

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: PHOENIX KDVT State: AZ

ZIP: _____ Country: USA

Latitude: 33.687 Longitude: -112.086

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

Accident/Incident Date/Time

Date: 10-18-25 Local Time: 14:14
mm/dd/yyyy

Time Zone: AZ

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N4584N

Manufacturer: CSSSNA

Model: 305C

Serial Number: 24565

Year of Manufacture: 1957

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 2400 lbs

Weight at Time of Accident/Incident: 2250 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: _____ Passenger Seats: 1

Number of Engines: 1

Category of Aircraft

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

Type of Airworthiness Certificate
(Check all that apply)

Standard **Special**
☒ Normal ☐ Restricted
☐ Aerobatic ☐ Limited
☐ Balloon ☐ Provisional
☐ Commuter ☐ Special Flight
☐ Transport ☐ Experimental
☒ Utility ☐ Special Light-Sport
☐ Experimental Light-Sport
Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear

(Check all that apply)
☐ Retractable ☒ Tailwheel
☐ Tricycle ☐ High Skid
☐ Amphibian ☐ Skid
☐ Emergency Float ☐ Ski
☐ Float ☐ Ski/Wheel
☐ Hull
Other Launch/Recovery System
None Unknown

Engine Type (Select one)

☒ Reciprocating ☐ Liquid Rocket
☐ Turbo Shaft ☐ Solid Rocket
☐ Turbo Prop ☐ Hybrid Rocket
☐ Turbo Jet ☐ None
☐ Turbo Fan ☐ Unknown
☐ Electric

Fuel System Type (Reciprocating)

☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's 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	CONTINENTAL	0470-15	T112028	N/A	213	550		550
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 10-24-24

mm/dd/yyyy

Airframe Total Time: 6442 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: _____

Propeller 1

☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: MACAULEY

Model: 2A-34C66N

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ERC

Model or Part No.: 100A

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

Indicate Reason: Impact Damage
Fire Damage
Battery Expired/Damaged
☒ Unknown

Propeller 2

☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

Additional Equipment (Check all that apply)

☒ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
Other, Specify: _____

OWNER/OPERATOR INFORMATION																							
Registered Aircraft Owner Name: <u>LEADING EDGE 2 LLC</u> Fractional Ownership Aircraft: Yes ☐ No ☒		City: [REDACTED] State: <u>AZ</u> ZIP: <u>85255</u> Country: <u>USA</u>																					
Operator of Aircraft <i>Same As Registered Owner</i> Name: [REDACTED] Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<i>Same Address as Registered Owner</i> City: [REDACTED] State: _____ 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 Authorization or Waiver (COA) ☐ Commercial Space Transportation ☐ Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under <table style="width: 100%; border: none;"> <tr> <td>☒ FAR 91</td> <td>☐ FAR 129</td> <td>☐ FAR 415</td> </tr> <tr> <td>☐ FAR 103</td> <td>☐ FAR 133</td> <td>☐ FAR 431</td> </tr> <tr> <td>☐ FAR 121</td> <td>☐ FAR 135</td> <td>☐ FAR 435</td> </tr> <tr> <td>☐ FAR 125</td> <td>☐ FAR 137</td> <td>☐ FAR 437</td> </tr> </table> ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial Public Aircraft (Select one) ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	☒ FAR 91	☐ FAR 129	☐ FAR 415	☐ FAR 103	☐ FAR 133	☐ FAR 431	☐ FAR 121	☐ FAR 135	☐ FAR 435	☐ FAR 125	☐ FAR 137	☐ FAR 437	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <table style="width: 100%; border: none;"> <tr> <td>☐ Scheduled or Commuter</td> <td>☐ Domestic</td> </tr> <tr> <td>☐ Non-Scheduled or Air Taxi</td> <td>☐ International</td> </tr> </table> ☐ Passenger ☐ Cargo ☐ Mail Contract Only		☐ Scheduled or Commuter	☐ Domestic	☐ Non-Scheduled or Air Taxi	☐ International				
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☐ FAR 125	☐ FAR 137	☐ FAR 437																					
☐ Scheduled or Commuter	☐ Domestic																						
☐ Non-Scheduled or Air Taxi	☐ International																						
Revenue Sightseeing Flight Yes ☐ No ☐		Air Medical Flight Yes ☐ No ☐																					
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>																							
Airport Name: <u>DEER VALLEY AIRPORT</u> Airport Identifier: <u>KDVT</u> Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A		Distance From Airport Center: <u>0</u> sm Direction From Airport: <u>0</u> degrees true Airport Elevation: <u>1460</u> ft. msl																					
Runway Information Runway ID: <u>7R</u> (L/R/C) Length: <u>8000</u> ft Width: <u>100</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered ☐ Snow-Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation ☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown																					
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Concrete ☐ Dirt ☐ Grass/Turf ☐ Gravel ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Snow ☐ Water ☐ Unknown																							
Approach/Departure Segment <i>(Select one)</i> <table style="width: 100%; border: none;"> <tr> <td>Taxi</td> <td>VFR Departure</td> <td>On Instrument Approach</td> <td>Downwind</td> <td>Low Approach</td> </tr> <tr> <td>Takeoff</td> <td>IFR Departure Procedure/Clearance</td> <td>☒ Landing</td> <td>Base</td> <td>Go Around</td> </tr> <tr> <td>Initial Climb</td> <td></td> <td></td> <td>Final</td> <td>Aborted Landing (after touchdown)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Crosswind</td> <td>Unknown</td> </tr> </table>				Taxi	VFR Departure	On Instrument Approach	Downwind	Low Approach	Takeoff	IFR Departure Procedure/Clearance	☒ Landing	Base	Go Around	Initial Climb			Final	Aborted Landing (after touchdown)				Crosswind	Unknown
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			Crosswind	Unknown																			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Practice ☐ GPS ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☒ 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 ☒ 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] City of Residence: <u>SPOTTSDALE</u> State: <u>AZ</u> ZIP: <u>85255</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>52</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown			Seat Occupied ☐ Left ☒ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																											
Pilot Certificate(s) (Check all that apply) ☐ None ☒ Flight Instructor ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>12-9-24</u> mm/dd/yyyy																																																																																											
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Airplane Rating(s) (Check all that apply) ☒ None ☒ 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 Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☒ Glider ☐ Sport																																																																																											
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"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew																																																																																																				
"Flight Crewmember 2" was pilot flying Yes No																																																																																																				
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____					Left _____ Front _____		None _____		
Middle Initial: _____ State: _____ ZIP: _____					Center _____ Rear _____		Minor _____		
Last Name: _____ Country: _____					Right _____ Single _____		Serious _____		
					Unknown _____		Fatal _____		
					Unknown _____		Unknown _____		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None _____ Flight Instructor _____ Commercial _____ US Military _____					Available		Used		Not Installed
Private _____ Recreational _____ Airline Transport _____ Foreign _____					None _____		None _____		Installed _____
Student _____ Sport _____ Flight Engineer _____					Lap Only _____		Lap Only _____		Not Deployed _____
					3-point _____		3-point _____		Deployed _____
					4-point _____		4-point _____		Unknown _____
					5-point _____		5-point _____		
					Unknown _____		Unknown _____		
Type Rating/Endorsement for Accident/Incident Aircraft?					Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Yes _____ No _____									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____					Left _____ Front _____		None _____		
Middle Initial: _____ State: _____ ZIP: _____					Center _____ Rear _____		Minor _____		
Last Name: _____ Country: _____					Right _____ Single _____		Serious _____		
					Unknown _____		Fatal _____		
					Unknown _____		Unknown _____		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None _____ Flight Instructor _____ Commercial _____ US Military _____					Available		Used		Not Installed
Private _____ Recreational _____ Airline Transport _____ Foreign _____					None _____		None _____		Installed _____
Student _____ Sport _____ Flight Engineer _____					Lap Only _____		Lap Only _____		Not Deployed _____
					3-point _____		3-point _____		Deployed _____
					4-point _____		4-point _____		Unknown _____
					5-point _____		5-point _____		
					Unknown _____		Unknown _____		
Type Rating/Endorsement for Accident/Incident Aircraft?					Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Yes _____ No _____									
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age		
First Name: _____ City: _____		Left _____ Center _____ Right _____ Unknown _____ Row: <u>2</u>	None _____ Minor _____ Serious _____ Fatal _____ Unknown _____	Available		None _____ Lap Only _____ 3-point _____ 4-point _____ 5-point _____ Unknown _____	None _____ Lap Only _____ 3-point _____ 4-point _____ 5-point _____ Unknown _____	Not Installed _____ Installed _____ Not Deployed _____ Deployed _____ Unknown _____	Under 5 years _____ If Under 5, _____ Child Restraint _____ Lap-Held _____ Unknown _____
Middle Initial: _____ State: <u>AZ</u> ZIP: <u>85085</u>				Used					
Last Name: _____ Country: <u>USA</u>									
Crew _____ Passenger _____ Other _____									
First Name: _____ City: _____		Left _____ Center _____ Right _____ Unknown _____ Row: _____	None _____ Minor _____ Serious _____ Fatal _____ Unknown _____	Available		None _____ Lap Only _____ 3-point _____ 4-point _____ 5-point _____ Unknown _____	None _____ Lap Only _____ 3-point _____ 4-point _____ 5-point _____ Unknown _____	Not Installed _____ Installed _____ Not Deployed _____ Deployed _____ Unknown _____	Under 5 years _____ If Under 5, _____ Child Restraint _____ Lap-Held _____ Unknown _____
Middle Initial: _____ State: _____ ZIP: _____				Used					
Last Name: _____ Country: _____									
Crew _____ Passenger _____ Other _____									
First Name: _____ City: _____		Left _____ Center _____ Right _____ Unknown _____ Row: _____	None _____ Minor _____ Serious _____ Fatal _____ Unknown _____	Available		None _____ Lap Only _____ 3-point _____ 4-point _____ 5-point _____ Unknown _____	None _____ Lap Only _____ 3-point _____ 4-point _____ 5-point _____ Unknown _____	Not Installed _____ Installed _____ Not Deployed _____ Deployed _____ Unknown _____	Under 5 years _____ If Under 5, _____ Child Restraint _____ Lap-Held _____ Unknown _____
Middle Initial: _____ State: _____ ZIP: _____				Used					
Last Name: _____ Country: _____									
Crew _____ Passenger _____ Other _____									
First Name: _____ City: _____		Left _____ Center _____ Right _____ Unknown _____ Row: _____	None _____ Minor _____ Serious _____ Fatal _____ Unknown _____	Available		None _____ Lap Only _____ 3-point _____ 4-point _____ 5-point _____ Unknown _____	None _____ Lap Only _____ 3-point _____ 4-point _____ 5-point _____ Unknown _____	Not Installed _____ Installed _____ Not Deployed _____ Deployed _____ Unknown _____	Under 5 years _____ If Under 5, _____ Child Restraint _____ Lap-Held _____ Unknown _____
Middle Initial: _____ State: _____ ZIP: _____				Used					
Last Name: _____ Country: _____									
Crew _____ Passenger _____ Other _____									

FLIGHT ITINERARY INFORMATION							
Last Departure Point Airport ID: <u>88A2</u> City: <u>PHOENIX</u> State: <u>AZ</u> Country: <u>USA</u>		Time of Departure Time: <u>13:25</u> Time Zone: <u>LOCAL</u>		Destination Airport ID: <u>KDVT</u> City: <u>PHOENIX</u> State: <u>AZ</u> Country: <u>USA</u>		Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR Activated? Yes No Unknown	
Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ Special VFR ☐ IFR ☐ VFR On Top ☐ VFR Flight Following ☐ Traffic Advisory ☐ Cruise							
Airspace where the accident/incident occurred (Check all that apply) Class A Class B Class C ☒ Class D Class E Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 Special Air Traffic Control Area Unknown 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 ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather				Weather Observation Facility Facility ID: <u>KDVT ASOS</u> Observation Time: <u>1400</u> Time Zone: <u>LOCAL</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>0</u> degrees true			
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☒ Day ☐ Dawn ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown					
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast		Temperature: _____ (C) or <u>85</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in Hg or _____ MB		Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl					
Wind Direction ☒ Variable -or- Direction: _____ degrees true		Wind Speed ☒ Calm ☐ Light and Variable -or- Speed: _____ kts		Wind Gusts ☐ Not Gusting -or- Speed: _____ kts		Restriction to Visibility (Check all that apply) ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle					
Icing Forecast Amount: ☒ None Trace Light Moderate Severe Unknown Type: N/A Rime Clear Mixed Unknown		Icing Actual Amount: ☒ None Trace Light Moderate Severe Unknown Type: N/A Rime Clear Mixed Unknown		Turbulence Type (Check all that apply): ☒ None ☐ Clear 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: <u>NONE THAT I RECALL</u>							

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** *(Use additional sheet if necessary)*

WING, FUSELAGE, RUDDER, GEAR LANDING, HORIZONTAL STAB, ELEVATOR

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.

SEE ADDENDUM A

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

I DO NOT KNOW

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on 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.)

SCOTT 3200 TAILWHEEL

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

100 Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

40 32

Gallons

Fuel Type

80/87

☒ 100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

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

UNBUCKLED & EXITED VIA DOOR

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

Minor

Substantial

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____

ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

NO ADDITIONAL INFO

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

10/25/25
mm/dd/yyyy

Name of Pilot/Operator: _____

Signature: _____

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLYNTSB Accident/Incident No.
WPR26LA028Reviewed by NTSB Regional Office
WPRName of Investigator
Greg HughesDate Report Received
10/27/2025

1
2
3
4
Addendum A.

Departed Grapevine(AZ88 rwy 35) at 1335 local to the north and headed west. On climb-out I noticed that I was giving it left full rudder to stay coordinated. I released a bit of left rudder and aircraft yawed to the right. At that moment I knew something wasn't correct. I told my passenger that my rudder might be stuck but we would wait until we crossed terrain (four peaks) and troubleshoot. We were over water and hostile terrain so I did not want to start troubleshooting. Once we got over terrain and in cruise attitude, I did some troubleshooting and came to the conclusion my rudder was stuck to its most right position. I had my passenger try to take pictures of the tailwheel area to try to identify issues but they did not provide any visual cues. I tried dislodging it with multiple attempts of hard pedal stomps but gave up after a couple tries due to concern that I might break the chains and then not have any ability to push left rudder pedal against the springs to give me some ability to stay a bit more coordinated than full right yaw. I brief my passenger that we were going to declare an emergency and figure it out. At this point in cruise, giving full pedal left rudder would get me almost coordinated but still a bit to the right. I flew that way and called KDVT north tower and declared a pan pan and informed them of my control issue. I asked them if I could do a fly by the tower and if they could look out with binoculars and see if they could identify any issues. They were not able to see any defects visually. I asked tower to fly west and climb so I can sort out the plan and burn fuel. I briefed my passenger that when the plane stops moving, she was to unbuckle, open the door and if the door was stuck, then open the window and get out immediately. I had her tighten her seatbelt and read back the instructions of how to egress. I called the tower and asked to come in for landing and they gave me runway 7R. While flying to touchdown point, I was full left rudder but not fully coordinated as I was pedal to the floor fighting the tailwheel springs. I wheel landed and held the tail up as long as I could until the elevator and the rest of the rudder authority was gone due to lower speeds. The tail came down and yawed hard left. we spun around, skidded off the runway and ended up pointing 180 degrees back to the west. My passenger got out and I followed after.