

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: EtnaState: FLZIP: 83117Country: US

Latitude:

Longitude:

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

Accident/Incident Date/Time

Date: 08-10-2025Local Time: 10:00mm/dd/yyyyTime Zone: America/Boise

Collision with Other

☐ Midair

Aircraft:

☐ On-ground☒ None

AIRCRAFT INFORMATION

Registration Number: N801RAManufacturer: aviatModel: A-1C-180

Serial Number: _____

Year of Manufacture: 2112Amateur-Built: ☐ Yes*If yes:* ☐ Original Design☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 2250lbsWeight at Time of Accident/Incident: -2000lbsNumber of Seats: -2Flight Crew Seats: -1Cabin Crew Seats: 0Passenger Seats: -1Number of Engines: -1☒ No☐ Kit/Plans

Make: _____

Category of Aircraft
(Select one)

- ☒ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☐ Glider
- ☐ Gyroplane
- ☐ Helicopter
- ☐ Powered Lift
- ☐ Rocket
- ☐ Ultralight
- ☐ Unknown

Type of Airworthiness Certificate
(Check all that apply)

Standard

☒ Normal☐ Aerobatic☐ Balloon☐ Commuter☐ Transport☐ Utility☐ Certificate of Waiver or Authorization (COA)☒ None

Special

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

Fuel System Type (Reciprocating)

☒ Carburetor☐ Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yy yy)	Rated Power ● or ○	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	Lycoming			01-01-2012	180	450	-30	
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

☐ 100-Hour☐ AAIP☒ Annual☐ Continuous Airworthiness«Last_inspection_type_Condition_Inspectio» Condition
Inspection☐ UnknownDate of Last Inspection: (mm/dd/yyyy) 12-16-2024Airframe Total Time: 450hours

Hours measured at (Select one)

☐ Last Inspection ☒ Time of Accident/Incident

Additional Equipment

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

ELT Installed

☒ Yes ☐ No

Propeller 1

Type of Maintenance Program (Select one) ☐ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program ☐ (AAIP) Continuous Airworthiness ☐ Other, specify: Description of Fire Extinguishing System ☐ None ☐ Specify:	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	☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>MT</u> Model: Propeller 2 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: Model:
OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Private Consulting Partners, LLC</u> State: <u>FL</u> Fractional Ownership Aircraft: ☐ Yes ☒ No City: <u>Boynton Beach</u> Country: <u>US</u> ZIP: <u>33483</u>		
Operator of Aircraft ☐ The Operator is also the Registered Owner ☒ Same address as Registered Owner Name: <u>Behn Wilson</u> Doing Business As: City: State: Air Carrier/Operator Designator (4-character code): ZIP: Country:		
Operating Certificates Held <i>(Check all that apply)</i> ☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Waiver or Authorization (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 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 ☒ Domestic ☒ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only
Revenue Sightseeing Flight? ☐ Yes ☒ No	Air Medical Flight? ☐ Yes ☒ No	Purpose of Flight for FAR 91, 103, 133, 137 (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
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport.)		
Airport Name: <u>Double L</u> Airport Identifier: <u>32WY</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance from Airport Center: <u>10 sm.</u> Direction from Airport: <u>180 degrees true</u> Airport Elevation: <u>5732ft. MSL</u>
Runway Information Runway ID: <u>34</u> Length: <u>2500 ft.</u> Width: <u>100 ft.</u>		Condition of Runway/Landing Surface (Check all that apply) ☐ 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
Runway/Landing Surface (Check all that apply) ☐ Asphalt ☒ Grass/Turf ☐ Ice ☐ Snow ☐ Concrete ☐ Gravel ☐ Macadam ☐ Water ☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown ☐ Elevated ☐ Heliport ☐ Off-site landing area		
Approach/Departure Segment (Select one) ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach ☒ Takeoff ☐ IFR Departure ☐ Landing ☐ Base ☐ Go Around ☐ Initial Climb Procedure/Clearance ☐ Final ☐ Crosswind ☐ Aborted Landing (after touchdown)		

o 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**

o Captain o First Officer ● Pilot o Co-Pilot o Student Pilot o Flight Instructor o Check Pilot o Flight Engineer o Other Flight Crew

"Flight Crewmember 1" was pilot flying ✓ Yes □ No

"Flight Crewmember 1" Identification:

First Name: Bevan City of Residence: Boynton Beach
 Middle Initial: B State: FL Zip: 33435
 Last Name: Wilson Country: US
 Age at time of Accident/Incident: 66 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 09-09-2024 _____ mm/dd/yyyy														

Medical Certificate Limitations

Valid for 12 months following the month examined

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:

07-20-0025

mm/dd/yyyy

Flight Review AircraftMake: CitationModel: C25M

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 Tailwheel						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	3442	-250	2000	1400	250	400	150					250
Pilot-in-Command	3442	250	2000	1400	250	400	150					250
Time as Instructor	0											
This Make/Model												
Last 90 Days	86	20		66	0	5						20
Last 30 Days	32	20	20	12								20
Last 24 Hrs.	0											

“FLIGHT CREWMEMBER 2” INFORMATION

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

“Flight Crewmember 2” was pilot flying ☐ Yes ☒ No

“Flight Crewmember 2” Identification:

First Name: City of Residence:

Middle Initial: State: Zip:

Last Name: Country:

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

Certificate Number:

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

Medical Certificate Limitations	Medical Certificate Special Limitations
--	--

Personal Flight Equipment *(Check all that apply)*

☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/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 *(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 resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation
☐ Other: _____

Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____ Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs.		

Additional Crewmember Information First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____		Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
--	--	--	---

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

☐ Other: _____							
Pilot Certificate(s) <i>(Check all 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:		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: hrs. _____					
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)							
Number of Passengers _____							
Passenger Information		Seat	Injury	Restraint Type	Inflatable Restraints	Age	
First Name: <u>Rita</u> City: <u>Boynton Beach</u> Middle Initial: <u>M</u> State: <u>FL</u> Zip: <u>33435</u> Last name: <u>Wilson</u> Country: <u>US</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: <u>-2</u>	☐ None ☒ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☒ 5-point ☐ Unknown Supplemental Restraint, specify:	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☒ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: City: Middle Initial: <u>State:</u> Zip: _____ Last name: <u>Country:</u> ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row:	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify:	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: City: Middle Initial: <u>State:</u> Zip: _____ Last name: <u>Country:</u> ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves		☐ Left ☐ Center ☐ Right ☐ Unknown Row:	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify:	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown

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

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>32WY</u> City: <u>Etna</u> State: <u>WY</u> Country: <u>US</u>	Time: <u>10:00</u> Time Zone: <u>America/Boise</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>32WY</u> City: <u>Etna</u> State: <u>FL</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>-0 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>ETNA</u> Observation Time: <u>09:00</u> Time Zone: <u>America/Boise</u> Distance from Accident Site: <u>5</u> nm Direction from Accident Site: _____ degrees true	
Basic Conditions	Lowest Cloud Condition	Light Condition	
☒ VMC ☐ IMC ☐ Unknown	Height <u>ft. AGL</u>	☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown	
Sky/Lowest Cloud Condition	Ceiling	Ceiling Height	
		<u>ft. AGL</u>	

● Clear ○ Few ○ Partial - Obscuration ○ Scattered	○ Thin Broken ○ Thin Overcast ○ Unknown	● None (Clear) ○ Broken ○ Overcast ○ Obscured ○ Indefinite ○ Unknown	Temperature: (°C) or -75 (°F) Dewpoint: (°C) or (°F)	
Altimeter Setting: Hg or mb	Wind Direction ☐ Variable or Direction: degrees true	Wind Speed ☒ Calm ☐ Light and Variable or Speed: <u> kts </u>	Wind Gusts ☒ Not Gusting or Speed: <u> kts </u>	Visibility <u> </u> miles RVR: <u> </u> feet RVV: <u> </u> miles Destiny Altitude: <u> </u> ft
Type of Precipitation (<i>Check all that apply</i>) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle			Restriction to Visibility (<i>Check all that apply</i>) ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Icing Forecast Amount ● None ○ Trace ○ Light ○ Moderate ○ Severe ○ Unknown Type ● N/A ○ Rime ○ Clear ○ Mixed ○ Unknown	Intensity of Precipitation ○ Light ○ Moderate ○ Heavy ○ N/A ○ Unknown	Icing Actual Amount ● None ○ Trace ○ Light ○ Moderate ○ Severe ○ Unknown Type ● N/A ○ Rime ○ Clear ○ Mixed ○ Unknown	Turbulence (<i>Check all that apply</i>) Type ☐ None ☒ Clean Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:				
DAMAGE TO AIRCRAFT AND OTHER PROPERTY				
Aircraft Damage ○ None ○ Substantial ○ Minor ○ Destroyed ● Unknown	Aircraft Fire ● None ○ Both Ground and In-Flight ○ In-Flight ○ Fire at Unknown Time ○ On-Ground ○ Unknown	Aircraft Explosion ● None ○ Both Ground and In-Flight ○ In-Flight ○ Fire at Unknown Time ○ On-Ground ○ Unknown		
Description of Damage to Aircraft and Other Property (<i>Use additional sheet, if necessary.</i>) prop stike windshield shattered				
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.				

Around 10AM MDT on August 10,2025, I was taking off on a grass strip at my home airport (32WY). Good weather conditions. The airport is on a ranch located near a state forest. Just before I was about to rotate, an animal jumped out in front of the plane. maybe a coyote or dog. To avoid the animal, I pulled back hard on theyoke and tried to climb above it. I either climbed above it or the animal darted another direction. Without sufficient speed, the plane would not remain in the air and came down. The Husky bouncedwith its big tires. The premature rotation slowed the plane down. I now doubted whether I had enough runway to regain rotation speed. At the end of the runway was a creek with a few foot drop offand a berm on both sides. Not sure if I could clear the berm and pretty certain that the plane would head into the Berm and crash the engine into my body. I chose breaking. Not sure if I could break the plane in time, I tried to slow the plane down and crash as slowly as possible. I was able toslow the plane down substantially, but unable to stop before the creek and berm. Still not wantingto hit the berm head on and deal with a rescue of my wife from a creek, I decided to break harder and the braking flipped the plane. I have not gone back to the place of the accident but I would guess the plane stopped less than 50 feet from the creek/berm. My wife and I were upside down and wereable to release our seatbelt/harness and get out of the plane. We had friends who were going to take off after us. They saw the accident and were able to be at our plane in well under a minute. They called 911 and the ambulance came within 10 or 15 minutes. The airplane ELT went off and I was called by them and spoke to them. My wife and I went to the hospital for minor cuts and bruises andwere released in an hour or two. My friends put my plane back in my hangar and I have not seen theplane or made any repair plans as of yet. Behn Wilson

OPERATOR/OWNER SAFETY RECOMMENDATION (How could this accident/incident have been prevented?)
MECHANICAL MALFUNCTION/FAILURE (if more space is needed, continue on a separate sheet.)

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/ Cycles On Part

Hours

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:

Sat Aug 16 2025

mm/dd/yyyy

Name of Pilot/Operator:

Bevan Wilson

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.

WPR25LA247

Reviewed by NTSB AS Division

WPR

Name of Investigator

Zane Brown

Date Report Received

08/17/2025