21			
Time as Instructor												
This Make/Model												
Last 90 Days	3	4	2						0			
Last 30 Days												
Last 24 Hours												

"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: USA

Age at time of Accident/Incident: 21

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 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

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

Date of Last Medical

01/19/2023
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:

10/22/2025
mm/dd/yyyy

Flight Review Aircraft

Make: Schleicher

Model: ASK 21

Airplane Rating(s)
(Check all that apply)

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

Other Aircraft Rating(s)
(Check all that apply)

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

Instrument Rating(s)
(Check all that apply)

☒ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)
(Check all that apply)

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

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

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	610	139	107		4				368			
Pilot in Command (PIC)	463	57	49		4				358			
Time as Instructor									268			
This Make/Model												
Last 90 Days	48	45							3			
Last 30 Days	15	13							1			
Last 24 Hours												

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

Additional Crewmember Information		Seat Occupied	Injury
First Name: [REDACTED]	City of Residence: [REDACTED]	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: [REDACTED]	State: [REDACTED] Zip: [REDACTED]		
Last Name: [REDACTED]	Country: <u>USA</u>		

Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
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Pilot Certificate(s) (Check all that apply)		Restraint Type	Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		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
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			
Total Flight Time at the Time of this Accident/Incident: <u>50.00</u> hrs.			

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		

Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
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Pilot Certificate(s) (Check all that apply)		Restraint Type	Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		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
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			
Total Flight Time at the Time of this Accident/Incident: _____ hrs.			

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

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: _____ City: _____ State: _____ Country: _____	Time: _____ HH:MM Time Zone: _____	Flight Number: _____ Operating as Flight _____	Airport ID: _____ City: _____ State: _____ Country: _____	☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown

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

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

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

- ☐ Class A ☒ Class G ☐ Military Operations Area (MOA) ☐ Special
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence: _____ ft. MSL

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Source of Pilot Weather Information**

(Check all that apply)

- ☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☒ Internet
☐ Automated Report ☐ None
☒ Electronic Flight Bag-Application: ☐ Unknown
 Pilot weath
☐ 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**

6000 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

_____ ft. AGL

Temperature: 5.00 (°C) or _____ (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting:

_____ (Hg), or _____ (mb)

Wind Direction☐ Variable

or

Direction: _____
degrees true**Wind Speed**

- ☒ Calm
☐ Light and Variable
 or
 Speed: _____ kts

Wind Gusts

- ☒ Not Gusting
 or
 Speed: _____ kts

Visibility

10.0 miles
 RVR: _____ feet
 RVV: _____ miles
 Density Altitude: 0.0 ft.

Type of Precipitation (Check all that apply)

- ☒ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility (Check all that apply)

- ☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

- | Amount | Type |
|--|-------------------------------|
| ☐ None | ☐ N/A |
| ☐ Trace | ☐ Rime |
| ☐ Light | ☐ Clear |
| ☐ Moderate | ☐ Mixed |
| ☐ Severe | ☐ Unknown |
| ☒ Unknown | |

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy
☒ N/A
☐ Unknown

Icing Actual

- | Amount | Type |
|---------------------------------------|-------------------------------|
| ☒ None | ☐ N/A |
| ☐ Trace | ☐ Rime |
| ☐ Light | ☐ Clear |
| ☐ Moderate | ☐ Mixed |
| ☐ Severe | ☐ Unknown |
| ☐ Unknown | |

Turbulence (Check all that apply)

- | Type | Severity |
|--|-----------------------------------|
| ☒ None | ☐ Light |
| ☐ Clear Air | ☐ Moderate |
| ☐ Terrain-Induced | ☐ Severe |
| ☐ Convective | ☐ Extreme |

NOTAMs (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

NOTAM Mrb03/012 for UAS operations was in effect.

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☐ Substantial
☐ Minor ☒ Destroyed
 ☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

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

Aircraft was destroyed. A power line was also cut, but was repaired within a few hours.

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.

During initial flight operations at the Summit Point, WV location, the aircraft impacted a tree during the descent phase of landing. Following the initial contact, the aircraft pitched forward, nosed over, and subsequently struck a power line before impacting the ground.

A visual observer (VO) was positioned at the beginning of the final approach path, with an additional VO stationed abeam the tallest obstacle along the approach course. The ground control station (GCS) operator was positioned further down the runway. A secondary (backup) runway, located approximately 0.5 miles away, had been identified in the event that the primary runway was deemed unsuitable. Takeoff was conducted from the intended landing runway without issue, and the aircraft maintained sufficient performance margins during the climb-out phase.

During the flight, multiple inspection passes were conducted to establish a stable approach. Each pass appeared to maintain adequate terrain clearance. Following the final inspection pass, the pilot elected to proceed with landing. No visual observer called for a go-around.

At approximately 60 feet above ground level (AGL), the aircraft's wing made contact with the tallest tree along the approach path. This resulted in an immediate nose-down attitude from which recovery was not possible.

The aircraft subsequently impacted the ground and was destroyed on impact, resulting in a total loss.

No injuries occurred.

Root Causes / Contributing Factors

Obstacle height in mission planning: The runway was 1300 feet long, with trees on either end. The trees were measured to be 14m tall, and input as obstacles in mission planning. However, the height was measured in reference to the runway altitude, but the trees were growing on lower ground behind the runway. As a result, the aircraft interpreted the obstacle as extending 14 meters above the ground where they stood, rather than 14 meters above the runway elevation. Furthermore, there was one tree that stood approximately 15 feet above the surrounding ones. This was missed during mission planning due to distance-related perspective, giving the operators the impression that the trees were of uniform height.

LIDAR: Unlike Pyka's spray aircraft, the Pelican Cargo is not equipped with a forward facing 3D LIDAR. This is because it spends most of its flight time at altitude where there are no obstacles, but it is a useful safety mitigation during descent to landing. If the aircraft had been equipped with LIDAR, it would have seen the tree and aborted the landing autonomously.

Time pressure: The visit was planned with relatively little time to complete the mission, resulting in some pressure to move swiftly through the steps required to fly.

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

For all operations conducted in new or unfamiliar locations, a site safety briefing shall be completed and include review by a designated member of the Operations Safety Team who is not physically present at the site and was not involved in mission planning. This individual shall independently assess the operational risks and confirm that appropriate mitigation measures are in place prior to mission approval. The intent of this requirement is to provide an objective, unbiased evaluation of mission risk before execution.

Prior to operations in hilly or terrain-variable environments, landing approach paths shall be validated using a slope-enabled laser rangefinder. The flight crew shall position at the intended touchdown point and assess the approach path along the planned descent profile. A minimum additional clearance margin of 3 degrees below the nominal descent angle shall be applied during this assessment to confirm the absence of terrain or obstacle conflicts. Operations shall not proceed unless the approach path is verified to be free of obstructions within this margin.

Pyka will consider adding 3D LIDAR to future cargo aircraft.

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)

_____ Gallons

Fuel Type

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

Other Services, if any, prior to departure:

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location:

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ None

Model: _____

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

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

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

I understand that the information provided may be subject to public release.

Date of this report:

03/24/2026

mm/dd/yyyy

Name of Pilot/Operator: Nathan White

Signature: _____

-or- ☒ Check here to electronically sign this document

If a person other than Pilot/Operator is filing this report

Name: _____

Title: _____

Signature: _____

-or- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
DCA26LA159	AS-10	Chihoon Shin	3/27/2026