

NTSB

FORM 6120.1 • OMB NO. 3147-0001 • EXPIRES 04-30-2027

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: Mayfield, State: Ky
ZIP: 42066 Country: Graves
Latitude: 36.77 N Longitude: 88.58 W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 01/09/2025 Local Time: 3:30 pm
mm/dd/yyyy HH:MM
Time Zone: Central

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N4942GManufacturer: CessnaModel: 172 NSerial Number: 17273489Year of Manufacture: 1980Amateur-Built: ☐ Yes ☒ No
If Yes: ☐ Original Design ☐ Kit/Plans

Make: _____

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

Maximum Gross Weight: 461.6 lbs. (Empty Weight)Weight at Time of Accident/Incident: 1875 lbs. fuel + passengerNumber of Seats: 4 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: 1 Max Gross 2300**Category of Aircraft**
(Select one)

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

Type of Airworthiness Certificate
(Check all that apply)

- Standard**
☒ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility
☐ Certificate of Authorization or Waiver (COA)
☐ None
- Special**
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Unknown

Landing Gear
(Check all that apply)

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

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

- ☒ Carburetor ☐ Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yyyy)	Rated Power ● Horsepower or ○ Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>O-320-H2AD</u>	<u>L7300-76</u>	<u>05/14/13</u>	<u>160</u>	<u>724.2</u>	<u>3.7</u>	<u>724.2</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 12/31/2024

mm/dd/yyyy

Airframe Total Time: 12031.8 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: AmeriKing Corp.Model or Part No.: AK-480TSO 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: McCawleyModel: 1C160**Propeller 2**

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Kickstart, Inc</u> City: <u>Mayfield, Ky</u> State: <u>Ky</u> ZIP: <u>42066</u> Country: <u>USA</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		
Operator of Aircraft ☐ <i>The Operator is also the Registered Owner</i> ☐ <i>Same address as Registered Owner</i> Name: <u>Steven Yoder</u> City: <u>Smithland, Ky</u> State: <u>Ky</u> ZIP: <u>42081</u> Country: <u>USA</u> Doing Business As: _____ Air Carrier/Operator Designator (4-character code): _____		
Operating Certificates Held <i>(Check all that apply)</i> ☒ 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ 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 <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>		
Airport Name: <u>Mayfield-Graves Co Airport</u> Airport Identifier: <u>M25</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: _____ sm. Direction From Airport: _____ degrees true Airport Elevation: <u>523</u> ft. MSL
Runway Information Runway ID: _____ Length: <u>5001</u> ft. Width: <u>100</u> ft.		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow ☐ Concrete ☐ Gravel ☐ Macadam ☐ Water ☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown ☐ Elevated Helipad ☐ Helistop ☐ Off-site landing area		
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ Final ☐ Crosswind ☐ Aborted Landing (after touchdown) ☐ Unknown		
IFR Approach <i>(Check all that apply)</i> <u>NA</u> ☐ 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 <i>(Check all that apply)</i> ☐ 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: <u>Steven Yoder</u> Middle Initial: <u>F</u> Last Name: <u>Yoder</u> Age at time of Accident/Incident: <u>40</u>						City of Residence: <u>Smithland</u> State: <u>Ky</u> ZIP: <u>42081</u> Country: <u>USA</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]						
Degree of Injury ☒ None ☐ Serious ☐ Unknown ☐ Fatal ☐ Minor		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☒ Student ☐ Flight Engineer						Supplemental Restraint, specify: _____						
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 3 ☐ Unknown ☐ Class 1 ☐ BasicMed ☐ Class 2 ☐ Driver's License (Sport Pilot only)		Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>12/31/2024</u> mm/dd/yyyy					
Medical Certificate Limitations <u>None</u>						Medical Certificate Special Limitations <u>None</u>						
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective 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: <u>NA</u> mm/dd/yyyy				Flight Review Aircraft <u>NA</u> 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 ☐ Airplane Single-Engine ☐ Instrument Airplane ☐ Airplane Multiengine ☐ Instrument Helicopter ☐ Gyroplane ☐ Helicopter ☐ Powered lift ☐ Glider ☐ Sport						
Type Ratings and Applicable Logbook Endorsements <u>90 Day</u> <u>1/8/25</u> 30 Day						Student Endorsements (Include dates) <u>Solo</u> <u>1/8/25</u>						
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
Total Time	24.7	24.7	24.7		3	Actual	Simulated					
Pilot in Command (PIC)												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												

NA

4

NA

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)																																					
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: _____																																					
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Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs.		Supplemental Restraint, specify: _____																																	
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PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)																																					
Number of Passengers _____																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Passenger Information</th> <th style="width: 10%;">Seat</th> <th style="width: 10%;">Injury</th> <th style="width: 20%;">Restraint Type</th> <th style="width: 10%;">Inflatable Restraints</th> <th style="width: 10%;">Age</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other </td> <td style="padding: 5px; vertical-align: top;"> ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____ </td> <td style="padding: 5px; vertical-align: top;"> ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown </td> <td style="padding: 5px; vertical-align: top;"> <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap Only</td> <td>☐ Lap Only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table> </td> <td style="padding: 5px; vertical-align: top;"> ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown </td> <td style="padding: 5px; vertical-align: top;"> ☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown </td> </tr> <tr> <td colspan="6" style="padding: 5px;"> 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: _____ </td> </tr> </tbody> </table>						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	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap Only</td> <td>☐ Lap Only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap Only	☐ Lap Only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	☐ 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: _____					
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First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown	☐ 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	☐ 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: _____		Row: _____		Supplemental Restraint, specify: _____			
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown	☐ 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	☐ 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: _____		Row: _____		Supplemental Restraint, specify: _____			
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown	☐ 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	☐ 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: _____		Row: _____		Supplemental Restraint, specify: _____			

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

Type of ATC Clearance/Service (Check all that apply)					
☐ Certificate of Authorization	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following	☐ Cruise	
☐ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory	☐ Unknown / NA	
				☐ None	
Airspace where the accident/incident occurred (Check all that apply)					
☐ Class A	☒ Class G	☐ Military Operations Area (MOA)	☐ Special		
☐ Class B	☐ Demo Area	☐ Airport Advisory Area	☐ Air Traffic Control Area		
☐ Class C	☐ Warning Area	☐ Jet Training Area	☐ Unknown		
☐ Class D	☐ Prohibited Area	☐ TRSA			
☐ Class E	☐ Restricted Area	☐ FAR 93			
				Altitude of In-Flight Occurrence: <u>523</u> ft. MSL	
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			Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true		
Basic Conditions		Lowest Cloud Condition	Light Condition		
☐ VMC ☐ IMC ☐ Unknown		Height _____ ft. AGL	☐ Dawn ☐ Dusk ☒ Day ☐ Night ☐ Dark Night ☐ Unknown ☐ Bright Night		
Sky/Lowest Cloud Condition		Ceiling	Temperature		
☒ Clear ☐ Few ☐ Partial ☐ Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	_____ °C or <u>50</u> °F Dewpoint: _____ °C or _____ °F		
Altimeter Setting:		Wind Direction	Wind Speed	Wind Gusts	Visibility
<u>30.04 ?</u> (Hg) or _____ (mb)		☐ Variable or Direction: _____ degrees true	☒ Calm ☐ Light and Variable or Speed: _____ kts	☒ Not Gusting or Speed: _____ kts	RVR: _____ miles RVV: _____ miles Density Altitude: _____ ft.
Type of Precipitation (Check all that apply)				Restriction to Visibility (Check all that apply)	
☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle				☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Icing Forecast		Intensity of Precipitation	Icing Actual		Turbulence (Check all that apply)
Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ ON/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ ON/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Type ☒ None ☐ Clean Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:					

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

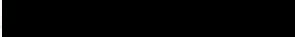
Steven was a student doing first solo. Departed Rwy 19, stayed in traffic pattern & first landing very smooth. Second landing, he "ballooned" the aircraft causing a hard landing. Causing ~~the aircraft to~~ the nose gear to break off, and damage to the propeller and the aircraft was towed from the runway.

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

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
I understand that the information provided may be subject to public release.

Date of this report:
01/22/2025
mm/dd/yyyy

Name of Pilot/Operator: Steven Yoder

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.
ERA25LA101

Reviewed by NTSB AS Division
OAS-ERA

Name of Investigator
Damian Galbraith

Date Report Received
02/03/2025