

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: GreenvilleState: KYZIP: 42345-1705Country: US

Latitude:

Longitude:

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

Accident/Incident Date/Time

Date: 07-03-2025Local Time: 19:32mm/dd/yyyyTime Zone: America/Chicago

Collision with Other

☐ Midair

Aircraft:

☐ On-ground☒ None

AIRCRAFT INFORMATION

Registration Number: N11TYManufacturer: Yates Tom WModel: Kitfox IIISerial Number: 001 TYYear of Manufacture: 1994Amateur-Built: ☒ YesIf yes: ☐ Original Design☐ No☒ Kit/PlansMake: Kitfox III☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 1050lbsWeight at Time of Accident/Incident: 730lbsNumber of Seats: 2Flight Crew Seats: 0Cabin Crew Seats: 2Passenger Seats: 0Number 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	Rotax	912UL	4152213			197.6	.3	
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) 05-02-2025Airframe Total Time: 197.6hours

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

Registered Aircraft Owner		Fractional Ownership Aircraft:	
Name: <u>Michael Richardson</u>	State: <u>KY</u>	☐ Yes ☒ No	
City: <u>Greenville</u>	Country: <u>US</u>		
ZIP: <u>42345-1705</u>			

Operator of Aircraft		☐ The Operator is <i>also</i> the Registered Owner	☐ Same address as Registered Owner
Name:		Doing Business As:	
City:	State: <u>KY</u>	Air Carrier/Operator Designator (4-character code):	
ZIP:	Country: <u>US</u>		

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

Approach/Departure Segment <i>(Select one)</i>				
☐ Taxi	☐ VFR Departure	☐ On Instrument Approach	☐ Downwind	☐ Low Approach
☒ Takeoff	☐ IFR Departure	☐ Landing	☐ Base	☐ Go Around
☐ Initial Climb	Procedure/Clearance		☐ Final	☐ Aborted Landing (after touchdown)
			☐ Crosswind	

o 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**

o Captain o First Officer ● Pilot o Co-Pilot o Student Pilot o Flight Instructor o Check Pilot o Flight Engineer o Other Flight Crew

"Flight Crewmember 1" was pilot flying ✓ Yes □ No

"Flight Crewmember 1" Identification:

First Name: Michael City of Residence: Greenville
 Middle Initial: J State: KY Zip: 42345
 Last Name: Richardson Country: US
 Age at time of Accident/Incident: 82 Date of Birth: (mm/dd/yyyy)
 Certificate Number:

Degree of Injury ● None o Unknown o Minor o Serious o Fatal	Seat Occupied ● Left o Front o Unknown o Right o Rear o Center o Single	Restraint Type <table border="0"> <tr> <td>Available</td> <td>Used</td> </tr> <tr> <td>o None</td> <td>o None</td> </tr> <tr> <td>o Lap only</td> <td>o Lap only</td> </tr> <tr> <td>o 3-point</td> <td>o 3-point</td> </tr> <tr> <td>● 4-point</td> <td>● 4-point</td> </tr> <tr> <td>o 5-point</td> <td>o 5-point</td> </tr> <tr> <td>o Unknown</td> <td>o Unknown</td> </tr> </table>	Available	Used	o None	o None	o Lap only	o Lap only	o 3-point	o 3-point	● 4-point	● 4-point	o 5-point	o 5-point	o Unknown	o Unknown	Inflatable Restraints ✓ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																
o None	o None																
o Lap only	o Lap only																
o 3-point	o 3-point																
● 4-point	● 4-point																
o 5-point	o 5-point																
o Unknown	o 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 type: _____															
Principle Occupation o Pilot ● Other o Unknown	Medical Certificate o None ● BasicMed o Class 1 o Driver's License (Sport Pilot only) o Class 2 o Class 3 o Unknown	Medical Certificate Validity ● Without limitations/waivers o Unknown o With limitations/waivers o N/A o Special Issuance	Date of Last Medical 06-04-2025 _____ mm/dd/yyyy														
Medical Certificate Limitations none		Medical Certificate Special Limitations none11															

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:

11-19-2023

mm/dd/yyyy

Flight Review Aircraft

Make: Kitfox

Model: III

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	1525	65	1524	1	31							
Pilot-in-Command	1525	65	1524	0	31							
Time as Instructor	-0											
This Make/Model												
Last 90 Days	.5	.5		0	0							
Last 30 Days	0	0	0	0	0							
Last 24 Hrs.	0	0	0	0	0							

“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 ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	
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 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: _____		Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
--	--	--	---

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. _____				
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: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ 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 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 <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: City: Middle Initial: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ 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 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 <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: City: Middle Initial: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ 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 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 <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: _____ City: _____ State: _____ Country: _____	Time: _____ Time Zone: _____	Flight Number: _____ Operating as Flight _____	Airport ID: _____ City: _____ State: _____ Country: _____	☐ 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:

ft. MSL |
| ☐ 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: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
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	Ceiling	Ceiling Height ft. AGL	

● Clear ○ Few ○ Partial ○ Obscuration ○ Scattered	○ Thin Broken ○ Thin Overcast ○ Unknown	● None (Clear) ○ Broken ○ Overcast ○ Obscured ○ Indefinite ○ Unknown	Temperature: (°C) or 92 (°F) Dewpoint: (°C) or (°F)	
Altimeter Setting: <u>422</u> Hg or mb	Wind Direction ☐ Variable Direction: or degrees true	Wind Speed ☒ Calm ☐ Light and Variable or Speed: <u> kts </u>	Wind Gusts ☐ Not Gusting or Speed: <u> kts </u>	Visibility <u> 20 </u> miles RVR: <u> </u> feet RVV: <u> </u> miles Destiny Altitude: <u> </u> ft
Type of Precipitation (<i>Check all that apply</i>) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle			Restriction to Visibility (<i>Check all that apply</i>) ☐ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Icing Forecast Amount ● None ○ Trace ○ Light ○ Moderate ○ Severe ○ Unknown Type ○ N/A ○ Rime ○ Clear ○ Mixed ○ Unknown	Intensity of Precipitation ○ Light ○ Moderate ○ Heavy ○ N/A ○ Unknown	Icing Actual Amount ○ None ○ Trace ○ Light ○ Moderate ○ Severe ○ Unknown Type ○ N/A ○ Rime ○ Clear ○ Mixed ○ Unknown	Turbulence (<i>Check all that apply</i>) 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:				
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 (<i>Use additional sheet, if necessary.</i>) Lift struts slightly bent...three of the four. spinner smashed, one prop blade broken and left front of cowl cracked. windscreen broken, right side of fuselage horizontal under the door and the fuselage lower longeron behind the door were buckled. the left drooped wing tip was ground-scuffed by the pavement. the top of the vertical stabilizer was bent. the left main gear and wheel were rotated anti-clockwise until it became perpendicular to the fuselage. The three tubes comprising that gear leg twisted at their intersection to the axle. The rearmost tube of the gear leg structure was broken almost completely.				
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.

At 7:21 P.M. CDT on July 3rd 2025 I taxied my Kitfox III to the hold line on the parallel taxiway, did my run-up and preflight checks ready for take off on runway 24 at M21. I then heard two radio calls from an aircraft doing an instrument approach to runway 6. I waited for 4-5 minutes for the aircraft to either pass over or say they were clear of runway 6. During this time I heard an extremely loud, unintelligible radio transmissions from another aircraft. Since I'd not heard from the plane landing on 6, I decided to turnaround and taxi to 6 find the aircraft on approach and use what seemed to be the active runway, since there was no wind. My plane does not turn a tight circle so I swung to the left left edge of the taxiway and then hard right but still got off into the grass 8-10 feet making a 180 degree turn. When I came back onto the taxiway I was looking at a Diamond Twin which had held short of taxiway Bravo. I angled into Bravo to allow the twin to pass, on his way to 24 for takeoff. I followed him and waited as they did their preflight. My wife who was listening on a hand held radio in the truck back at the end of the hangars, later told me she thought the person said, "state your intention" because I was just sitting there, unaware anyone was behind me, while waiting for traffic on 6. The twin proceeded to 24 and took off. I made my call and then took 24 for departure, as well at close to 7:32 P.M. About a minute or two passed after the twin departed until I lined up straight on 24 and pushed the throttle forward to start my takeoff roll. The tail came up then it wanted to go right, by itself. It always tries to go left and you have to give it pretty heavy right rudder. I throttled back and it went left, then the right wing lifted and it started turning right. At that point, I was a passenger. The left wing wing tip was sliding along the pavement and the plane left the runway at about 600' from the starting point. Solo in this airplane, I'm airborne on 300' easily. By the time the plane left the runway the left main gear leg had twisted until the wheel and tire were turned 90 degrees from it's normal direction. When the plane reached the grass it only went about 10-15' and that tire stopped forward motion but the kinetic energy rotated the aircraft onto it's nose snapping one prop blade and smashing the spinner. It stood on the nose briefly and thenslowly...rotated on over, upside down. I released my harness, turned everything off and exited the aircraft totally unharmed but thankful. I didn't think the ELT would go off due to what had happened but good to know it worked and was very accurate, as it is a 406 type. I can't explain why this happened. My opinion is that there were vortices or wake turbulence still present from the Twin's takeoff or something undetected was wrong with the left gear leg. It was a wild ride from the beginning, like none I've ever experienced and hope never to again. Michael J, Richardson pilot/owner of N11TY5 JULY 2025

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

I'm unsure whether the gear leg was cracked before or during the event. It would be wise to conduct a very thorough inspection of this type gear leg on any aircraft that uses it. I've never seen this type gear leg without gusseting all three tubes together at the axle juncture. The fabric covering made it look as though there were gussets present.

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.)*

I've never seen this type gear leg without gussets tying all three tubes together at the axle juncture. The fabric covering made it look as though there were gussets present.

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)*

8 Gallons

Fuel Type

- ☐ 100 Low Lead
- ☐ Automotive

- ☐ Jet A
- ☐ Jet A-1

☐ Unleaded AV

- Other, specify ethanol free 93 octane _____

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:

The pilot was the only occupant, switched everything off, including fuel, released the four point harness, opened the door and exited the aircraft.

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft.)**Aircraft Registration Number****Manufacturer:****Model:** _____**Damage to Other Aircraft:**

- ☐ Destroyed
- ☐ Substantial
- ☐ Minor
- ☐ None

Registered Owner of Other Aircraft**Name:****City:** _____**State:** ZIP: _____**Country:** _____**Pilot of Other Aircraft****Name:****City:****State:** ZIP: _____**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.

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

Date of this report:

Tue Jul 08 2025

mm/dd/yyyy

Name of Pilot/Operator:

Michael J. Richardson

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
ERA25LA257	Eastern Region	Lucas Winn	07/09/2025