

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: PHOENIX State: AZ
ZIP: 85027 Country: USA
Latitude: 112.05.3 W Longitude: 33.41.3 N
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 10/10/2025 Local Time: 12:37
mm/dd/yyyy HH:MM
Time Zone: MST

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

AIRCRAFT INFORMATION

Registration Number: N5806T

Manufacturer: CESSNA

Model: 185-C

Serial Number: 185-0706

Year of Manufacture: 1964

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

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

Maximum Gross Weight: 3200 lbs.

Weight at Time of Accident/Incident: 2370 lbs.

Number of Seats: 6 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 5

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
☐ Other Launch/Recovery System
☐ None
- ☐ High Skid
☐ Skid
☐ Ski/Wheel
☐ Hull
☐ Ski
☐ 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. (mm/dd/yyyy)	Rated Power ☒ Horsepower or ☐ Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>CONTINENTAL</u>	<u>JO 470</u>	<u>C576970474</u>	<u>1964</u>	<u>260</u>	<u>2130</u>	<u>29</u>	<u>—</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 12/20/2024
mm/dd/yyyy

Airframe Total Time: _____ 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: _____

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, Number of Axes: _____ 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: SHARC
Model or Part No.: 7H-2-190

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☐ OC126 (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: MCCALL
Model: D2A34C49-NP

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____
Model: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: [REDACTED]
 City: SCOTTSDALE State: AZ
 ZIP: 85261 Country: USA

Fractional Ownership Aircraft:

☐ Yes☒ No**Operator of Aircraft**Name: [REDACTED] ☒ The Operator is also the Registered Owner☒ Same address as Registered Owner

City: [REDACTED] State: [REDACTED]
 ZIP: [REDACTED] Country: [REDACTED]

Doing Business As: [REDACTED]Air Carrier/Operator Designator (4-character code): [REDACTED]**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: DEER VALLEY
 Airport Identifier: KDVT
 Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: 0 sm.Direction From Airport: 0 degrees trueAirport Elevation: 1478 ft. MSL**Runway Information**Runway ID: 07L Length: 4500 ft. Width: 75' ft.**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

Condition of Runway/Landing Surface (Check all that apply)

- ☒ 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 ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Unknown
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling

VFR Approach (Check all that apply)

- ☐ None
☒ Traffic Pattern
☐ Straight-In ☐ Stop and Go
☐ Valley/Terrain Following ☒ Touch and Go
☐ Go Around ☐ Simulated Forced Landing
☐ Full Stop ☐ 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: [REDACTED]

Middle Initial: [REDACTED]

Last Name: [REDACTED]

Age at time of Accident/Incident: 67

City of Residence: SCOTTSDALE

State: AZ ZIP: 85258

Country: USA

Date of Birth: [REDACTED] (mm/dd/yyyy)

Certificate Number: [REDACTED]

Degree of Injury

☒ None ☐ Serious
☐ Unknown ☐ Fatal
☐ Minor

Seat Occupied

☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Restraint Type

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

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial
☐ US Military ☐ Private ☐ Recreational
☒ Airline Transport ☐ Foreign ☐ Sport
☐ Student ☐ Flight Engineer

Supplemental Restraint, specify:

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3 ☐ Unknown
☐ Class 1 ☒ BasicMed
☐ Class 2 ☐ Driver's License (Sport Pilot only)

Medical Certificate Validity

☒ Without limitations/waivers ☐ Unknown
☐ With limitations/waivers ☐ N/A
☐ Special Issuance

Date of Last Medical

10/07/2023
mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Special Limitations

NONE

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:

10/09/2023
mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA
Model: C182-C

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
☐ Airplane Single-Engine ☐ Instrument Airplane
☐ Airplane Multiengine ☐ Instrument Helicopter
☐ Gyroplane ☐ Helicopter
☐ Powered lift ☐ Glider
☐ Sport

Type Ratings and Applicable Logbook Endorsements

TYPE RATINGS
A320 B777 BE-300
B737 B787 DHG8
B757 BAE-ATP
B767 BE1900

TAILWHEEL ENDORSEMENT
10/09/2023

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	23910.5	123										
Pilot in Command (PIC)	20060	123										
Time as Instructor												
This Make/Model												
Last 90 Days	3.5	3.5	3.5		0	0	0	0	0	0	0	3.5
Last 30 Days	0.5	0.1	0.1		0	0	0	0	0	0	0	0
Last 24 Hours	0.1	0.1	0.1									

"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 <table border="0"> <tr> <th>Available</th> <th>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, specify: _____																	
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Unknown ☐ Class 1 ☐ BasicMed ☐ Class 2 ☐ Driver's License (Sport Pilot Only)		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 ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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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												

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)**Additional Crewmember Information**First Name: NA

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 visor

☐ Helmet☐ Night vision goggles☐ Laser protective visor/glasses☐ Personal flotation

- ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves
☐ Other: _____

Pilot Certificate(s) (Check all that apply)

- ☐ None
☐ Private
☐ Student

- ☐ Flight Instructor
☐ Recreational
☐ Sport

- ☐ Commercial
☐ Airline Transport
☐ Flight Engineer

- ☐ US Military
☐ Foreign

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

Type Rating/Endorsement for Accident/Incident Aircraft?☐ Yes ☐ No**Total Flight Time at the Time of this Accident/Incident:** _____ hrs.

Supplemental Restraint, specify: _____

Additional Crewmember InformationFirst Name: NA

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 visor

☐ Helmet☐ Night vision goggles☐ Laser protective visor/glasses☐ Personal flotation

- ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Other: _____

Pilot Certificate(s) (Check all that apply)

- ☐ None
☐ Private
☐ Student

- ☐ Flight Instructor
☐ Recreational
☐ Sport

- ☐ Commercial
☐ Airline Transport
☐ Flight Engineer

- ☐ US Military
☐ Foreign

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

Type Rating/Endorsement for Accident/Incident Aircraft?☐ Yes ☐ No**Total Flight Time at the Time of this Accident/Incident:** _____ hrs.

Supplemental Restraint, specify: _____

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)Number of Passengers 1**Passenger Information**First Name: [REDACTED]City: CAVE CREEK

Middle Initial: _____

State: AZZip: 85921Last name: [REDACTED]Country: USA☐ Crew☒ Passenger☐ Other**Seat**

- ☐ Left
☐ Center
☒ Right
☐ Unknown

Row: _____

Injury

- ☒ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

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

Age

- ☐ Under 5 years
 If under 5 years,
☐ Child
☐ 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: _____

N/A

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
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
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: _____ City: _____ State: _____ Country: _____	Time: _____ <i>HH:MM</i> Time Zone: _____	Flight Number: _____ Operating as Flight _____	Airport ID: _____ City: _____ State: _____ Country: _____	☐ None ☐ VFR/IFR ☐ Company ☐ IFR VFR ☐ Unknown ☐ Military VFR ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply)

- ☐ Certificate of Authorization ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☒ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA
☐ None

Airspace where the accident/incident occurred (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**Source of Pilot Weather Information**

(Check all that apply)

- ☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☒ Automated Report ☐ None
☒ Electronic Flight Bag-Application: ☐ Unknown
☐ On-Board Weather

Weather Observation Facility

Facility ID: KDVT
 Observation Time: 1853Z 1853 MST
 Time Zone: _____
 Distance from Accident Site: _____ nm
 Direction from Accident Site: 090 degrees true

Basic Conditions

- ☒ VMC
☐ IMC
☐ Unknown

Lowest Cloud Condition

Height

UNLTD 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: 27 (°C) or _____ (°F)Dewpoint: 14 (°C) or _____ (°F)**Altimeter Setting:**29.92 (Hg), or _____ (mb)**Wind Direction**☐ Variableor
Direction: 350/10
degrees true**Wind Speed**

- ☐ Calm
☐ Light and Variable

Speed: 10 kts**Wind Gusts**☐ Not GustingSpeed: 15 kts**Visibility**UNLTD miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft.

Type of Precipitation (Check all that apply)

- ☒ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility (Check all that apply)

- ☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

- Amount Type
☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy
☐ N/A
☐ Unknown

Icing Actual

- Amount Type
☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Turbulence (Check all that apply)

- Type Severity
☒ None ☐ Light
☐ Clean Air ☐ Moderate
☐ Terrain-Induced ☐ Severe
☐ Convective ☐ Extreme
 Turbulence

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
- ☐ Minor

- ☒ Substantial
- ☐ Destroyed
- ☐ Unknown

Aircraft Fire

- ☒ None
- ☐ In-Flight
- ☐ On-Ground

- ☐ Both Ground and In-Flight
- ☐ Fire at Unknown Time
- ☐ Unknown

Aircraft Explosion

- ☒ None
- ☐ In-Flight
- ☐ On-Ground

- ☐ Both Ground and In-Flight
- ☐ Fire at Unknown Time
- ☐ Unknown

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

WING SPAR ASSEMBLY DAMAGE / PROP STRIKE SUDDEN STOP FORWARD
FIREWALL FUSelage WRINKLING / WING STRUTS BENT / IMPROPER
DAMAGE TO RUDDER & VERTICAL STABILIZER / NEUTRAL FUSelage
WRINKLING AFT OF CABIN / LEFT WHEEL STRUT BENT 20° / STARBOARD
AEROLOI / DAMAGED @ CARRY THROUGH SPAR AT PORT SIDE / NEUTRAL WING SKIN
WRINKLING BOTH SIDES / WINDSCREEN DAMAGE.

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?)