

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: 10-28-2025Local Time: 09:03mm/dd/yyyyTime Zone: America/Detroit

Collision with Other

☐ Midair

Aircraft:

☒ On-ground☐ None

AIRCRAFT INFORMATION

Registration Number: N825KSManufacturer: CessnaModel: Skyhawk

Serial Number: _____

Year of Manufacture: 1999Amateur-Built: ☐ Yes*If yes:* ☐ Original Design☒ No☐ Kit/Plans

Make: _____

☒ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: lbsWeight at Time of Accident/Incident: lbs

Number of Seats:

Flight Crew Seats:

Cabin Crew Seats:

Passenger Seats:

Number of Engines:

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☐ Certificate of Waiver or Authorization (COA)☐ None

Special

☐ Restricted☐ Limited☐ Provisional☐ Special Flight☐ Experimental☐ Special Light-Sport☐ Experimental Light-Sport☐ UnknownLanding Gear
(Check all that apply)☐ Retractable☒ Tricycle☐ Tailwheel☐ Emergency Float☐ Float☐ Amphibian☐ Other Launch/Recovery System☐ None☐ High Skid☐ Skid☐ Ski/Wheel☐ Hull☐ Ski☐ UnknownEngine Type
(Select one)☒ Reciprocating☐ Turbo Shaft☐ Turbo Prop☐ Turbo Jet☐ Turbo Fan☐ Electric☐ Liquid Rocket☐ Solid Rocket☐ Hybrid Rocket☐ None☐ Unknown

Fuel System Type (Reciprocating)

☐ Carburetor☒ Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yy yy)	Rated Power ☐ or ☐	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1								
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) 10-27-2025Airframe Total Time: hours

Hours measured at (Select one)

☐ Last Inspection ☐ Time of Accident/Incident

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, Axis: Model:
- ☐ Satellite Tracking Device
- ☐ Stall Warning System
- ☐ Video Recording Device
- ☐ Wire Strike Detection
- ☐ Wire Strike Protection
- ☐ Other, Specify:

ELT Installed ☒ Yes ☐ No

Propeller 1

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:	<i>If yes:</i> ELT Manufacturer: 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 <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: Model: Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: Model:
OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: _____ State: _____ Fractional Ownership Aircraft: ☐ Yes ☐ No City: _____ Country: _____ ZIP: _____		
Operator of Aircraft ☐ The Operator is also the Registered Owner ☐ Same address as Registered Owner Name: _____ Doing Business As: _____ 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 103 ☐ FAR 121 ☐ FAR 125 ☐ FAR 129 ☐ FAR 133 ☐ FAR 135 ☐ FAR 137 ☐ FAR 415 ☐ FAR 431 ☐ FAR 435 ☐ 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 ☐ Non-Scheduled or Air Taxi ☐ Passenger ☐ Cargo ☐ Mail Contract Only ☒ Domestic ☐ International
Revenue Sightseeing Flight? ☐ Yes ☐ No	Air Medical Flight? ☐ Yes ☐ No	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race/Show ☐ Banner Tow ☐ Business ☐ Executive/Corporate ☐ External Load ☐ Ferry ☐ Firefighting ☐ Flight Test ☐ Glider Tow ☒ Instructional ☐ Other Work Use ☐ Personal ☐ Positioning ☐ Skydiving ☐ Unknown
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport.)		
Airport Name: <u>Boca Raton Airport</u> Airport Identifier: <u>KBCT</u> Proximity to Airport: ☐ Off Airport/Airstrip • ☒ On Airport/Airstrip ☐ N/A		Distance from Airport Center: <u>sm.</u> Direction from Airport: <u>degrees true</u> Airport Elevation: <u>ft. MSL</u>
Runway Information Runway ID: <u>5</u> Length: <u>6276 ft.</u> Width: <u>150 ft.</u>		Condition of Runway/Landing Surface (Check all that apply) ☒ 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 (Check all that apply) ☒ Asphalt ☐ Concrete ☐ Dirt ☐ Elevated ☐ Heliport ☐ Grass/Turf ☐ Gravel ☐ Helideck ☐ Helistop ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Off-site landing area ☐ Snow ☐ Water ☐ Unknown		
Approach/Departure Segment (Select one) ☐ 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: _____ City of Residence: Pomapno
 Middle Initial: _____ State: FL _____ Zip: 33060
 Last Name: _____ Country: US
 Age at time of Accident/Incident: 23 _____ 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 <table border="0"> <tr> <td> Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> <td> Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table> Supplemental 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
Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown				
Pilot Certificate(s) (Check all that apply) ☐ None ☒ Flight Instructor ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer					

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 11-10-2021 _____ mm/dd/yyyy
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Medical Certificate Limitations Must wear corrective lenses	Medical Certificate Special Limitations
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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:

Date of Last Flight Review Or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
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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						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 ☐ 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: <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
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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 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. _____				
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 Supplemental Restraint, specify:	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ 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 Supplemental Restraint, specify:	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ 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 Supplemental Restraint, specify:	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ 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: KBCT City: BOCA RATON State: FL Country: US	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
☒ VFR

☐ Special VFR
☐ IFR

☐ Special IFR
☐ VFR On Top

☐ VFR Flight Following
☐ Traffic Advisory

☐ Cruise
☐ Unknown / NA
Type of ATC Clearance/Service (Check all that apply)
☐ Class A
☐ Class B
☐ Class C
☒ Class D
☐ Class E
☐ Class G
☐ Demo Area
☐ Warning Area
☐ Prohibited Area
☐ Restricted Area

☐ Military Operations Area (MOA)
☐ Airport Advisory Area
☐ Jet Training Area
☐ TRSA
☐ FAR 93

☐ Special
☐ Air Traffic Control Area
☐ Unknown

Altitude of In-Flight Occurrence:
13 ft. MSL
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Source of Pilot Weather Information**
(Check all that apply)
☐ National Weather Service
☐ Flight Service Station
☐ TV/Radio
☐ Automated Report
☐ Electronic Flight Bag-Application:
☐ On-Board Weather

☐ Company
☐ Military
☐ Internet
☐ None
☐ Unknown
Weather Observation Facility
 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. AGL

Light Condition
☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☒ Day ☐ Night ☐ Bright Night
Sky/Lowest Cloud Condition**Ceiling****Ceiling Height**
ft. AGL

● 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 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 (<i>Check all that apply</i>) 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:				
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>) The left-wing tip of the aircraft has a large opening dent caused by propeller of the aircraft the taxied into us.				
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.				

Today's flight was planned to be a mock solo for my student to the practice area in aircraft N825KS. The incident occurred in the run-up area of Runway 5 at KBCT. On October 28, 2025, my student, [REDACTED], and I, [REDACTED], were positioned in the run-up area along with two other Cessna 172s. As my student completed the run-up checklist, we began to taxi forward and hold short of the runway. My student called the tower and received our takeoff clearance. At that moment, my student, [REDACTED], observed another aircraft (N202RD) taxiing toward us at a high rate of speed. As it began to turn toward our aircraft, I immediately took control from my student; however, the other aircraft had already clipped our left wingtip, causing both aircraft to come to a stop. I immediately informed the tower of the incident, pulled the mixture on my aircraft, and turned off the master switch. My student and I remained in the aircraft until airport authority personnel arrived on the scene.

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***(Convert from pounds, as necessary)*41 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
N202RD**Manufacturer:****Model:** _____**Damage to Other Aircraft:**

- ☐ Destroyed
- ☒ Substantial
- ☐ Minor
- ☐ 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.)

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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: Wed Nov 05 2025 <i>mm/dd/yyyy</i>	Name of Pilot/Operator: Signature: -or- ☒ Check hereto 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.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
ERA26LA025	AS-ERA	J.Coe	11-5-2025