

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: SteadState: NVZIP: 89506Country: USLatitude: 39-40-09061Longitude: 119-52-586378(Enter in decimal degrees or
degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 09-03-2025Local Time: 10:20mm/dd/yyyy

Time Zone:

America/Los Angeles

○ Midair

Collision with Other

○ On-ground

Aircraft:

● None

AIRCRAFT INFORMATION

Registration Number: N4603BManufacturer: CessnaModel: C-180Serial Number: 31501Year of Manufacture: 1955

Amateur-Built: ○ Yes

If yes: ○ Original Design

● No

○ Kit/Plans

Make:

☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 2550lbsWeight at Time of Accident/Incident: 2100lbsNumber of Seats: 2Flight Crew Seats: 2

Cabin Crew Seats:

Passenger Seats:

Number of Engines: 1Category of Aircraft
(Select one)

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

Type of Airworthiness Certificate
(Check all that apply)

Standard

✓ Normal

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

Special

☐ Restricted☐ Limited☐ Provisional☐ Special Flight☐ Experimental☐ Special Light-Sport☐ Experimental Light-Sport☐ UnknownLanding Gear
(Check all that apply)☐ Retractable☐ Tricycle

✓ Tailwheel

☐ Emergency Float☐ Float☐ Amphibian☐ Other Launch/Recovery System☐ None☐ High Skid☐ Skid☐ Ski/Wheel☐ Hull☐ Ski☐ UnknownEngine Type
(Select one)

● Reciprocating

○ Turbo Shaft

○ Turbo Prop

○ Turbo Jet

○ Turbo Fan

○ Electric

○ Liquid Rocket

○ Solid Rocket

○ Hybrid Rocket

○ None

○ Unknown

Fuel System Type (Reciprocating)

● Carburetor

○ Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yy yy)	Rated Power ● or ○	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	Continental	0-470J	46182-5-J	09-27-2025	225	2769.9	5.6	1618
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

○ 100-Hour

○ AAIP

● Annual

○ Continuous Airworthiness

«Last_inspection_type_Condition_Inspection» Condition
Inspection

○ Unknown

Date of Last Inspection: (mm/dd/yyyy) 08-20-2025Airframe Total Time: 2769.9hours

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:

- 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
- ☐ SDF
- ☐ VOR/TVOR
- ☐ VOR/DME
- ☐ TACAN
- ☐ PAR
- ☐ Sidestep
- ☐ ILS
- ☐ Localizer Only
- ☐ LOC-back course
- ☐ RNAV
- ☐ MLS
- ☐ LDA
- ☐ ASR
- ☐ Visual
- ☐ Contact
- ☐ Circling

VFR Approach (Check all that apply)☐ None

- ☐ Traffic pattern
- ☐ Straight-In
- ☐ Valley/Terrain Following
- ☐ Go Around
- ✓ Full Stop
- ☐ Stop and Go
- ☐ Touch and Go
- ☐ Simulated Forced Landing
- ☐ Forced landing
- ☐ 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: Andrew City of Residence: Reno

Middle Initial: P State: NV Zip: 89511

Last Name: Monroe Country: US

Age at time of Accident/Incident: 59 Date of Birth: 1965(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 style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </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 01-01-2022 _____ 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:
04-10-2024

mm/dd/yyyy

Flight Review Aircraft

Make: Bellanca

Model: 7KCAB

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> Tailwheel 10/28/2004 High Performance 09/01/2025						

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	847.4	6.4	847.4									760.1
Pilot-in-Command	847.4	6.4	847.4									760.1
Time as Instructor												
This Make/Model												
Last 90 Days	15.8	6.4										15.8
Last 30 Days	9.3	6.4	9.3									9.3
Last 24 Hrs.	.8	.8	.8									.8

"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 ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A	
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 ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport			
Type Ratings and Applicable Logbook Endorsements						Student Endorsements <i>(Include dates)</i>						

Flight Time <i>(Enter hours for each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotocraft	Tail-wheel
						Actual	Simulated					
Total Time												
Pilot-in-Command												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hrs.												

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

Additional Crewmember Information First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____		Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
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Personal Flight Equipment *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire 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: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs.			

Additional Crewmember Information First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____		Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
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Personal Flight Equipment *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire 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 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>Alexander</u> City: <u>Reno</u> Middle Initial: <u>P</u> State: <u>NV</u> Zip: <u>89521</u> Last name: <u>Monroe</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: _____	☒ 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
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 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
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 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

☐ 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>Rts</u> City: <u>Stead</u> State: <u>NV</u> Country: <u>US</u>	Time: <u>09:30</u> Time Zone: <u>America/Los_Angeles</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>Rts</u> City: <u>Stead</u> State: <u>NV</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>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: _____ Observation Time: <u>10:20</u> Time Zone: <u>America/Los_Angeles</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions • VMC ☐ IMC ☐ Unknown	Lowest Cloud Condition Height <u>ft. AGL</u>	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☐ Day ☐ Night ☐ Bright Night	
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 (°F) Dewpoint: (°C) or (°F)	
Altimeter Setting: Hg or mb	Wind Direction ✓ Variable Direction: or degrees true	Wind Speed ✓ Calm □ Light and Variable or Speed: <u> kts </u>	Wind Gusts ✓ Not Gusting or Speed: <u> kts </u>	Visibility <u> 10 </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>) Damage to left wingtip. Damage to left aileron, damage to left horizontal stabilizer. Damage to left front wheel.				
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.				

OPERATOR/OWNER SAFETY RECOMMENDATION (How could this accident/incident have been prevented?)**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on a separate sheet.)Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No

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

Total Time/ Cycles On Part

Hours _____

Cycles _____

Time Since This Part
Inspected/Overhauled

Hours _____

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as
necessary)

Fuel Type

- ☐ 100 Low Lead
- ☐ Automotive

- ☐ Jet A
- ☐ Jet A-1

- ☐ Unleaded AV
- ☐ Other, specify _____

Gallons _____		
Other Services, if any, prior to departure:		
EVACUATION OF AIRCRAFT		
Was an emergency evacuation of the aircraft performed? ☐ Yes ☐ No		
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location:		
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft.)		
Aircraft Registration Number	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.)		
Unknown date of engine manufacture. System would not let reset of date to blank.		

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 Sep 27 2025

mm/dd/yyyy

Name of Pilot/Operator:

Andrew Monroe

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

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NTSB Accident/Incident No.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
WPR25LA285	AS-WPR	Kathryn Whitaker	September 27, 2025