

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: TucsonState: AZZIP: 85735Country: USLatitude: 32.13965Longitude: 111.17816(Enter in decimal degrees or
degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 2025-07-26Local Time: 18:50mm/dd/yyyyTime Zone: America/Phoenix

Collision with Other

☐ Midair

Aircraft:

☒ On-ground☐ None

AIRCRAFT INFORMATION

Registration Number: N42725Manufacturer: CessnaModel: 182LSerial Number: 18259165Year of Manufacture: 1968Amateur-Built: ☐ YesIf yes: ☐ Original Design☒ No☐ Kit/Plans

Make:

☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 2800lbsWeight at Time of Accident/Incident: 2502lbsNumber of Seats: 4Flight Crew Seats: 2

Cabin Crew Seats:

Passenger Seats: 2Number of Engines: 1

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																																										
☒ 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																																										
☐ Retractable	☐ High Skid																																										
☒ Tricycle	☐ Skid																																										
☐ Tailwheel	☐ Ski/Wheel																																										
☐ Emergency Float	☐ Hull																																										
☐ Float	☐ Ski																																										
☐ Amphibian																																											
☐ Other Launch/Recovery System																																											
☐ None	☐ Unknown																																										
• 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	Continental	o-470-R	191907-8-R	06-30-2023	230	198.9	41.9	198.9
Eng 2	NA							
Eng 3	NA							
Eng 4	NA							

Last Inspection Type

☐ 100-Hour☐ AAIP☒ Annual☐ Continuous Airworthiness«Last_inspection_type_Condition_Inspection» Condition
Inspection☐ UnknownDate of Last Inspection: (mm/dd/yyyy) 02-17-2025Airframe Total Time: 3555 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: Insight G2 Engine MonitorSystem

Type of Maintenance Program (<i>Select one</i>) ☒ 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:	ELT Installed • Yes ◯ No <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	Propeller 1 ◯ Fixed Pitch ◯ Controllable Pitch ◯ Ground Adjustable Manufacturer: <u>Hartzell</u> Model: <u>115N</u> Propeller 2 ◯ Fixed Pitch ◯ Controllable Pitch ◯ Ground Adjustable Manufacturer: Model:
OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Jeremy Tepper</u> State: <u>AZ</u> Fractional Ownership Aircraft: ◯ Yes • No City: <u>Vail</u> Country: <u>US</u> ZIP: <u>85641</u>		
Operator of Aircraft ✓ The Operator is also the Registered Owner ✓ Same address as Registered Owner Name: Doing Business As: <u>NA</u> City: State: Air Carrier/Operator Designator (4-character code): <u>NA</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 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 (<i>Select one for each group</i>) ☐ Scheduled or Commuter ☒ Non-Scheduled or Air Taxi ☒ Passenger ☐ Cargo ☐ Mail Contract Only ☒ Domestic ☐ International 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
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: <u>Ryan Airfield</u> Airport Identifier: <u>KRYNB</u> Proximity to Airport: ◯ Off Airport/Airstrip • On Airport/Airstrip ◯ N/A		Distance from Airport Center: <u>0 sm.</u> Direction from Airport: <u>0 degrees true</u> Airport Elevation: <u>2419ft. MSL</u>
Runway Information Runway ID: <u>33</u> Length: <u>4010 ft.</u> Width: <u>75 ft.</u> Runway/Landing Surface (<i>Check all that apply</i>) ☐ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow ☐ Concrete ☐ Gravel ☐ Macadam ☐ Water ☐ Dirt ☐ Helideck ☐ ☐ Unknown ☐ Elevated ☐ Heliport ☐ Metal/Wood ☐ Off-site landing area		Condition of Runway/Landing Surface (<i>Check all that apply</i>) ✓ Dry ☐ Snow Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Glassy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Choppy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Slush-Covered ☐ Vegetation ☐ Unknown
Approach/Departure Segment (<i>Select one</i>)		

- | | | | | |
|---|---|---|--|---|
| ☐ 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 |
| ☐ SDF | ☐ Sidestep | ☐ LDA |
| ☐ VOR/TVOR | ☐ ILS | ☐ ASR |
| ☐ 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: Jeremy City of Residence: Vail

Middle Initial: A State: AZ Zip: 85641

Last Name: Tepper Country: US

Age at time of Accident/Incident: 44 Date of Birth: 1981(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" style="width: 100%;"> <tr> <td style="vertical-align: top;"> Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> <td style="vertical-align: top;"> 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		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 06-27-2025 _____ mm/dd/yyyy		
Medical Certificate Limitations Standard Basic Med limitation such as flight under 18,000 MSL, less than 6 passengers, not for hire, etc.		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.												

“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 ☐ Laser protective 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 ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicopter ☐ Airplane Multiengine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered lift ☐ 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
--	--	--	---

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

Pilot Certificate(s) <i>(Check all the 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 *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistantgloves
☐ 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: State: Zip: Last name: Country: ☐ 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: State: Zip: Last name: Country: ☐ 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: State: Zip: Last name: Country: ☐ 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>KRYN</u> City: <u>Tucson</u> State: <u>AZ</u> Country: <u>US</u>	Time: _____ Time Zone: <u>America/Phoenix</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>KRYN</u> City: <u>Tucson</u> State: <u>AZ</u> Country: <u>US</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>2410 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: _____ ☐ On-Board Weather	☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown	Facility ID: <u>Ryan ATIS</u> Observation Time: _____ Time Zone: _____ Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>0</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Lowest Cloud Condition Height <u>0 ft. AGL</u>	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 _____ miles RVR: _____ feet RVV: _____ miles Destiny Altitude: _____ 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: No NOTAMS observers at KRYN. My knee board with all the information I documented for ATIS was burned up in the aircraft.						
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> Complete engulfment of aircraft. Only the tail of the remain remains intact.						
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 7/26/2025, I arrived at Ryan Airfield at approximately 6:15 PM hours to go for a short flight to capture photos of the Davis-Monthan "Boneyard." The aircraft I was piloting was N42725 (1968 Skyland 182-L model). We were expected to be back on the ground at Ryan Airfield in approximately 30-35 minutes. Prior to entering and starting the aircraft, I conducted a thorough pre-flight per the checklist and everything was in proper/functional working order. I was the pilot in command (PIC) and the only pilot on the flight. I was sitting in the front left seat. My front right seat passenger was Hector Ramirez () and the rear right seat passenger was my wife, Natasha Tepper (). I started the aircraft, obtained ATIS information and adjusted my heading indicator/altimeter settings, then contacted Ground Control for taxi clearance. I was given taxi instructions for a Runway 33 departure from the east ramp via Bravo 2, Tower Ramp, then Taxiway Delta. At approximately 6:45 PM, I performed a thorough runup per the checklist in one of the runup areas off taxiway Delta south of the tower ramp. All instruments, magnetos, carb heat, temps/pressures, etc. were all functioning as normal. Brakes were nice and strong during the runup, and I was satisfied. Flight controls were free and correct. At approximately 6:50 PM, I received clearance from Ryan Tower to depart Runway 33 with a right crosswind departure. I proceeded down the runway glancing at my instruments during the roll. Based upon faint recollection, I believe my airspeed indicator slightly moved as I began to give the aircraft throttle. Then while taking off, I was looking at other instruments, pressures, temps, the runway, etc. I glanced back at airspeed indicator to determine rotation speed and noticed the airspeed indicator was inoperable. Being it was required instrument and also the fact that its unsafe to fly without knowing your airspeed, I made the decision to abort the takeoff and notified the Control Tower of my intentions. I believe I aborted my takeoff around the intersection of Runway 33 and between taxiway D2 and runway 6R, based on my best recollection. I'm very familiar with Ryan Airfield and knew there was enough remaining runway to safely stop under normal conditions. I immediately pulled the power to idle and started to apply my brakes to stop the aircraft in effort to exit the runway. After smoothly applying my brakes and starting to feel a decrease in speed, we all felt what I describe as a "shift" in the aircraft. I then noticed my aircraft was not slowing down like it normally does. I believe I experienced some level of brake failure. A lot was going on at the time. I cannot recollect if one or both pedals felt weak, but I know the aircraft was not stopping like it normally does. Shortly after realizing my brakes were not adequately stopping the aircraft, I applied back pressure to the elevators to assist in reducing the speed. When I reached the end of the runway, I was unable to get the aircraft to come to a complete stop and attempted to get off Runway 33 at Taxiway D3, hoping the aircraft would come to a full stop on D3. Unfortunately, the aircraft was still moving too fast and brakes were not slowing down the aircraft much. I was mashing on the brakes as hard as I could. I also lost some steering control with the brakes, causing the aircraft to shift off the intersection of Runway 33/Taxiway D3 intersection. The aircraft was moving at a slower rate of speed at this point. My best guess is no faster than 10 knots. The aircraft went off the runway and came to rest into a small drainage area. I can't recall if the propeller struck the ground or a metal culvert, but either way it caused a sudden stoppage of the motor. I immediately turned off the master switch and magnetos, ensured everyone was ok, then instructed everyone to quickly leave the aircraft. As we were exiting the aircraft, there was a visible fire in the engine compartment that was growing quickly, which caused the dried brush around the aircraft to catch fire. For safety reasons, I made no attempt to go back into the aircraft to recover gear. The aircraft was completely engulfed in a matter of minutes. The fire department arrived approximately 10 minutes after the incident and extinguished the fire. I walked towards the Tower and met with Controller "Gabe" (). I provided Gabe with the information he requested. Gabe informed me the NTSB/FAA had been notified per his incident checklist, and he cleared me to leave the scene. I also met with Officer Estrada from the Tucson Airport Authority Police Department and provided him with information requested for his reporting. This same evening, I also spoke with NTSB Duty Officer Dan Baker (). Mr. Baker advised me the FAA had been notified and also cleared me from the scene. Mr. Baker advised me that an investigator from the NTSB would be making contact with me on within a day or two. On 7/27/2025, I spoke with Will Roosma from Airport Ops about removing the aircraft. He provided me with the contact phone number for Ed Haumschild () from Mobile Air to recover the aircraft. After Mr. Baker from the NTSB advised us that the FAA was not responding to the incident, he cleared me to remove the debris from the scene. I called Mr. Haumschild, he responded, placed the debris on flatbed trailer, then parked the debris at the Mobile Air covered parking area.

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.)

Airspeed indicator inoperable - The airspeed indicator showed zero, or close to zero, at time of anticipated aircraft rotation for take off. Problem with aircraft braking system - As explained in narrative, I've never felt the brakes like this with minimal braking power. Not sure of the issue I experienced other than it was similar to a brake failure I experience in November 2024, which was repaired by Air Crafters, LLC at Ryan Airfield. This specific issue was a cracked brake line.

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)

51 Gallons _____

Fuel Type

• 100 Low Lead

○ Automotive

○ Jet A

○ Jet A-1

○ Unleaded AV

○ Other, specify _____

Other Services, if any, prior to departure:

NA

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location:

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

Aircraft Registration Number

Manufacturer:

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.)

NA

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: Tue Jul 29 2025 <i>mm/dd/yyyy</i>	Name of Pilot/Operator: JEREMY TEPPER 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. WPR25LA226	Reviewed by NTSB AS Division AS-WPR	Name of Investigator Kathryn Whitaker	Date Report Received July 29, 2025