

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: Ocala State: FL
 ZIP: 34474 Country: marion
 Latitude: 29.1851°N Longitude: 82.1343°W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 5-7-2025 Local Time: 9:30 pm
 mm/dd/yyyy HH:MM
 Time Zone: Eastern

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N-174A

Manufacturer: Cesena

Model: SKYLABE 182A

Serial Number: 34535

Year of Manufacture: 1957

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans Make: _____

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

Maximum Gross Weight: 2950 lbs.

Weight at Time of Accident/Incident: not none

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: none Passenger Seats: 2

Number of Engines: 1

Category of Aircraft (Select one)

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

Type of Airworthiness Certificate (Check all that apply)

- Standard**
- ☒ Normal
 - ☐ Aerobatic
 - ☐ Balloon
 - ☐ Commuter
 - ☐ Transport
 - ☐ Utility
- 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
- ☒ Tricycle
- ☐ Tailwheel
- ☐ Emergency Float
- ☐ Float
- ☐ Amphibian
- ☐ Other Launch/Recovery System
- ☐ None

- ☐ High Skid
- ☐ Skid
- ☐ Ski/Wheel
- ☐ Hull
- ☐ Ski
- ☐ Unknown

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

- ☒ Carburetor
- ☐ Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yyyy)	Rated Power Horsepower or Lbs. of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Continental	0470-L	66263-L	1957		10		10
Eng. 2	overhauled							
Eng. 3	2-12-2019							
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: _____

mm/dd/yyyy

Airframe Total Time: _____ hrs

Hours measured at (Select one)

☐ Last Inspection ☐ Time of Accident/Incident

Type of Maintenance Program (Select One)

- ☒ Annual
- ☐ Conditional (Amateur-built only)
- ☐ Manufacturer's Inspection Program
- ☐ Other Approved Inspection Program
- ☐ (AIP) 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.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☐ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☐ Yes ☐ No

Was ELT still connected to antenna? ☐ Yes ☐ No

Did ELT activate? ☐ Yes ☐ No

If activated: Did ELT aid in locating aircraft? ☐ Yes ☐ No

If not activated: Indicate Reason: ☐ Impact Damage

☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown

Propeller 1

- ☐ Fixed Pitch
- ☒ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: Hartzell

Model: Top Prop 3TC
3 Blade

Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Charles David Adkins</u> City: <u>[REDACTED]</u> <u>APR 71</u> ZIP: <u>38112</u> Country: <u>Orange</u>		
Operator of Aircraft ☒ The Operator is also the Registered Owner ☒ Same address as Registered Owner Name: <u>Same</u> Doing Business As: _____ City: _____ State: _____ Air Carrier/Operator Designator (4-character code): _____ ZIP: _____ Country: _____		
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>Ocala International</u> Airport Identifier: <u>KOCF</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>1 mile</u> sm. Direction From Airport: <u>1 mile</u> degrees true Airport Elevation: <u>90</u> ft. MSL <u>accident on airport property</u>
Runway Information <u>N/A</u> Runway ID: _____ Length: _____ ft. Width: _____ 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 ☐ Aborted Landing (after touchdown) ☐ Crosswind ☐ Unknown		
IFR Approach <i>(Check all that apply)</i> ☐ 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

NO CREW

Pilot Info

"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>Charles</u>				City of Residence: <u>Apopka</u>																																																																																																																	
Middle Initial: <u>D.</u>				State: <u>FL</u>				ZIP: <u>32712</u>																																																																																																													
Last Name: <u>Adkins</u>				Country: <u>Orange</u>				Date of Birth: <u>[REDACTED]</u> (yy)																																																																																																													
Age at time of Accident/Incident: <u>74</u>				Certificate Number: <u>Not sense 2019</u>																																																																																																																	
Degree of Injury ☐ None ☒ Serious ☐ Unknown ☐ Fatal ☐ Minor		Seat Occupied ☒ Left ☐ Right ☐ Center ☐ Front ☐ Rear ☐ Single ☐ Unknown		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 ☐ US Military ☐ Airline Transport ☐ Student ☐ Flight Instructor ☒ Private ☐ Foreign ☐ Flight Engineer ☐ Commercial ☐ Recreational ☐ Sport				Supplemental Restraint, specify:																																																																																																																	
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate <u>Not up to date</u> ☐ None ☐ Class 1 ☐ Class 2 ☒ Class 3 ☐ BasicMed ☐ Driver's License (Sport Pilot only) ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☒ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A				Date of Last Medical <u>2019</u> mm/dd/yyyy																																																																																																													
Medical Certificate Limitations <u>glasses Redding only</u>				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: <u>2-2019</u> 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 ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																																													
Type Ratings and Applicable Logbook Endorsements								Student Endorsements (Include dates)																																																																																																													
<table border="1"><thead><tr><th rowspan="2">Flight Time (Enter hours for each box)</th><th rowspan="2">All Aircraft</th><th rowspan="2">This Make & Model</th><th rowspan="2">Airplane Single Engine</th><th rowspan="2">Airplane Multiengine</th><th rowspan="2">Night</th><th colspan="2">Instrument</th><th rowspan="2">Rotorcraft</th><th rowspan="2">Glider</th><th rowspan="2">Lighter Than Air</th><th rowspan="2">Multi-engine Rotorcraft</th><th rowspan="2">Tail-wheel</th></tr><tr><th>Actual</th><th>Simulated</th></tr></thead><tbody><tr><td>Total Time</td><td>962</td><td>962</td><td>✓</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Pilot in Command (PIC)</td><td></td><td>962</td><td>✓</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Time as Instructor</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>This Make/Model</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Last 90 Days</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Last 30 Days</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Last 24 Hours</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>												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	962	962	✓										Pilot in Command (PIC)		962	✓										Time as Instructor													This Make/Model													Last 90 Days													Last 30 Days													Last 24 Hours												
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																																																																																																			
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no crew

"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 ☐ 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

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 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												
Pilot in Command (PIC)												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												

none

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)						
Additional Crewmember Information		Seat Occupied		Injury		
First Name: _____	City of Residence: _____	☐ Left ☐ Center ☐ Right ☐ Front	☐ Rear ☐ Single ☐ Unknown	☐ 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: _____						
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		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
☐ Yes ☐ No		Supplemental Restraint, specify: _____				
Additional Crewmember Information		Seat Occupied		Injury		
First Name: _____	City of Residence: _____	☐ Left ☐ Center ☐ Right ☐ Front	☐ Rear ☐ Single ☐ Unknown	☐ 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: _____						
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		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
☐ Yes ☐ No		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		☐ 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	☐ 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	☐ 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: <u>none</u>	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: <u>X04</u> City: <u>Apopka</u> State: <u>FL</u> Country: <u>Orange</u>	Time of Departure Time: <u>3:30</u> HH:MM Time Zone: <u>Eastern</u>	Flight Information Flight Number: _____ Operating as Flight _____	Destination Airport ID: <u>28J</u> City: <u>Palatka</u> State: <u>FL</u> Country: <u>Putnam</u>	Type Flight Plan Filed ☒ 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 B ☐ Class C ☐ Class D ☐ Class E ☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☒ Unknown 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			Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true		
☐ On-Board Weather					
Basic Conditions ☐ VMC ☐ IMC ☒ Unknown		Lowest Cloud Condition Height _____ ft. AGL		Light Condition ☐ Dawn ☐ Dusk ☒ Dark Night ☐ Unknown ☐ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Thin Overcast ☒ Unknown ☐ Few ☐ Partial ☐ Obscuration ☐ Scattered		Ceiling ☐ None (Clear) ☐ Broken ☐ Overcast ☒ Obscured ☐ Indefinite ☐ Unknown		Ceiling Height _____ ft. AGL Low ceiling	
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 _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ 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: ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☐ ON/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Icing Actual Amount: ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☐ ON/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	
Turbulence (Check all that apply) Type: ☒ None ☐ Clean Air ☐ Terrain-Induced ☐ Convective Severity: ☐ Light ☐ Moderate ☐ Severe ☐ 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.)

no Damage to other property.
Plane sustained Cockpit, propeller & Engine damage
+ TIP of left wing

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.

Left X04 in Apopka after Tuesday
May 7th, 2025. my plane ... and I just wanted
to fly around ... I flew to Crystal
River, FL ... Palatka airport
where I fuel ... Pilot Nate he let me
call my wife ... me I was since I
Left my phone ... Trouble with
my electron ... Follow him
back to my ... his way to
Orlando Excu ... higher than
I felt comfo ... Electronics
working. This ... m. It got dark
and I host ... sure where I
was and after flying for couple hours decided
I need to land. It was total darkness and I
found a road with no house + straight and
was descending + nose went down + hit pavement.

I Typed this
part on extra sheet
since my writing
is hard to read

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

Conf: I think when I pulled back or stalled + that
made nose hit, not sure how how I was since
I couldn't see till I hit and I don't remember
anything after THAT.

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.)

no Damage to other property.
 Plane sustained Cockpit, propeller & Engine damage
 + TIP of left wing

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.

Left XO4 in Apopka after May 7th, 2025. My plane was for sale and I just wanted to fly around for couple hours. I flew to Crystal River, flew over airport. Flew to Palatka airport where I fueled up. Met another pilot Nate & he let me call my wife and he then know where I was since I left my phone at home. I was having trouble with my electronics & Nate said I could follow him back to my airport in Apopka on his way to Orlando Executive. Nate went up higher than I felt comfortable since I had no electronics working. This was around 7:10pm. It got dark and I lost my way and wasn't sure where I was and after flying for couple hours decided I need to land. It was total darkness and I found a road with no house & straight and was descending & nose went down & hit pavement.

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

Conf: I think when I pulled back & stalled & that made nose hit. Not sure how how I was since I couldn't see till I hit and I don't remember anything after that.

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.)

my ~~lights~~ ^{handling} did not come on I lost
all my electronics on dash
when landed at Palatka airport.

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)

60 gals _____ 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:

when crashed ~~was~~ occurred they had to extricate me out.
 & ambulance transported me to hospital

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft:

☐ Destroyed
☐ Substantial

☐ Minor
☐ 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 didn't have my medical up to date since my
 airplane was in shop for a complete overhaul
 & motor, new prop, handling gear & structural work
 It was grounded for repair from 2019 - March 2025
 Last work on plane was in April 2025.
 Didn't have annual since plane was just
 finished in April 2025.

[Faint, illegible text in the main body of the form]			
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: <u>June 10, 2025</u> mm/dd/yyyy	Name of Pilot/Operator: <u>Charles D. Adkins</u> Signature: <u>[Redacted]</u> -or- ☐ Check here to electronically sign this document		
If a person other than Pilot/Operator is filing this report			
Name: <u>CAROL Adkins</u> Signature: <u>[Redacted]</u> -or- ☐ Check here to electronically sign this document		Title: <u>wife</u>	
FOR NTSB USE ONLY			
NTSB Accident/Incident No. ERA25LA199	Reviewed by NTSB AS Division AS-ERA	Name of Investigator J. Young	Date Report Received 6/24/2025

NARRATIVE HISTORY OF FLIGHT

I Left X04 in Apopka, Fl after fueling up at 3:30 pm on May 7th, 2025.

My plane was for sale, and I just wanted to fly it one more time. I flew south for a little while and then headed to Crystal River where I flew over the airport there. I headed northeast toward Palatka where I landed and fueled up. I met another pilot fueling his plane and asked him if I could borrow his phone and call home and tell my wife where I was since it was 7:10 pm and she might be worried if she tried calling me since I forgot my phone at home. I was having trouble with my electronics, GPS and plane lights so I asked him if I could follow him back toward my airport since he was going that way and he said yes. I was going to fly in formation, and we would communicate on radio. When I tried my radio, it wasn't working. I followed him for a while he went higher than I felt comfortable with since I didn't have navigation and I lost sight of him. I ended up flying for a while and lost my way and it was dark by now. I figured I needed to put the plane down because I was getting low on fuel. There were low white clouds, I couldn't see very well so I spotted a strait road, no houses or power lines. I dropped down and pulled back to slow plane down and the nose went down and hit the road, not sure if it stalled that was the last thing I remember until I woke up in ER at HCA Hospital in Ocala. I don't think I even knew what town I was in for a couple of days. I was told that my plane crashed at 9:30 pm close to Ocala International Airport.