

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: Hurricane Utah Muncipal Airport State: UT
 ZIP: 84737 Country: Washington County, Utah USA
 Latitude: 37 degs, 08' 20" N Longitude: 113 degs. 19' 20" W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 07/14/2025 Local Time: 10:15AM
mm/dd/yyyy
 Time Zone: MDT

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N630JM

Manufacturer: ROTOSPORT UK Ltd

Model: Cavalon

Serial Number: RSUK-V00453

Year of Manufacture: 2020

Amateur-Built: ☐ Yes ☒ No If Yes: ☒ Original Design
☐ Kit/Plans

Make: _____

- ☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 1320 lbs.

Weight at Time of Accident/Incident: 1615 lbs.

Number of Seats: 2 Flight Crew Seats: 0

Cabin Crew Seats: 0 Passenger Seats: 0

Number 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
☐ Certificate of Authorization or Waiver (COA)
☐ None
- Special**
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Unknown

Landing Gear
(Check all that apply)

- ☐ Retractable
☒ Tricycle
☐ Tailwheel
☐ Emergency Float
☐ Float
☐ Amphibian
☐ None
- ☐ High Skid
☐ Skid
☐ Ski/Wheel
☐ Hull
☐ Ski
☐ Other Launch/Recovery System
☐ Unknown

Engine 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. <i>(mm/dd/yyyy)</i>	Rated Power ☒ Horsepower or ☐ Lbs. of Thrust	Total Time <i>(hours)</i>	Time Since: Inspection <i>(hours)</i>	Overhaul <i>(hours)</i>
Eng. 1	ROTAX	MML-915 iSA	9132351	03/17/2020	141	296.00	4:30	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 7/11/2025
mm/dd/yyyy

Airframe Total Time: 293.28 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: 7/11/2025

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, Axis (circle one): 2, 3, 4, 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: _____

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

If activated: Did ELT aid in locating aircraft? ☐ Yes ☐ No

If not activated: Indicate Reason: ☐ Impact Damage

☐ Fire Damage ☐ Battery ☐ Expired/Damaged ☐ Unknown

Propeller 1 ☐ Fixed Pitch
☐ Controllable Pitch
☒ Ground Adjustable

Manufacturer: _____

Model: 3B

Propeller 2 ☐ Fixed Pitch
☐ Controllable Pitch
☒ Ground Adjustable

Manufacturer: N/A no 2nd propeller

Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Cedar Creek Aviation, LLC

Fractional Ownership Aircraft:

☐ Yes☒ NoCity: Fremont State: NEZIP: 68025 Country: USA**Operator of Aircraft**☒ The Operator is also the Registered Owner☒ Same address as Registered OwnerName: John E. MacklinDoing Business As: Cedar Creek Aviation, LLCCity: Fremont State: NE

Air Carrier/Operator Designator (4-character code): _____

ZIP: 68025 Country: USA**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: Hurricane Utah Municipal Airport

Distance From Airport Center: _____ sm.

Airport Identifier: 1L8

Direction From Airport: _____ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 3,351 ft. MSL**Runway Information**Runway ID: 1L8 Length: 3,282' ft. Width: 60' ft.**Condition of Runway/Landing Surface (Check all that apply)****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

- ☒ 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 ☐ Crosswind ☐ Aborted Landing (after touchdown) ☐ Unknown

IFR Approach (Check all that apply)

- ☒ None
- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
- ☐ SDF ☐ Sideslip ☐ 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 Simulated
- ☐ Valley/Terrain Following ☐ Forced Landing Forced
- ☐ Go Around ☐ Landing Precautionary
- ☐ Full Stop ☐ 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: John

City of Residence: Fremont

Middle Initial: E

State: NE ZIP: 68025

Last Name: Macklin

Country: USA

Age at time of Accident/Incident: 75

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

☐ Supplemental. Restraint type:

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

05/11/2022
mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Special Limitations**

Requires Current Nebraska Drivers License
License Number:
Exp Date:

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: Portable fire extinguisher

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

7/12/25
mm/dd/yyyy

Flight Review Aircraft

Make: Gyroplane, AutoGyro

Model: Cavalon 915iS

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 Pilot License**

John E. Macklin

Issue Date:

Medical Self-Assessment

FAA-Approved BasicMed online Course 2024

Airman Certificate Number

Student Endorsements (Include dates)

8/21/72 Piper Pa12 Solo Endorsement
4/10/21 Cavalon Training for Solo Flying.
4/10/21 Cavalon Initial Solo Endorsement
7/15/21 Cavalon Solo Endorsement
7/20/21 Cavalon Solo Endorsement 25NM
1/26/22 Cavalon Sport Pilot Solo End.

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	295:13	262:43	32:30	0	5:46	0	0	262:43	0	0	0	32:30
Pilot in Command (PIC)	295:13	262:43	32:30	0	5:46	0	0	262:43	0	0	0	32:30
Time as Instructor	0	0	0	0		0	0	0	0	0	0	0
This Make/Model					5:46	0	0					
Last 90 Days	6:08	6:08	0	0	0	0	0	5:28	0	0	0	0
Last 30 Days	6:08	6:08	0	0	0	0	0	5:28	0	0	0	0
Last 24 Hours	0	0	0	0	0	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 type: _____

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												0

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

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
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 Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown ☐ Supplemental. Restraint type: _____	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		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
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 Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown ☐ Supplemental. Restraint type: _____	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 <u>0</u>					
Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown ☐ Supplemental. Restraint type: _____	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
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: _____					

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 type: _____	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 type: _____	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 type: _____	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>1L8</u> City: <u>Hurricane</u> State: <u>UT</u> Country: <u>USA</u>	Time: <u>10:15 AM</u> Time Zone: <u>mdt</u>	Flight Number: <u>N/A</u> Operating as Flight <u>N/A</u>	Airport ID: <u>Local</u> City: <u>Hurricane</u> State: <u>UT</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) ☒ None			
☐ Certificate of Authorization	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following
☐ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory
☐ Cruise			
☐ Unknown / NA			

Type of ATC Clearance/Service (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			
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Source of Pilot Weather Information (Check all that apply)		Weather Observation Facility	
☒ National Weather Service	☐ Company	Facility ID: <u>Local, Weather Channel, APP.</u>	
☐ Flight Service Station	☐ Military	Observation Time: <u>10:15 am</u>	
☒ TV/Radio	☐ Internet	Time Zone: <u>mdt</u>	
☒ Automated Report	☐ None	Distance from Accident Site: <u>unknown</u> nm	
☐ Electronic Flight Bag-Application:	☐ Unknown	Direction from Accident Site: <u>unknown</u> degrees true	
☒ On-Board Weather			

Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Lowest Cloud Condition Height <u>unlimited</u> 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 <u>87</u> (°F) Dewpoint: _____ (°C) or <u>37</u> (°F)	

Altimeter Setting: <u>29.86</u> 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 <u>10</u> miles RVR: _____ feet RVV: _____ miles Destiny Altitude: _____ ft.
--	---	--	--	--

Type of Precipitation (Check all that apply)			Restriction to Visibility (Check all that apply)		
☒ 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 (Check all that apply)	
Amount	Type	☐ Light	☐ Moderate	Amount	Type	☒ None	Severity
☒ None	☒ N/A	☐ Heavy	☒ N/A	☒ None	☒ N/A	☐ Clean Air	☐ Light
☐ Trace	☐ Rime	☐ Unknown		☐ Trace	☐ Rime	☐ Terrain-Induced	☐ Moderate
☐ Light	☐ Clear			☐ Light	☐ Clear	☐ Convective	☐ Severe
☐ Moderate	☐ Mixed			☐ Moderate	☐ Mixed		☐ Extreme
☐ Severe	☐ Unknown			☐ Severe	☐ Unknown		
☐ Unknown				☐ Unknown			

NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>No active NOTAMS</u>
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY

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

Description of Damage to Aircraft and Other Property *(Use additional sheet, if necessary.)*

After the incident the aircraft was lying on its right side, with heavy damage to the front and gray striations in the yellow paint on the bottom left corner. The main rotor blades and tail propeller were damaged. The window to the cockpit was cracked with a hole broken into it, and the window on the door was cracked, too. There were other skids/striations and damages all around the gyroplane.

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 July 14, 2025, I started a takeoff from runway 19 Hurricane Municipal Airport, UT, at approximately 10:15 am, on a solo flight intended to log additional personal flying hours.

Weather conditions at the time were low-nineties, mild crosswind, clear sky, and dry runway conditions.

SUMMARY OF EVENT PRIOR TO THE INCIDENT

I completed the aircraft inspection using the Autogyro Checklist for N630JM, 915iS Cavalon; and I confirm that the aircraft, weather conditions, and myself were acceptable for flight.

PREFLIGHT Inspection – per checklist including: Pre-Walk Around, Exterior Checks (clockwise from Pilot seat) Right Side Rear, Keel Tube and Propeller, Rudder and Stabilizer, Left side rear, LH Main Gear Spring Spar, LH Rotor and Mast, Passenger Station, LH Side, Forward Fuselage and Windshield, Cabin, RH side, RH Main Gear Spring Spar, RH Rotor and Mast.

PRE-START Inspection – Seats and Seat Belts, All Switches, Doors, Flight Controls, Weather Conditions, and Pilot Ready all checked and found acceptable for flight.

ENGINE START Procedure - followed as per instructions in Cierva checklist.

ENGINE WARMUP AND TAXI Procedure - followed as per instructions in Cierva checklist.

ENGINE RUN-UP Procedure - followed as per instructions in Cierva checklist.

PRE-TAKE OFF Procedure followed as per instructions in Cierva checklist.

TAKE-OFF PROCEDURE - Procedure followed as per instructions in Cierva checklist.

The aircraft was at a full stop on Runway 19, ready for rotor pre-rotation. At 220 rotor rpm, I released the pre-rotation button, pulled the stick full aft, released the brake, and advanced the throttle. At 35 kts, I allowed the stick to move slightly forward from the aft position, allowing the nose wheel to rise slightly above the runway surface.

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

During the take off roll, when I recognized the takeoff roll becoming rough and unstable, I should have pulled the throttle to the aft position, applied brakes and attempted to stop the aircraft before the end of runway 19. This would have been better than trying to continue the takeoff roll and advancing to the climb-out procedure.

After analyzing my memory of the incident, I now believe the rotor rpm had decayed during the takeoff roll and the front wheel had returned back down onto the runway surface. As a result of moving the throttle lever to full power, the ground speed increased, but the rotor RPM speed decreased and became insufficient to create the needed lift, and the departure crash occurred.

After the takeoff roll had reached 35 kts and the nose wheel rose off the runway, at approximately 55-60 kts with 220+ rotor rpm, I should have carefully pulled the control stick aft, allowing the two rear wheels to lift off the runway to continue into the climb-out procedure.

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)

20 Gallons

Fuel Type

☒ 100 Low Lead☐ Automotive☐ Jet A☐ Jet A-1☐ Unleaded AV☐ Other, specify _____

Other Services, if any, prior to departure:

None

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:

Pilot was solo flying and was able to exit the aircraft after shutting off fuel, master switch, and all battery operated system switches.

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

Aircraft Registration Number

No other aircraft involved.

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.)

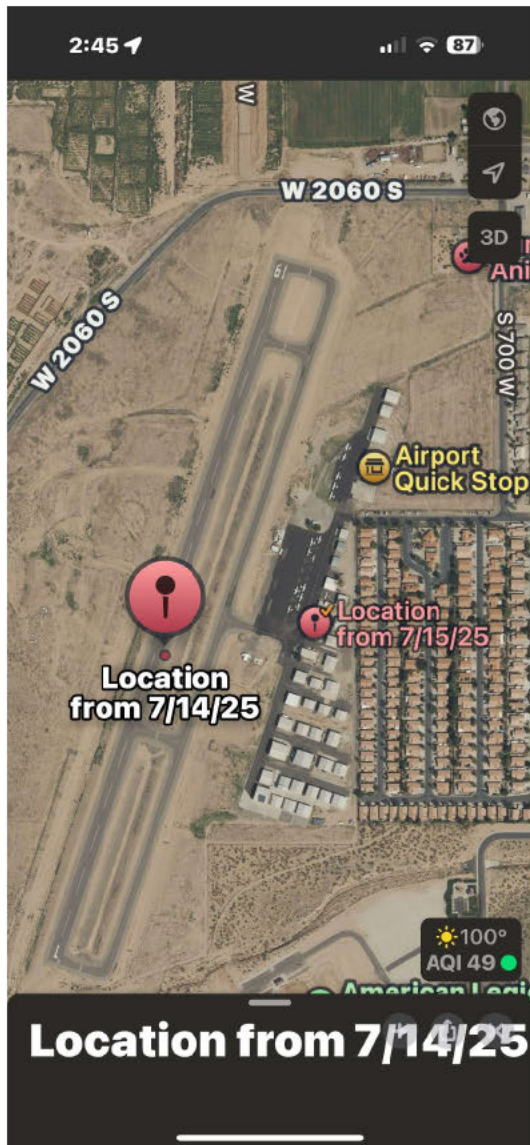
Continued from page 8 Narrative History of Flight :

I maintained the aircraft's position in the center of the runway and ---continued to advance the throttle to 75-80% open. I estimate the ground speed was approximately 70 kts. The aircraft began to shudder, and the ride felt as though it was on rough asphalt. I reduced the throttle slightly and it appeared that the problem was correcting. I did not let the stick move aft, because I was concerned the aircraft would pitch upward and the rear skid would contact the runway. I was approaching the last taxi exit from the active runway and was concerned about going off the end of the runway if I aborted the takeoff. Instead of aborting the flight, I then advanced the throttle, believing I could carefully bring the nose of the gyroplane up slowly and climb straight out for departure.

The roughness of the forward takeoff roll significantly increased and the aircraft started to angle toward the SE (left side) of runway 19. As I attempted to correct the aircraft position using rudder and stick control and opened the throttle to full power, the aircraft instantly pitched upward, and I could not see the horizon. I heard and felt a thump with two more subsequent thumps immediately afterwards. The aircraft had become airborne and rotated clockwise (right), and there was no time or ability to control it at that point. The aircraft climb-out to altitude was not attained, and instead the aircraft had a hard hit and skidded down runway 19. The aircraft came to a stop facing south adjacent to runway 19 approximately ten feet East of the graveled edge of runway 19.

I was aware that the engine was not running. I immediately closed the fuel shutoff valve to avoid any fuel leakage. I turned off Lane Switches A and B, Master Switch, Avionic Switch, Fuel Pump 2, Taxi Lights, Navigation Switch, Strobe Light, Inst Panel Switch, and Vent Switch. After confirmation that the Fuel Valve was closed, and the Master Switch and all electrical switches were off, I removed my Headset.

I unbuckled my seat belt and checked myself for injuries, then unlatched the left passenger door and pressed the door up to open for my exit evacuation. As I climbed out of the cockpit, I heard emergency rescue sirens approaching from the Northeast. At that moment, a



By signing this form, I am consenting to the public release of the information provided herein.

Date of this report:

8/19/25

mm/dd/yyyy

Name of Pilot/Operator: John E. Macklin

Signature: _____

-or- ☒ Check here to 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
WPR25LA222	WPR	Eleazar Nepomuceno	8/19/2025