

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: Boca RatonState: FLZIP: 33431Country: US

Latitude:

Longitude:

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

Accident/Incident Date/Time

Date: 10-27-2025Local Time: 09:00mm/dd/yyyyTime Zone: America/Detroit

Collision with Other

☐ Midair

Aircraft:

☒ On-ground☐ None

AIRCRAFT INFORMATION

Registration Number: N202RDManufacturer: AKROTECH AVIATION INCModel: G-202Serial Number: G2020021Year of Manufacture: 1997Amateur-Built: ☐ YesIf yes: ☐ Original Design☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: lbsWeight at Time of Accident/Incident: lbsNumber of Seats: 2Flight Crew Seats: 1

Cabin Crew Seats:

Passenger Seats: 1Number of Engines: 1☐ No☐ Kit/Plans

Make:

Category of Aircraft (Select one)	Type of Airworthiness Certificate (Check all that apply)	Landing Gear (Check all that apply)	Engine Type (Select one)																																								
● Airplane ○ Balloon ○ Blimp/Dirigible ○ Glider ○ Gyroplane ○ Helicopter ○ Powered Lift ○ Rocket ○ Ultralight ○ Unknown	<table><thead><tr><th>Standard</th><th>Special</th></tr></thead><tbody><tr><td>☐ Normal</td><td>☐ Restricted</td></tr><tr><td>☐ Aerobatic</td><td>☐ Limited</td></tr><tr><td>☐ Balloon</td><td>☐ Provisional</td></tr><tr><td>☐ Commuter</td><td>☐ Special Flight</td></tr><tr><td>☐ Transport</td><td>☒ Experimental</td></tr><tr><td>☐ Utility</td><td>☐ Special Light-Sport</td></tr><tr><td></td><td>☐ Experimental Light-Sport</td></tr><tr><td>☐ Certificate of Waiver or Authorization (COA)</td><td></td></tr><tr><td>☐ None</td><td>☐ Unknown</td></tr></tbody></table>	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	<table><tbody><tr><td>☐ Retractable</td><td>☐ High Skid</td></tr><tr><td>☐ Tricycle</td><td>☐ Skid</td></tr><tr><td>☒ Tailwheel</td><td>☐ Ski/Wheel</td></tr><tr><td>☐ Emergency Float</td><td>☐ Hull</td></tr><tr><td>☐ Float</td><td>☐ Ski</td></tr><tr><td>☐ Amphibian</td><td></td></tr><tr><td>☐ Other Launch/Recovery System</td><td></td></tr><tr><td>☐ None</td><td>☐ Unknown</td></tr></tbody></table>	☐ Retractable	☐ High Skid	☐ Tricycle	☐ Skid	☒ Tailwheel	☐ Ski/Wheel	☐ Emergency Float	☐ Hull	☐ Float	☐ Ski	☐ Amphibian		☐ Other Launch/Recovery System		☐ None	☐ Unknown	<table><tbody><tr><td> ● Reciprocating ○ Turbo Shaft ○ Turbo Prop ○ Turbo Jet ○ Turbo Fan ○ Electric </td><td> ○ Liquid Rocket ○ Solid Rocket ○ Hybrid Rocket ○ None ○ Unknown </td></tr><tr><td colspan="2">Fuel System Type (Reciprocating) ☐ Carburetor ☒ Fuel Injected</td></tr></tbody></table>	● 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	
Standard	Special																																										
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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	Lycoming	AEIO-360-A1A			200	1509		1509
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

- 100-Hour
- AAIP
- Annual
- Continuous Airworthiness
- «Last_inspection_type_Condition_Inspection» Condition
- Unknown

Date of Last Inspection: (mm/dd/yyyy) 06-30-2025Airframe Total Time: 1509 hours

Hours measured at (Select one)

☐ Last Inspection ☒ Time of Accident/Incident

Additional Equipment

- | | |
|---|--|
| ☒ ADS-B | ☐ Handheld GPS |
| ☐ Airframe Parachute | ☐ Heads Up Display |
| ☐ Angle of Attack Indicator | ☐ Night Vision Goggles |
| ☐ Autopilot | ☐ Onboard Weather |
| ☐ Autopilot/FMS, Model_ | ☐ Primary Flight Display |
| ☐ Coupled Flight Director | ☐ SAS, Axis: Model: |
| ☐ Data Recorder | ☐ Satellite Tracking Device |
| ☐ Device Stall Warning System | ☐ Stall Warning System |
| ☐ Electronic Flight Bag or Handheld Device | ☐ Video Recording Device |
| ☐ Electronic Multifunction Display | ☐ Wire Strike Detection |
| ☐ Electronic Primary Flight Display | ☐ Wire Strike Protection |
| ☐ Flight Management System | ☐ Other, Specify: |

ELT Installed ☒ Yes ☐ No

Propeller 1

Registered Aircraft Owner Name: <u>High AlphaAero, LLC</u> State: <u>DE</u> City: <u>WILMINGTON</u> Country: <u>US</u> ZIP: <u>19801</u>		Fractional Ownership Aircraft: ☐ Yes ☒ No
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Name:	Doing Business As:	
City:	State:	Air Carrier/Operator Designator (4-character code):
ZIP:	Country:	

<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		☒ 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		<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 Name: <u>Boca Raton Airport</u>			Distance from Airport Center: <u>sm.</u>			
Airport Identifier: <u>KBCT</u>			Direction from Airport: <u>degrees true</u>			
Proximity to Airport: ☐ Off Airport/Airstrip● On Airport/Airstrip ☐ N/A			Airport Elevation: <u>ft. MSL</u>			
Runway Information			Condition of Runway/Landing Surface <i>(Check all that apply)</i>			
Runway ID:	Length: <u>ft.</u>	Width: <u>ft.</u>				
Runway/Landing Surface <i>(Check all that apply)</i>						
☐ Asphalt	☐ Grass/Turf	☐ Ice	☐ Snow	☐ Dry	☐ Snow Compacted	☐ Water-Calm
☐ Concrete	☐ Gravel	☐ Macadam	☐ Water	☐ Holes	☐ Snow-Crusted	☐ Water-Glassy
☐ Dirt	☐ Helideck	☐	☐ Unknown	☐ Ice Covered	☐ Snow-Dry	☐ Water-Choppy
☐ Elevated	☐ Helistop	Metal/Wood		☐ Rough	☐ Snow-Wet	☐ Wet
☐ Heliport		☐ Off-site landing area		☐ Rubber Deposits	☐ Soft	
				☐ Slush-Covered	☐ Vegetation	☐ Unknown

○ 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)
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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 LR 60 SIC, Tailwheel, High performance, high altitude, complex						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	3880	433	1582	2256	218	418	132					762
Pilot-in-Command	3587	433										
Time as Instructor												
This Make/Model												
Last 90 Days	49	10		39	0	2.3	0					10
Last 30 Days	16.5	8.4	8.4	8.1	0	.4						8.4
Last 24 Hrs.	.8	0	0	.8	0	0	0					0

“FLIGHT CREWMEMBER 2” INFORMATION
“Flight Crewmember 2 Responsibilities at the Time of Accident/Incident
☐ Captain ☐ First Officer ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

“Flight Crewmember 2” was pilot flying ☐ Yes ☐ No
“Flight Crewmember 2” Identification:

 First Name: City of Residence:

 Middle Initial: State: Zip:

 Last Name: Country:

 Age at time of Accident/Incident: Date of Birth: (mm/dd/yyyy)

 Certificate Number:

Degree of Injury ☐ None ☐ Unknown ☐ Minor ☐ Serious ☐ Fatal	Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint type:	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	
Principle Occupation ☐ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ BasicMed ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Class 3 ☐ Unknown	Date of Last Medical mm/dd/yyyy	

Medical Certificate Limitations

Medical Certificate Special Limitations

Personal Flight Equipment *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/goggles ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation
☐ Other:

Date of Last Flight Review Or Equivalent, Including FAR 121/135 Checks: mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____							
Airplane Rating(s) <i>(Check all that apply)</i> ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea ☐ None		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Helicopter ☐ Airship ☐ Powered Lift ☐ Balloon ☐ Glider ☐ Gyroplane		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport					
Type Ratings and Applicable Logbook Endorsements						Student Endorsements <i>(Include dates)</i>					

Flight Time <i>(Enter hours for each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotocraft	Tail-wheel
						Actual	Simulated					
Total Time												
Pilot-in-Command												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hrs.												

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

Additional Crewmember Information First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____		Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
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Personal Flight Equipment *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation
☐ Other: _____

Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____ Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	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
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Personal Flight Equipment *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation

☐ Other: _____						
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify:		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: hrs. _____				
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)						
Number of Passengers _____						
Passenger Information		Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: City: Middle Initial: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row:	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify:	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: City: Middle Initial: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row:	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify:	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: City: Middle Initial: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves		☐ Left ☐ Center ☐ Right ☐ Unknown Row:	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify:	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown

☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____					
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: _____ City: _____ State: _____ Country: _____	Time: _____ Time Zone: _____	Flight Number: _____ Operating as Flight _____	Airport ID: _____ City: _____ State: _____ Country: _____	☒ None ☐ VFR/IFR ☐ Company ☐ IFR VFR ☐ Unknown ☐ Military VFR ☐ VFR Activated? ☐ Yes ☒ No ☐ Unknown

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

✓ None

- | | | | | |
|---|--------------------------------------|--------------------------------------|---|---------------------------------|
| ☐ Certificate of Authorization | ☐ Special VFR | ☐ Special IFR | ☐ VFR Flight Following | ☐ Cruise |
| ☐ VFR | ☐ IFR | ☐ VFR On Top | ☐ Traffic Advisory | ✓ Unknown / NA |

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

- | | | | | |
|------------------------------------|--|---|---|--|
| ☐ Class A | ☐ Class G | ☐ Military Operations Area (MOA) | ☐ Special | Altitude of In-Flight Occurrence:
<u>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: FltPlan Go _____ ☐ 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	Lowest Cloud Condition	Light Condition	
☒ VMC ☐ IMC ☐ Unknown	Height <u>ft. AGL</u>	☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition	Ceiling	Ceiling Height <u>ft. AGL</u>	

○ Clear ○ Few ○ Partial ○ Obscuration ● Scattered	○ Thin Broken ○ Thin Overcast ○ Unknown	● None (Clear) ○ Broken ○ Overcast ○ Obscured ○ Indefinite ○ Unknown	Temperature: (°C) or (°F) Dewpoint: (°C) or (°F)																																						
Altimeter Setting: Hg or mb	Wind Direction ☐ Variable Direction: or degrees true	Wind Speed ☐ Calm ☐ Light and Variable or Speed: <u> kts </u>	Wind Gusts ☐ Not Gusting or Speed: <u> kts </u>	Visibility <u> </u> miles RVR: <u> </u> feet RVV: <u> </u> miles Destiny Altitude: <u> </u> ft																																					
Type of Precipitation (<i>Check all that apply</i>) ☐ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle			Restriction to Visibility (<i>Check all that apply</i>) ☐ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown																																						
Icing Forecast <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>○ None</td> <td>○ N/A</td> </tr> <tr> <td>○ Trace</td> <td>○ Rime</td> </tr> <tr> <td>○ Light</td> <td>○ Clear</td> </tr> <tr> <td>○ Moderate</td> <td>○ Mixed</td> </tr> <tr> <td>○ Severe</td> <td>○ Unknown</td> </tr> <tr> <td>○ Unknown</td> <td></td> </tr> </table>	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 <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>○ None</td> <td>○ N/A</td> </tr> <tr> <td>○ Trace</td> <td>○ Rime</td> </tr> <tr> <td>○ Light</td> <td>○ Clear</td> </tr> <tr> <td>○ Moderate</td> <td>○ Mixed</td> </tr> <tr> <td>○ Severe</td> <td>○ Unknown</td> </tr> <tr> <td>○ Unknown</td> <td></td> </tr> </table>	Amount	Type	○ None	○ N/A	○ Trace	○ Rime	○ Light	○ Clear	○ Moderate	○ Mixed	○ Severe	○ Unknown	○ Unknown		Turbulence (<i>Check all that apply</i>) <table style="width: 100%;"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td>☐ None</td> <td>☐ Light</td> </tr> <tr> <td>☐ Clean Air</td> <td>☐ Moderate</td> </tr> <tr> <td>☐ Terrain-Induced</td> <td>☐ Severe</td> </tr> <tr> <td>☐ Convective</td> <td>☐ Extreme</td> </tr> </table>	Type	Severity	☐ None	☐ Light	☐ Clean Air	☐ Moderate	☐ Terrain-Induced	☐ Severe	☐ Convective	☐ Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:																																									
DAMAGE TO AIRCRAFT AND OTHER PROPERTY																																									
Aircraft Damage ○ None ○ Substantial ● Minor ○ Destroyed ○ Unknown	Aircraft Fire ● None ○ Both Ground and In-Flight ○ In-Flight ○ Fire at Unknown Time ○ On-Ground ○ Unknown	Aircraft Explosion ● None ○ Both Ground and In-Flight ○ In-Flight ○ Fire at Unknown Time ○ On-Ground ○ Unknown																																							
Description of Damage to Aircraft and Other Property (<i>Use additional sheet, if necessary.</i>) Propeller destroyed, sudden stoppage of engine. Other aircraft - damage to the leading edge of the left wing, starting approx. 12' from the leading edge and continuing to the tip. Did not appear to go into the spar, only sheet metal.																																									
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.

On Nov. 27th, 2025 at approximately 9am I was taxiing my aircraft to the run up area at the end of runway 5 at KBCT. My aircraft is a tail-dragger, necessitating a slower taxi speed while utilizing S-turns in order to gain visibility, awareness and maintain safety with what is in front of me. Upon nearing/reaching the beginning of the entrance to the run up area, I saw Lynn university flight school aircraft, beginning at the entrance to the run up area, parked in a row doing their run-ups. My only option to enter the run up area was to continue on the taxiway past the Lynn planes and enter the run up area on the other side. I then continued forward making a s-turn to the right to check the runway hold short area, then back left to check the areas to the right of me, which upon being able to see my site picture to the right, noticing one of the airplanes missing, I then, again at low speed, made a s-turn to the right and shortly thereafter my propeller made contact with the Cessna's wing. I did not see the aircraft at all until the wing was right over me due to the restricted visibility of my aircraft and the angles to which we were converging. I believe what happened is, apparently the Cessna called for clearance from the run up pad instead of the hold short line and began moving as I was starting the S-turn to the left, moving in front and in sync with the nose of my aircraft rendering the airplane invisible to me. I believe, from what I read concerning right of way on the taxiway, with the Cessna starting from a stop from a non-movement area (runup pad) and me traveling towards them on an active taxiway that I had the right of way. I think possibly the inexperienced student pilot and CFI thought that I would be pulling into the runup pad when I s-turned right before them due to them being unfamiliar with the characteristics of my aircraft or right of way rules when in fact it was my intention to taxi past them, or they were impatient and thought they could beat me to the runway before I passed. Adding to this situation is the flight school being mandated to call for departure from the run-up area instead of the hold short line or taxiway.

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

I believe what happened is, apparently the Cessna called for clearance from the run up pad instead of the hold short line and began moving as I was starting the S-turn to the left, moving in front and in sync with the nose of my aircraft rendering the airplane invisible to me. I believe, from what I read concerning right of way on the taxiway, with the Cessna starting from a stop from a non-movement area (runup pad) and me traveling towards them on an active taxiway that I had the right of way. I think possibly the inexperienced student pilot and CFI thought that I would be pulling into the runup pad when I s-turned right before them due to them being unfamiliar with the characteristics of my aircraft or right of way rules when in fact it was my intention to taxi past them, or they were impatient and thought they could beat me to the runway before I passed. Adding to this situation is the flight school being mandated to call for departure from the run-up area instead of the hold short line or taxiway. Recommend not removing the mandate for Lynn University aircraft to call for T/O inside the run up area and educating the students and cfi's of the characteristics and requirements of non-standard aircraft operating at their airport. I will heighten my level of awareness and safety practices beyond what I have been practicing so far in order to avoid a situation like this in the future.

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)

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 *other* aircraft.)

Aircraft Registration Number

N825KS

Manufacturer: Cessna

Model: 172

Damage to Other Aircraft:

☐ Destroyed

☐ Substantial

☒ Minor

☐ None

Registered Owner of Other Aircraft

Name: PLANELEASE LLC

City: VENICE

State: CA ZIP: 90291

Country: _____

Pilot of Other Aircraft

Name: I don't have this info

City: _____

State: ZIP: _____

Country: _____

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

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
By signing this form, I am consenting to the public release of the information provided herein.

Date of this report:

Mon Nov 03 2025
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.**
ERA26LA025**Reviewed by NTSB AS Division**
AS-ERA**Name of Investigator**
J. Coe**Date Report Received**
11-03-2025