

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: ELLSWORTH, (GREEN LAKE) State: MEZIP: 04605 Country: USALatitude: N4437.6 Longitude: W06828.4

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

Accident/Incident Date/Time

Date: 08/01/2025 Local Time: 17:00
mm/dd/yyyy HH:MMTime Zone: EASTERNCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N94932Manufacturer: CESSNAModel: TU206GSerial Number: U20606527Year of Manufacture: 1982Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans

Make: _____

☒ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 3600 lbs.Weight at Time of Accident/Incident: 3490 lbs.Number of Seats: 4 Flight Crew Seats: 2Cabin Crew Seats: 0 Passenger Seats: 2Number of Engines: 1Category of Aircraft
(Select one)

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

Type of Airworthiness Certificate
(Check all that apply)

- Standard**
☒ 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
☐ 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	CONTINENTAL	T10520M108	291775-R	05/31/96	285	169	245	—
Eng. 2							19.8	
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 07/07/2025
mm/dd/yyyyAirframe Total Time: 1486.0 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: ARTEXModel or Part No.: ELT 345

A3-06-2880
 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 ☒ Unknown

Propeller 1

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: McCaugheyModel: D3A34C402

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: MICHAEL SPENCER
 City: [REDACTED] ELLSWORTH State: ME
 ZIP: 04605 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: NONE (GREEN LAKE, ME)

Airport Identifier: NONE

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

GREEN LAKE, ME

Runway Information LAKE OPERATION

Runway ID: _____ Length: _____ ft. Width: _____ ft.

Runway/Landing Surface *(Check all that apply)*

- ☐ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow
☐ Concrete ☐ Gravel ☐ Macadam ☒ Water
☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown
☐ Elevated Helipoint ☐ Helistop ☐ Off-site landing area

Distance From Airport Center: _____ sm.

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. MSL

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" IdentificationFirst Name: MICHAEL SPENCERCity of Residence: ELLSWORTHMiddle Initial: AState: ME ZIP: 04605Last Name: SPENCERCountry: USAAge at time of Accident/Incident: 63Date 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 Supplemental Restraint, specify: _____		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						
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		
Medical Certificate Limitations NOT VALID FOR ANY CLASS AFTER 11/30/25. MUST USE CORRECTIVE LENS(ES) TO MEET VISION STANDARDS AT ALL REQUIRED DISTANCES.				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>04/21/2025</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>B787 BOEING</u> Model: <u>787</u>
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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
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Type Ratings and Applicable Logbook Endorsements <u>A-320, B-737; B-747-4; B-757; B-767; B-777</u> <u>B-787; DHC-7.</u>	Student Endorsements (Include dates)
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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	21,830.5	34.8	1252.3	2049.3	+10,000	4,500	—					2.0
Pilot in Command (PIC)	13,394.4	34.8	1187.3	2044.3	+10,000	4,500	58.9					2.0
Time as Instructor		—	1003.0	302.0	326	57.7	0					
This Make/Model												
Last 90 Days	125.6	19.8	19.8	132.9	160.0	4,200	0					
Last 30 Days	48.0	19.8	19.8	28.2	15.0	1,100	0					
Last 24 Hours	0	0	0	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 ☐ 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

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												

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

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

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	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
☐ Private	☐ Recreational	☐ None	☐ None	
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only	
☐ Commercial	☐ Airline Transport	☐ 3-point	☐ 3-point	
☐ Flight Engineer	☐ US Military	☐ 4-point	☐ 4-point	
	☐ Foreign	☐ 5-point	☐ 5-point	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs.		Supplemental Restraint, specify: _____

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

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	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
☐ Private	☐ Recreational	☐ None	☐ None	
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only	
☐ Commercial	☐ Airline Transport	☐ 3-point	☐ 3-point	
☐ Flight Engineer	☐ US Military	☐ 4-point	☐ 4-point	
	☐ Foreign	☐ 5-point	☐ 5-point	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs.		Supplemental Restraint, specify: _____

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

Number of Passengers <u>1</u>						
Passenger Information	Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>LYNNE</u> City: <u>ELLSWORTH</u> Middle Initial: <u>A</u> State: <u>ME</u> Zip: <u>04605</u> Last name: <u>BECKARD</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>1</u>	☒ 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 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 Airport ID: <u>KOLD</u> City: <u>OLD TOWN</u> State: <u>ME</u> Country: <u>USA</u>	Time of Departure Time: <u>16:34</u> HH:MM Time Zone: <u>EDT</u>	Flight Information Flight Number: _____ Operating as Flight _____	Destination Airport ID: <u>NONE</u> City: <u>GREEN LAKE</u> State: <u>ME</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown
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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

Weather Observation Facility

Facility ID: KBGR
 Observation Time: 16:00
 Time Zone: EDT
 Distance from Accident Site: 23 nm
 Direction from Accident Site: 320° degrees true

☐ On-Board Weather**Basic Conditions**

- ☒ VMC
☐ IMC
☐ Unknown

Lowest Cloud ConditionHeight clear

_____ 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: 70 (°C) or 70 (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting:30.28 (Hg), or _____ (mb)**Wind Direction**

☐ Variable or
 Direction: 290°
 degrees true

Wind Speed

☐ Calm
☐ Light and Variable
 or
 Speed: 5 kts

Wind Gusts

☒ Not Gusting
 or
 Speed: _____ kts

Visibility

clear 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 ☐ ON/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy
☐ ON/A
☐ Unknown

Icing Actual

Amount
☒ None ☐ ON/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Turbulence (Check all that apply)

Type
☒ None ☐ Severity
☐ Clear Air ☐ Light
☐ Terrain-Induced ☐ Moderate
☐ Convective ☐ 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.)

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.

SEE ATTACHED

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

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a separate sheet.)Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

POSSIBLE FLOODING IN FLOATS, ESPECIALLY
THE FORWARD FLOAT COMPARTMENTS.
PK D3500A, SERIAL # 149,150

Total Time/ Cycles On Part

UNKNOWN HoursUNKNOWN Cycles

Time Since This Part Inspected/Overhauled

19.8 Hours**FUEL & SERVICES INFORMATION**

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

75 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:

BOTH PILOT AND PASSENGER EXITED THROUGH LEFT MAIN DOOR.

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

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:

08/05/2025
mm/dd/yyyy

Name of Pilot/Operator:

MICHAEL SPENCER

Signature:

[REDACTED]

-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.

ERA25LA5

Reviewed by NTSB AS Division

AS-ERA

Name of Investigator

J. Young

Date Report Received

8/6/2025

On August 1st my wife and I decided to fly our Cessna 206 amphibious plane from our home on Green Lake in Ellsworth, Maine to Old Town airport in Old Town, Maine to get fuel and try and meet a mechanic. We did a water take off from Green Lake about 3:30pm and landed on the hard surface runway in Old Town. After talking with the mechanic about future work we set off for Green Lake again. The weather was clear with calm winds in both locations and we made the short 15-20 minute trip back to Green Lake where I entered a long final to land to the west into the wind at Green Lake about 4:45pm. I did a normal water landing with flaps 20 carrying a bit of power into the flare as I had learned was best for this aircraft when I did 10 hours of dual down in Florida on the amphibious Cessna 206 earlier in the summer. The water surface was rippled by the slight wind and we touched down nicely and I allowed the speed to bleed off gradually but as the aircraft slowed I noticed a more than normal nose down tendency so I began applying back pressure on the yoke. (Normally, the 206 feels rather tail heavy so this was different but seemed manageable). As we approached almost a full stop with idle power the aft pressure was not enough to keep the nose from falling further than normal and I mentioned this to my wife who was sitting in the right seat. Finally the nose sank so low I warned her we might hit the water. The propeller struck the water and then the aircraft nosed over into the water at a very slow speed and we slowly became inverted. (There are several witnesses to the landing and roll over) I was able to open the door before the water entered the cabin much and help my wife out of the aircraft through the main pilot door on my side of the cabin and then I immediately followed her out. We were both wearing life vests which we inflated as soon as we were out of the aircraft. A jet skier and a pontoon boat were there almost immediately and offered assistance. I noticed my neighbor approaching in his pontoon boat so waved for him and he picked us both up. We decided to try and pull the inverted aircraft back towards my dock about 1/4 mile away rather than risk it sinking in deep water and were successful bringing it all the way into my dock area in about 10 feet of water. Unfortunately, as the plane sat in that position for the night it struck rocks that are numerous around my dock and did most, if not all, of the damage to the aircraft structure that can be seen in the pictures.

I had noticed in previous flights that the floats seemed to accumulate quite a bit of water in the first 3-4 compartments of each float and was trying to find out what is considered too much. I feel like it was gallons of water per compartment but I never measured the amount as I pumped them out. I did take off an inspection plate on one of the aft compartments once to confirm it was dry as I couldn't get any water to pump out and discovered it was, in fact, completely empty. The inspection plate was difficult to remove and I was concerned that I might damage them if I opened others so did not. I made calls to PK floats, looked on various PK float blogs, and also made a call to a friend of mine who owns a 206 on amphibious floats, although they are Wipline floats. He said that he doesn't have nearly as much water in his as I had been experiencing. I also recalled the 206 I had flown in Florida (also with Wiplines) that had much less water in the floats even after multiple water takeoffs and landings. I spent quite a bit of time trying to learn what is considered a lot or too much water per compartment but couldn't find anything definitive anywhere so assumed that because my PKs were pretty old, 20-30 years old, maybe that was normal for them. That was a big part of the reason I was seeking out a mechanic with float experience so we could examine this more fully. I had also discussed with the 206 owner friend what I thought were abnormally long takeoffs and the difficulty of getting the airplane on the step compared to the 206 on wiplines I had flown previously. He agreed that my takeoff roll times of 45 seconds or longer were considerably longer than the 15-20 seconds he experiences. I was told that the PKs I have require different techniques to get on the step such as more aggressive nose down attitudes early in the take off run which I adopted with some improvement. I had noticed on earlier flights the nose down tendency after slowing to taxi speed but nothing remotely as severe as this last flight.

My theory is that the added water weight in the forward part of the float with no water at all in the aft 2-3 compartments created a forward CG issue that coupled with the normal forward momentum of the aircraft slowing through the water plus the added weight of the fuel on board, about 60 gallons total, created the unrecoverable nose over event. When we righted the aircraft and put it on my lift the first 5 compartments of each float were completely flooded with no water at all on the last 2 compartments. We also noticed that water dripped continuously out of these compartments as the aircraft was on the lift and was still dripping out the next day when the FAA was examining the aircraft.

Of possible importance this aircraft was involved in an incident in 1997 where the left main gear

collapsed on landing on a hard surface runway. I've included that report for your consideration. Also of note, one of the witnesses to my water landing is a neighbor who is also a retired admiral.