

NTSB

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

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
Nearest City/Place: Apex, 3 miles from Forsythville State: KY
ZIP: 42343 Country: USA
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
Date: 08-12-2025 Local Time: 17:05 CDT
Time Zone: Central
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: 194004
Manufacturer: Cessna
Model: 150-M
Serial Number: 15078348
Year of Manufacture: 1976
Amateur-Built: ☒ Yes ☐ No ☐ Original Design ☐ Kit/Plans Make: _____

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft
Maximum Gross Weight: 1600 lbs.
Weight at Time of Accident/Incident: 1344 lbs.
Number of Seats: 2 Flight Crew Seats: 2
Cabin Crew Seats: _____ Passenger Seats: _____
Number of Engines: 1

Category of Aircraft (Select one)

- ☐ Airplane
- ☐ Balloon
- ☐ Blimp/Drigible
- ☐ 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/Serial	Engine Serial Number	Date of Mfg. (mm/dd/yyyy)	Rated Power • Horsepower or • Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Continental</u>	<u>O-250</u>	<u>213299-20A</u>	<u>1976</u>	<u>100</u>	<u>2346</u>	<u>60</u>	<u>2,346</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 11-10-2024
(mm/dd/yyyy)

Airframe Total Time: 2033.2 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: _____
- ☐ Cockpit 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: Unknown

Model or Part No.: _____

TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)
☐ C126 (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: McCaughey

Model: 1A102/10cm 6948

Propeller 2

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

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Duke Flight Training LLC</u> City: <u>[REDACTED]</u> State: <u>NY</u> ZIP: <u>11788</u> Country: <u>USA</u>		
Operator of Aircraft ☐ Owner is also the Registered Owner ☐ Same address as Registered Owner Name: <u>[REDACTED]</u> City: <u>[REDACTED]</u> State: <u>NY</u> ZIP: <u>40070</u> Country: <u>USA</u>		
Fractional Ownership Aircraft: ☒ Yes ☐ No		
Doing Business As: _____ Air Carrier/Operator Designator (4-character code): _____		
Operating Certificates Held <i>(Check all that apply)</i> ☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation ☐ Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ FAR 103 ☐ FAR 133 ☐ FAR 431 ☐ FAR 121 ☐ FAR 135 ☐ FAR 435 ☐ FAR 125 ☐ FAR 137 ☐ FAR 437 ☐ FAR 450 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only
Revenue Sightseeing Flight ☐ Yes ☒ No	Air Medical Flight ☐ Yes ☒ No	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
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>		
Airport Name: _____ Airport Identifier: _____ Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: _____ mi. Direction From Airport: _____ degrees true Airport Elevation: _____ ft. MSL
Runway Information Runway ID: _____ Length: _____ ft. Width: _____ ft. Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow ☐ Concrete ☐ Gravel ☐ Macadam ☐ Water ☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown ☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area		Condition of Runway/Landing Surface <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
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ VFR Departure ☐ On-Instrument Approach ☐ Downwind ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Initial Climb ☐ Crosswind ☐ Final ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown		
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADF/NDP ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Unknown ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ LOC-back course ☐ Contact ☐ RNAV ☐ Circling		VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☐ Touch and Go ☐ Valley/Terrain Following ☐ Simulated Forced Landing ☐ Go Around ☐ Forced Landing ☐ Full Stop ☐ Precautionary Landing ☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

☒ Captain ☐ First Officer ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: [REDACTED]
 Middle Initial: [REDACTED]
 Last Name: [REDACTED]
 Age at time of Accident/Incident: 41

City of Residence: Sulphur
 State: KY ZIP: 40070
 Country: USA
 Date of Birth: [REDACTED]
 Certificate Number: [REDACTED]

Degree of Injury

☒ None ☐ Serious
☐ Unknown ☐ Fatal
☐ Minor

Seat Occupied

☒ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Restraint Type

Available
☐ None
☐ Lap only
☐ 3-point
☒ 4-point
☐ 5-point
☐ Unknown

Used
☐ None
☐ Lap only
☐ 3-point
☒ 4-point
☐ 5-point
☐ Unknown

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial
☐ US Military ☒ Private ☐ Recreational
☐ Airline Transport ☐ Foreign ☐ Sport
☐ Student ☐ Flight Engineer

Supplemental Restraint, specify:

Principal Occupation

☐ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☒ Class 3 ☐ Unknown
☐ Class 1 ☐ BasicMed
☐ Class 2 ☐ Driver's License (Sport Pilot only)

Medical Certificate Validity

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

Date of Last Medical

04-12-2003
mm/dd/yyyy

Medical Certificate Limitations

NTA

Medical Certificate Special Limitations

NTA

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Lower protective vision/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)

(Check all that apply)
☒ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☒ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)
☒ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☒ None
☐ Airplane Single-Engine ☐ Instrument Airplane
☐ Airplane Multiengine ☐ Instrument Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings and Applicable Logbook Endorsements

PPL-SEL

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	160	110	25	20	10	3	3					
Pilot in Command (PIC)	75	90	20									
Time as Instructor												
This Make/Model												
Last 90 Days	15											
Last 30 Days	10											
Last 24 Hours	2											

"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: _____

Middle Initial: _____

Last Name: _____

Age at time of Accident/Incident: _____

City of Residence: _____

State: _____

ZIP: _____

Country: _____

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 ☐ Basic Med
☐ 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/goggles ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal rotation ☐ 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
☐ 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)

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 First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Center ☐ Right ☐ Front ☐ Rear ☐ Single ☐ Unknown	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown															
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ Personal flotation ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves			Restraint Type <table border="0"> <tr> <td>Available</td> <td>Used</td> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap Only</td> <td>☐ Lap Only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>			Available	Used	☐ None	☐ None	☐ Lap Only	☐ Lap Only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown
Available	Used																		
☐ None	☐ None																		
☐ Lap Only	☐ Lap Only																		
☐ 3-point	☐ 3-point																		
☐ 4-point	☐ 4-point																		
☐ 5-point	☐ 5-point																		
☐ Unknown	☐ Unknown																		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign			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. Supplemental Restraint, specify: _____																

ADDITIONAL CREWMEMBER INFORMATION																			
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Center ☐ Right ☐ Front ☐ Rear ☐ Single ☐ Unknown	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown															
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ Personal flotation ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves			Restraint Type <table border="0"> <tr> <td>Available</td> <td>Used</td> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap Only</td> <td>☐ Lap Only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>			Available	Used	☐ None	☐ None	☐ Lap Only	☐ Lap Only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown
Available	Used																		
☐ None	☐ None																		
☐ Lap Only	☐ Lap Only																		
☐ 3-point	☐ 3-point																		
☐ 4-point	☐ 4-point																		
☐ 5-point	☐ 5-point																		
☐ Unknown	☐ Unknown																		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign			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. Supplemental Restraint, specify: _____																

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)																				
Number of Passengers _____		Seat	Injury	Restraint Type	Inflatable Restraints	Age														
Passenger Information First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	<table border="0"> <tr> <td>Available</td> <td>Used</td> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap Only</td> <td>☐ Lap Only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap Only	☐ Lap Only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 2 years ☐ 2-11 years ☐ 12-17 years ☐ 18-24 years ☐ 25-34 years ☐ 35-44 years ☐ 45-54 years ☐ 55-64 years ☐ 65+ years
Available	Used																			
☐ None	☐ None																			
☐ Lap Only	☐ Lap Only																			
☐ 3-point	☐ 3-point																			
☐ 4-point	☐ 4-point																			
☐ 5-point	☐ 5-point																			
☐ Unknown	☐ Unknown																			
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation Other: _____		Supplemental Restraint, specify: _____																		

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/goggles ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____						
Supplemental Restraint, specify: _____						

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/goggles ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____						
Supplemental Restraint, specify: _____						

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/goggles ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____						
Supplemental Restraint, specify: _____						

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>Kans</u> City: <u>Madison</u> State: <u>IN</u> Country: <u>USA</u>	Time of Departure Time: <u>1838</u> H:M:MM Time Zone: <u>EDT</u>	Flight Information Flight Number: _____ Operating as Flight _____	Destination Airport ID: <u>Kona</u> City: <u>Quebec</u> State: <u>QC</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR 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 ☐ Derno 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: _____
 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
☐ Few ☐ Thin Overcast
☐ Partial ☐ Unknown
☐ Obscuration
☐ Scattered

Ceiling

- ☐ None (Clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Ceiling Height

_____ ft. AGL

Temperature: _____ (°C) or 89 (°F)
 Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting:

29.9 (Hg) or _____ (mb)
 Direction: 4 True
 degrees true

Wind Direction

☐ Variable
☐ or
 Speed: _____ kts

Wind Speed

☒ Calm
☐ Light and Variable
 Speed: _____ kts

Wind Gusts

☒ Not Gusting
 or
 Speed: _____ kts

Visibility

10 st. miles
 RVR: _____ feet
 RVR: _____ 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 Type
☒ None ☐ ON/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Intensity of Precipitation

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

Icing Actual

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

Turbulence (Check all that apply)

- Type Severity
☐ None ☐ Light
☒ Clean Air ☐ Moderate
☐ Terrain-Induced ☐ Severe
☐ Convective ☐ Extreme
☐ Turbulence

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

None None

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.)

Nose Gear
 Prop Strike
 Wing & Fuselage Damage

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.

Kims dep. KOWB dest.
 VFR flight cruising between 2,300 & 2,400. Engine lost power to 2,000, Returned to 2200 for 3 seconds, went to ~~2000~~ 1,000 Rpm, Then to 800. Cycled Mags - No change Applied CARB Heat, No change. Attempted restart, No change. ^{cracked fuel injectors} Spotted field for emergency landing. Executed landing Successfully.

"Upon Walk around Belly Sump Primer stuck open for 45 seconds, I manually worked it and it closed."

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.) Engine		Total Time/ Cycles On Part 7,242 Hours _____ Cycles Time Since This Part Inspected/Overhauled Appx. 12.5 Hours			
FUEL & SERVICES INFORMATION					
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 18 Gallons	<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> Fuel Type ☒ 100 Low Lead ☐ Automotive </td> <td style="vertical-align: top;"> ☐ Jet A ☐ Jet A-1 </td> <td style="vertical-align: top;"> ☐ Unloaded AV ☐ Other, specify _____ </td> </tr> </table>		Fuel Type ☒ 100 Low Lead ☐ Automotive	☐ Jet A ☐ Jet A-1	☐ Unloaded AV ☐ Other, specify _____
Fuel Type ☒ 100 Low Lead ☐ Automotive	☐ Jet A ☐ Jet A-1	☐ Unloaded AV ☐ Other, specify _____			
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: _____					
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft.)					
Aircraft Registration Number 18	Manufacturer: _____ Model: _____	Damage to Other Aircraft: ☐ Destroyed ☐ Minor ☐ Substantial ☐ 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.)					

(Large empty box for report content)

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>8/19/2025</u> mm/dd/yyyy	Name: <u>[REDACTED]</u> Signature: <u>[REDACTED]</u> -or- ☐ Check here to electronically sign this document
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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. ERA25LA299	Reviewed by NTSB AS Division ERA	Name of Investigator Alleyne	Date Report Received 8/19/2025