

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: Idaho FallsState: IDZIP: 83402Country: United States

Latitude:

Longitude:

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

Accident/Incident Date/Time

Date: 04-10-2025Local Time: 19:45*mm/dd/yyyy*Time Zone: America/Boise

Collision with Other

☐ Midair

Aircraft:

☐ On-ground☒ None

AIRCRAFT INFORMATION

Registration Number: N190CGManufacturer: CessnaModel: 190Serial Number: 7634Year of Manufacture: 1950Amateur-Built: ☐ Yes*If yes:* ☐ Original Design☒ No☐ Kit/Plans

Make:

☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 3350 lbsWeight at Time of Accident/Incident: 2851 lbsNumber of Seats: 5Flight Crew Seats: 2Cabin Crew Seats: 0Passenger Seats: 3Number of Engines: 1Category 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/yyyy)	Rated Power ● or ○	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	Jacobs	R755-b2	15389		275		12.7	1142.1
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

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

Date of Last Inspection: (mm/dd/yyyy) 06-04-2024Airframe Total Time: 3470.6 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

Registered Aircraft Owner			
Name: <u>Michael Howard</u>	State: <u>ID</u>	Fractional Ownership Aircraft:	☐ Yes ☒ No
City: <u>Shelley</u>	Country: <u>United States</u>		
ZIP: <u>83274</u>			

Operator of Aircraft		✓ The Operator is <i>also the Registered Owner</i>	✓ Same address as <i>Registered Owner</i>
Name:		Doing Business As: <u>N/A</u>	
City:	State:	Air Carrier/Operator Designator (4-character code): <u>N/A</u>	
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 ○ Domestic ○ 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 ○ 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 Name: <u>Idaho Falls</u> Airport Identifier: <u>KIDA</u> Proximity to Airport: ○ Off Airport/Airstrip● On Airport/Airstrip○ N/A	Distance from Airport Center: <u>0.2 sm.</u> Direction from Airport: <u>360 degrees true</u> Airport Elevation: <u>4744ft. MSL</u>
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Runway Information				Condition of Runway/Landing Surface <i>(Check all that apply)</i>		
Runway ID: <u>21</u>		Length: <u>9000 ft.</u>	Width: <u>150 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

Approach/Departure Segment <i>(Select one)</i>				
○ Taxi	○ VFR Departure	○ On Instrument Approach	○ Downwind	○ Low Approach
○ Takeoff	○ IFR Departure	● Landing	○ Base	○ Go Around
○ Initial Climb	Procedure/Clearance		○ Final	○ 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: Michael City of Residence: Shelley
 Middle Initial: L State: ID Zip: 83274
 Last Name: Howard Country: USA
 Age at time of Accident/Incident: 57 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</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 09-26-2024 _____ mm/dd/yyyy
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Medical Certificate Limitations Must use corrective lens(es) to meet vision standards at all required distances	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: 10-20-2024 _____ mm/dd/yyyy	Flight Review Aircraft Make: Beechcraft Model: G35
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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 High performance/Complex endorsement - 07/27/1997, Tailwheel endorsement - 09/06/1997						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 Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	758.3	24.2	712.1	46.2	69.8	10.6	89.5	0	0	0	0	120.2
Pilot-in-Command	687.1	24.2	643.7	34.6	64.9	10.6	51.6	0	0	0	0	109.7
Time as Instructor												
This Make/Model												
Last 90 Days	9.7	9.7		0	0	0	0	0	0	0	0	9.7
Last 30 Days	5.7	5.7	5.7									5.7
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
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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.												
ADDITIONAL FLIGHT CREWMEMBERS <i>(Exclusive of cabin crew, complete the following information.)</i>												
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 <i>(Check all that apply)</i> ☐ 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 <i>(Check all that apply)</i> ☐ 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>KIDA</u> City: <u>Idaho Falls</u> State: <u>ID</u> Country: <u>United States</u>	Time: <u>19:10</u> Time Zone: <u>America/Boise</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>KIDA</u> City: <u>Idaho Falls</u> State: <u>ID</u> Country: <u>United States</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>4744 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: _____ Garmin Pilot ☐ On-Board Weather	☐ Company ☐ Military ✓ Internet ☐ None ☐ Unknown
	Facility ID: <u>KIDA</u> Observation Time: <u>19:00</u> Time Zone: <u>America/Boise</u> Distance from Accident Site: <u>.1</u> nm Direction from Accident Site: <u>270</u> degrees true
Basic Conditions • VMC ☐ IMC ☐ Unknown	Lowest Cloud Condition Height <u>ft. AGL</u>
Light Condition ☐ Dawn • Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown	
Sky/Lowest Cloud Condition	Ceiling
	Ceiling Height <u>ft. AGL</u>

Altimeter Setting: <u>3023</u> Hg or mb	Wind Direction ☐ Variable or Direction: <u>180</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable or Speed: <u>10</u> kts	Wind Gusts ✓ Not Gusting or Speed: <u>kts</u>	Visibility <u> </u> miles RVR: <u> </u> feet RVV: <u> </u> miles Destiny Altitude: <u>6043</u> ft
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Type of Precipitation <i>(Check all that apply)</i>			Restriction to Visibility <i>(Check all that apply)</i>	
☒ None	☐ Drizzle	☐ Freezing Rain	☒ None	☐ Fog
☐ Rain	☐ Ice Pellets	☐ Snow Shower	☐ Blowing Dust	☐ Ground Fog
☐ Snow	☐ Snow Pellets	☐ Ice Pellets Shower	☐ Blowing Sand	☐ Haze
☐ Hail	☐ Snow Grains	☐ Freezing Drizzle	☐ Blowing Snow	☐ Ice Fog
☐ Rain Showers	☐ Ice Crystals		☐ Blowing Spray	☐ Smoke
			☐ Dust	☐ Unknown

Icing Forecast		Intensity of Precipitation	Icing Actual		Turbulence <i>(Check all that apply)</i>	
Amount	Type	☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Amount	Type	Type	Severity
☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	☒ None ☐ Clean Air ☐ Terrain-Induced ☐ Convective Turbulence	☐ Light ☐ Moderate ☐ Severe ☐ Extreme

[illegible]

Aircraft Damage	Aircraft Fire	Aircraft Explosion
○ None ● Substantial ○ Minor ○ Destroyed ○ Unknown	● None ○ Both Ground and In-Flight ○ In-Flight ○ Fire at Unknown Time ○ On-Ground ○ Unknown	● None ○ Both Ground and In-Flight ○ In-Flight ○ Fire at Unknown Time ○ On-Ground ○ Unknown

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.

Normal takeoff with a left crosswind (10 kts @ 180) from runway 21, departed the pattern to the south to warm the oil and for local sightseeing. Returned to the airport environment, entering Class D airspace with control tower acknowledgment, entered a left downwind for runway 21 per control tower instructions, and reported midfield left downwind. Received landing clearance on Runway 21, slowed the airplane to 80 mph and lowered the flaps for the downwind and base legs, slowed the airplane to ~72 mph on short final aligned slightly right of centerline, corrected for the crosswind (still 10 kts @ 180). Landing was a normal wheel landing that resulted in two small bounces (not hard bounces). As I was arresting the bounces, by applying nose down elevator pressure, left aileron pressure was relaxed, which allowed the left wing to lift and the crosswind to push the aircraft to the right. The push to the right was unrecoverable and resulted in a groundloop, during which the left main gear leg sheared outside of the gearbox. This resulted in fuselage damage and a prop strike in addition to the typical wing damage resulting from a ground loop.

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

Use lower criteria to determine the need to go around. A go around could have been executed on the bounce and the accident avoided.

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.)

Left main gear leg failure. Total time, etc. unknown.

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> 74 Gallons _____	Fuel Type • 100 Low Lead ○ Automotive ○ Jet A ○ Jet A-1 ○ Unleaded AV ○ Other, specify _____	
Other Services, if any, prior to departure: N/A		
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:

Mon Apr 14 2025

mm/dd/yyyy

Name of Pilot/Operator:

Michael Howard

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