

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: DestinState: FLZIP: 32542Country: US

Latitude:

Longitude:

(Enter in decimal degrees or
degrees:minutes:seconds)**Accident/Incident Date/Time**Date: 2025-07-26Local Time: 12:15mm/dd/yyyyTime Zone: America/Chicago**Collision with Other**☐ Midair**Aircraft:**☐ On-ground☒ None**AIRCRAFT INFORMATION**Registration Number: N594BAManufacturer: IconModel: A5Serial Number: 00134Year of Manufacture: 2021Amateur-Built: ☐ YesIf yes: ☐ Original Design☒ No☐ Kit/Plans

Make:

☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 1510lbsWeight at Time of Accident/Incident: 1462lbsNumber of Seats: 2Flight Crew Seats: 1

Cabin Crew Seats:

Passenger Seats: 1Number 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 | 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	BRP-Rotax	Rotax 912-iS Sport	7705131	2021-01-12		332	132	0
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) 2025-05-06Airframe Total Time: 332.4hours

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**

Type of Maintenance Program <i>(Select one)</i> ☐ 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:	<i>If yes:</i> ELT Manufacturer: <u>ACR Electronics</u> Model or Part No.: <u>ME406</u> 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 <i>If activated: Did ELT aid in locating aircraft?</i> ☐ Yes ☐ No <i>If not activated: Indicate Reason:</i> ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☒ Unknown	☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Sensenich</u> Model: <u>3-Blade Composite</u> Propeller 2 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: Model:
OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: XXXXXXXXXX State: <u>KY</u> Fractional Ownership Aircraft: ☐ Yes ☒ No City: <u>Louisville</u> Country: <u>US</u> ZIP: <u>40207</u>		
Operator of Aircraft ☒ The Operator is also the Registered Owner ☒ Same address as Registered Owner Name: Doing Business As: <u>Self</u> 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 Waiver or Authorization (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 <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 (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport.)		
Airport Name: <u>Destin</u> Airport Identifier: <u>KDTS</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance from Airport Center: <u>1 sm.</u> Direction from Airport: <u>020 degrees true</u> Airport Elevation: <u>23 ft. MSL</u>
Runway Information Runway ID: <u>14</u> Length: <u>5001 ft.</u> Width: <u>32 ft.</u>		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered ☐ Snow Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation ☐ Water-Calm ☐ Water-Glassy ☐ Water-Choppy ☐ Wet ☐ Unknown
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Concrete ☐ Dirt ☐ Elevated ☐ Heliport ☐ Grass/Turf ☐ Gravel ☐ Helideck ☐ Helistop ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Off-site landing area ☐ Snow ☐ Water ☐ Unknown		
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ Takeoff ☐ Initial Climb ☐ VFR Departure ☐ IFR Departure ☐ Procedure/Clearance ☐ On Instrument Approach ☐ Landing ☐ Downwind ☐ Base ☒ Final ☐ Crosswind ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown)		

○ 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” Identification:

First Name: [REDACTED] City of Residence: Louisville

Middle Initial: [REDACTED] State: KY Zip: 40207

Last Name: [REDACTED] Country: US

Age at time of Accident/Incident: 66 Date of Birth: [REDACTED] (mm/dd/yyyy)

Certificate Number:

Degree of Injury ☐ None ☐ Unknown ☐ Minor ☐ Serious ☐ Fatal	Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	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	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ 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 ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer		Supplemental Restraint type: _____															
Principle Occupation ☐ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ BasicMed ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Class 3 ☐ 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 ☐ 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:

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.												

“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 ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A		
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
--	--

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: <i>mm/dd/yyyy</i>				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
--	--	--	---

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: <u>KJKA</u> City: <u>Gulf Shores</u> State: <u>AL</u> Country: <u>US</u>	Time: <u>11:00</u> Time Zone: <u>America/Chicago</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>KDTS</u> City: <u>Destin</u> State: <u>FL</u> Country: <u>US</u>	☒ 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:
<u>500 ft. MSL</u> |
| ☐ 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. <u>AGL</u>	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition	Ceiling	Ceiling Height ft. <u>AGL</u>	

● Clear ○ Few ○ Partial ○ Obscuration ○ Scattered	○ Thin Broken ○ Thin Overcast ○ Unknown	● None (Clear) ○ Broken ○ Overcast ○ Obscured ○ Indefinite ○ Unknown	Temperature: (°C) or 82 (°F) Dewpoint: 15 (°C) or (°F)	
Altimeter Setting: 10 Hg or mb	Wind Direction ✓ Variable Direction: or degrees true	Wind Speed ☐ Calm ✓ Light and Variable or Speed: kts	Wind Gusts ☐ Not Gusting or Speed: 8 kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Destiny Altitude: _____ ft
Type of Precipitation (Check all that apply) ☐ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle			Restriction to Visibility (Check all that apply) ☐ 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 (Check all that apply) 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: None				
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 (Use additional sheet, if necessary.) Crack in the hull.				
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.				

1) Was on final to land on Runway 14, had been cleared by the tower. 2) Was at 500' and approximately 1 mile out when I ran out of fuel, I had no power. 3) Since I was still over the Destin Bay, I decided to make an emergency water landing. 4) The impact of the landing cracked the hull of the aircraft & I began taking on water. Neither myself or passenger received any injuries. 5) I was in shallow water and within 75' of shore. 6) I got out of the aircraft and pulled it to a dock of a private home. 7) With the help of floats and a guy with a boat, I was able to tow the aircraft to a local boat ramp and onto a trailer. 8) I had the aircraft taken to a local storage facility.

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.)

Total Time/ Cycles On Part

Hours _____

Cycles _____

**Time Since This Part
Inspected/Overhauled**

Hours _____

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> 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 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 <i>other</i> aircraft.)		
Aircraft Registration Number	Manufacturer: Model: _____	Damage to Other Aircraft: ☐ Destroyed ☐ Substantial ☐ Minor ☐ None
Registered Owner of Other Aircraft Name: _____ City: _____ State: <u>ZIP:</u> _____ Country: _____	Pilot of Other Aircraft Name: _____ City: _____ State: <u>ZIP:</u> _____ 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:

Sat Apr 18 2026

mm/dd/yyyy

Name of Pilot/Operator:



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
ERA25LA382	Eastern Region	Gene Rambo	21 April 2026