

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: Bluffton State: OHZIP: 45817 Country: USALatitude: 40.80N Longitude: 83.86W

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

Accident/Incident Date/TimeDate: 10/03/2024 Local Time: 13:10
mm/dd/yyyy HH:MMTime Zone: EDTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☐ None**AIRCRAFT INFORMATION**Registration Number: N64203Manufacturer: CessnaModel: C172MSerial Number: 17265084Year of Manufacture: 1,975Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans

Make: _____

☒ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 2,300 lbs.Weight at Time of Accident/Incident: 1,780 lbs.Number of Seats: 4 Flight Crew Seats: 2Cabin Crew Seats: 0 Passenger Seats: 2Number of Engines: 1**Category of Aircraft**
(Select one)

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

Type of Airworthiness Certificate
(Check all that apply)**Standard**

- ☒ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility

Special

- ☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown**Landing Gear**

(Check all that apply)

- ☐ Retractable ☐ 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/yyyy)	Rated Power ☒ Horsepower or ☐ Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	o-320-E2D	I-25129-27A		150		13	1,523
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 08/29/2025
mm/dd/yyyyAirframe Total Time: 5,196.4 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: NarcoModel or Part No.: ELT 10TSO 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 ☒ UnknownPropeller 1 ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground AdjustableManufacturer: HarzellModel: 1C1601DTMPropeller 2 ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: Nicholas D Vance

City: Bluffton State: OH

ZIP: 45871 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft

☐ The Operator is also the Registered Owner

☐ Same address as Registered Owner

Name: [REDACTED]

City: Ottawa State: OH

ZIP: 45875 Country: USA

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: Bluffton Airport

Airport Identifier: 5G7

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

Distance From Airport Center: _____ sm.

Direction From Airport: _____ degrees true

Airport Elevation: 851.00 ft. MSL

Runway Information

Runway ID: 23 Length: 4,126 ft. Width: 75 ft.

Runway/Landing Surface (Check all that apply)

- ☒ 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 (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 ☐ 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" Identification

First Name: [REDACTED]

City of Residence: Ottawa

Middle Initial: [REDACTED]

State: OH ZIP: 45875

Last Name: [REDACTED]

Country: USA

Age at time of Accident/Incident: 17

Date 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

Date of Last Medical

4/21/2025
 mm/dd/yyyy

Medical Certificate Limitations

Must use corrective lens(es) to meet vision standards at all required distances

Medical Certificate Special Limitations

N/A

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: N/A

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)

Student pilot- pre solo aeronautical knowledge (07/14/25)
 Pre-solo flight training (08/13/25)
 Student pilot solo 90 day (08/13/2025)

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	50	50	50	0	3		3					
Pilot in Command (PIC)	1	1	1	0	0	0	0					
Time as Instructor	0	0	0	0	0	0	0					
This Make/Model												
Last 90 Days	21	21	21	0	3	0	2					
Last 30 Days	10	10	10	0	3	0	1					
Last 24 Hours	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 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 ☐ 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) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </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> Supplemental Restraint, specify: _____		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																		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ 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 ☐ 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) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </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> Supplemental Restraint, specify: _____		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																		
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: _____ 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	<table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </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> Supplemental Restraint, specify: _____	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 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Available	Used																		
☐ None	☐ None																		
☐ Lap Only	☐ Lap Only																		
☐ 3-point	☐ 3-point																		
☐ 4-point	☐ 4-point																		
☐ 5-point	☐ 5-point																		
☐ Unknown	☐ 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
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>5G7</u> City: <u>Bluffton</u> State: <u>OH</u> Country: <u>USA</u>	Time: <u>13:00</u> HH:MM Time Zone: <u>EDT</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>5G7</u> City: <u>Bluffton</u> State: <u>OH</u> Country: <u>USA</u>	☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply)

- ☐ Certificate of Authorization ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA
☒ None

Airspace where the accident/incident occurred (Check all that apply)

- ☐ Class A ☒ Class 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
☐ On-Board Weather

Weather Observation Facility

Facility ID: KFDY
 Observation Time: 12:15
 Time Zone: EDT
 Distance from Accident Site: 12:00 nm
 Direction from Accident Site: 237.00 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

- ☐ 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 86 (°F)Dewpoint: _____ (°C) or 54 (°F)**Altimeter Setting:**29.94 (Hg), or _____ (mb)**Wind Direction**

- ☒ Variable or
 Direction: _____
 degrees true

Wind Speed

- ☒ Calm
☐ Light and Variable
 or
 Speed: _____ kts

Wind Gusts

- ☒ Not Gusting
 or
 Speed: _____ kts

Visibility

10.0 miles
 RVR: _____ feet
 RVV: _____ miles
 Density Altitude: 2.813.0 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 ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☒ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Intensity of Precipitation

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

Icing Actual

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

Turbulence (Check all that apply)

- Type** **Severity**
☐ None ☐ Light
☐ Clear Air ☐ Moderate
☐ Terrain-Induced ☐ Severe
☐ Convective ☐ Extreme

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

5G7 ODP BLUFFTON, BLUFFTON, OH.
 TAKEOFF MINIMUMS AND (OBSTACLES) DEPARTURE PROCEDURES AMENDMENT 1A...
 CHANGE TAKEOFF OBSTACLES NOTES TO READ: NOTE: RUNWAY 5, VEHICLE ON ROAD
 BEGINNING AT DER, 330FT RIGHT OF CENTERLINE, UP TO 864FT MSL.
 RUNWAY LIGHTS 9FT FROM DER, 78FT RIGHT OF CENTERLINE, 3FT
 AGL/848 FT MSL. RUNWAY LIGHTS 10FT FROM DER, 79FT LEFT OF
 CENTERLINE, 2FT AGL/848 FT MSL. POLES, TREES BEGINNING 163FT FROM
 DER, 507FT LEFT OF CENTERLINE, UP TO 42FT AGL/889 FT MSL. TREES
 BEGINNING 1347FT FROM DER, 594FT RIGHT OF CENTERLINE, UP TO 889
 FT MSL. TREE 1690FT FROM DER, 611FT RIGHT OF CENTERLINE, 911FT MSL.
 NOTE: RUNWAY 23, TREE 8FT FROM DER, 215FT LEFT OF CENTERLINE, 8FT
 AGL/850FT MSL. RUNWAY LIGHTS 11FT FROM DER, 77FT RIGHT OF.

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.)*

Aircraft Experienced bent LH nose wheel flange, very small RH nose wheel flange crack, Firewall damage and interior firewall stringer (pilot side bend)

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.

Date of Event: 10/03/2025

Time: 1310 EDT

Location: Bluffton Airport, Bluffton, OH

Detailed Description of the event:

I met with [REDACTED] the day of the flight at the Bluffton Airport. She has reserved N64203, a Cessna 172M. We had a detailed plan of what the day's lesson would consist of. I decided to help her get a few landings practiced with me on board as the instructor to monitor. Bluffton Flying Service's standard operating procedure is to fly with a student for a many laps in the traffic pattern that are needed to show proficiency and to check the logbook to ensure correct and current endorsements and documents for the student. I got in the plane with [REDACTED]. We did three laps in the traffic pattern using runway 23. She demonstrated that she could safely land the plane without my intervention. I then had her taxi back to the FBO at the Bluffton Airport to drop me off. [REDACTED] taxied away toward runway 23. [REDACTED] completed a lap in the pattern to a full stop per out standard operating procedures (Touch and goes are strictly prohibited). Second lap in the traffic pattern: [REDACTED] took off and completed a traffic pattern. Upon landing, [REDACTED] hit the runway with too much speed, thus bouncing her back into the air. [REDACTED] then tried to force the plane back down, with the nose wheel coming in contact with the ground first. She repeated that again until the nose wheel tire popped. Being inside the FBO, I heard [REDACTED] on the radio with a concerned tone in her voice. I transmitted on the radio inside the FBO to [REDACTED] to taxi the plane off the runway. She taxied off the runway onto the taxiway, where she shut down the engine as instructed.

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

To avert the incident, a sequence of refined actions would have been necessary. Initially, during the final approach, a greater deployment of flaps to reduce airspeed, coupled with an earlier reduction in engine power, would have mitigated the excessive velocity experienced upon entering ground effect. Subsequently, instead of compelling the aircraft on the runway, maintaining elevator authority to delay the descent and ensure a controlled touchdown on the main landing gear would have prevented the weight from being borne by the nose wheel.

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

(Convert from pounds, as necessary)

35.0 _____ 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:

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ None

Model: _____

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Additional space for answers to any question.)

I 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:

10/21/2025

mm/dd/yyyy

Name of Pilot/Operator

Signature:

-or- ☒ Check here to electronically sign this document

If a person other than Pilot/Operator is filing this report

Name:

Title: Instructor

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
ERA26LA016	AS-ERA	J.Coe	10-20-2025