

NTSB

FORM 6120.1 • OMB NO. 3147-0001 • EXPIRES 04-30-2027

**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: Rio Rancho State: NMZIP: 87124 Country: USA

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

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

**Accident/Incident Date/Time**Date: 11/09/2025 Local Time: 07:30  
mm/dd/yyyy HH:MMTime Zone: MSTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N614LBManufacturer: LindstrandModel: 77ASerial Number: 5580Year of Manufacture: 2,015Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design  
☐ Kit/Plans Make: \_\_\_\_\_

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

Maximum Gross Weight: \_\_\_\_\_ lbs.

Weight at Time of Accident/Incident: \_\_\_\_\_ lbs.

Number of Seats: 0 Flight Crew Seats: 0Cabin Crew Seats: 0 Passenger Seats: 0Number of Engines: 0**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

**Special**

- ☐
- Restricted
- 
- ☐
- Limited
- 
- ☐
- Provisional
- 
- ☐
- Special Flight
- 
- ☐
- Experimental
- 
- ☐
- Special Light-Sport
- 
- ☐
- Experimental Light-Sport

- ☐
- Certificate of Authorization or Waiver (COA)
- 
- ☐
- None
- ☐
- Unknown

**Landing Gear**

(Check all that apply)

- ☐
- Retractable
- ☐
- High Skid
- 
- ☐
- Tricycle
- ☐
- Skid
- 
- ☐
- Tailwheel
- ☐
- Ski/Wheel
- 
- ☐
- Emergency Float
- ☐
- Hull
- 
- ☐
- Float
- ☐
- Ski
- 
- ☐
- Amphibian
- ☐
- 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 | Engine Serial Number | Date of Mfg.<br>(mm dd/yyyy) | Rated Power<br><input type="radio"/> Horsepower or<br><input type="radio"/> Lbs. of Thrust | Total<br>Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|----------------------|------------------------------|--------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|---------------------|
| Eng. 1 |                     |                     |                      |                              |                                                                                            |                          |                                      |                     |
| Eng. 2 |                     |                     |                      |                              |                                                                                            |                          |                                      |                     |
| Eng. 3 |                     |                     |                      |                              |                                                                                            |                          |                                      |                     |
| Eng. 4 |                     |                     |                      |                              |                                                                                            |                          |                                      |                     |

**Last Inspection Type**

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

Date of Last Inspection: 03/25/2025  
mm/dd/yyyyAirframe Total Time: 183.5 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: \_\_\_\_\_

Model or Part No.: \_\_\_\_\_

TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)  
☐ C126 (406 MHz)Was ELT still mounted in aircraft? ☐ Yes ☐ NoWas ELT still connected to antenna? ☐ Yes ☐ NoDid ELT activate? ☐ Yes ☐ NoIf activated: Did ELT aid in locating aircraft? ☐ Yes ☐ NoIf not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown**Propeller 1**

- ☐
- Fixed Pitch
- 
- ☐
- Controllable Pitch
- 
- ☐
- Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

**Propeller 2**

- ☐
- Fixed Pitch
- 
- ☐
- Controllable Pitch
- 
- ☐
- Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

FORM 6120.1 • OMB NO. 3147-0001 • EXPIRES 04-30-2027

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Registered Aircraft Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Name: <u>[REDACTED]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| City: <u>Placitas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State: <u>NM</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ZIP: <u>87043</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Operator of Aircraft <input type="checkbox"/> The Operator is also the Registered Owner <input checked="" type="checkbox"/> Same address as Registered Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Name: <u>Sean Eakin</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Doing Business As: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| City: <u>Placitas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State: <u>NM</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Air Carrier/Operator Designator (4-character code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ZIP: <u>87043</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Operating Certificates Held</b><br>(Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Regulation Flight Conducted Under</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br>(Select one for each group)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation<br>Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft | <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415<br><input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431<br><input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435<br><input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437<br><input type="radio"/> FAR 91 Special Flight <input type="radio"/> FAR 450<br><input type="radio"/> Non-US, Commercial<br><input type="radio"/> Non-US, Non-commercial<br><br><input type="radio"/> Public Aircraft (Select one)<br><input type="radio"/> Armed Forces<br><input type="radio"/> Federal<br><input type="radio"/> State<br><input type="radio"/> Local<br><input type="radio"/> Unknown | <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic<br><input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International<br><br><input type="radio"/> Passenger<br><input type="radio"/> Cargo<br><input type="radio"/> Mail Contract Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Air Medical Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Purpose of Flight for FAR 91, 103, 133, 137</b> (Select one)<br><input type="radio"/> Aerial Application <input type="radio"/> Firefighting<br><input type="radio"/> Aerial Observation <input type="radio"/> Flight Test<br><input type="radio"/> Air Drop <input type="radio"/> Glider Tow<br><input type="radio"/> Air Race/Show <input type="radio"/> Instructional<br><input type="radio"/> Banner Tow <input type="radio"/> Other Work Use<br><input type="radio"/> Business <input checked="" type="radio"/> Personal<br><input type="radio"/> Executive/Corporate <input type="radio"/> Positioning<br><input type="radio"/> External Load <input type="radio"/> Skydiving<br><input type="radio"/> Ferry <input type="radio"/> Unknown |
| <b>AIRPORT INFORMATION</b> (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Airport Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Distance From Airport Center: _____ sm.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Airport Identifier: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Direction From Airport: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input checked="" type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Airport Elevation: _____ ft. MSL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Runway Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Condition of Runway/Landing Surface</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Runway ID: _____ Length: _____ ft. Width: _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Runway/Landing Surface</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Ice <input type="checkbox"/> Snow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Macadam <input type="checkbox"/> Water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Dirt <input type="checkbox"/> Helideck <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Elevated Heliport <input type="checkbox"/> Helistop <input type="checkbox"/> Off-site landing area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Approach/Departure Segment</b> (Select one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="radio"/> Initial Climb <input type="radio"/> Final <input type="radio"/> Crosswind <input type="radio"/> Aborted Landing (after touchdown)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>IFR Approach</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>VFR Approach</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> Circling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

FORM 6120.1 • OMB NO. 3147-0001 • EXPIRES 04-30-2027

**"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:                     City of Residence: PlacitasMiddle Initial:           State: NM ZIP: 87043Last Name:                     Country: USAAge at time of Accident/Incident: 51Date of Birth:            1973 (mm/dd/yyyy)Certificate Number:                     **Degree of Injury**☒ None ☐ Serious  
☐ Unknown ☐ Fatal  
☐ Minor**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 ☐ Sport  
☐ Student ☐ Flight EngineerSupplemental 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**01/27/2023  
(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:**04/09/2025  
(mm/dd/yyyy)**Flight Review Aircraft**Make: LindstrandModel: 77A**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 ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multiengine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered lift ☐ Sport**Type Ratings and Applicable Logbook Endorsements**

Commercial Pilot - Lighter-Than-Air Balloon

**Student Endorsements** (Include dates)

| Flight Time (Enter<br>hours for each box) | All<br>Aircraft | This Make<br>& Model | Airplane<br>Single<br>Engine | Airplane<br>Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter<br>Than Air | Multi-<br>engine<br>Rotorcraft | Tail-<br>wheel |
|-------------------------------------------|-----------------|----------------------|------------------------------|-------------------------|-------|------------|-----------|------------|--------|---------------------|--------------------------------|----------------|
|                                           |                 |                      |                              |                         |       | Actual     | Simulated |            |        |                     |                                |                |
| Total Time                                | 314             | 100                  |                              |                         |       |            |           |            |        |                     |                                |                |
| Pilot in Command (PIC)                    | 314             | 314                  |                              |                         |       |            |           |            |        |                     |                                |                |
| Time as Instructor                        | 40              | 15                   |                              |                         |       |            |           |            |        |                     |                                |                |
| This Make/Model                           |                 |                      |                              |                         |       |            |           |            |        |                     |                                |                |
| Last 90 Days                              | 24              | 14                   |                              |                         |       |            |           |            |        |                     |                                |                |
| Last 30 Days                              | 10              | 8                    |                              |                         |       |            |           |            |        |                     |                                |                |
| Last 24 Hours                             | 0               | 0                    |                              |                         |       |            |           |            |        |                     |                                |                |

FORM 6120.1 • OMB NO. 3147-0001 • EXIRES 04-30-2027

| "FLIGHT CREWMEMBER 2" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|--------------------------------|-------------------|
| <b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Captain <input type="radio"/> First Officer <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input checked="" type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                          |                     |                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| <b>"Flight Crewmember 2" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| <b>"Flight Crewmember 2" Identification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| First Name: <u>                    </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                                                                                                                                                                                                                                                                                                     |                               | City of Residence: <u>Albuquerque</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| Middle Initial: <u>          </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                                                                                                                                                                                                                                                     |                               | State: <u>NM</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | ZIP: <u>87122</u>                                                                                                                                                                                                              |               |                         |                                |                   |
| Last Name: <u>                    </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                                                                                                                                                                                                                                     |                               | Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| Age at time of Accident/Incident: <u>53</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                                                                                     |                               | Date of Birth: <u>          </u> <u>1972</u> (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | Certificate Number: <u>                    </u>                                                                                                                                                                                |               |                         |                                |                   |
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Serious<br><input type="radio"/> Unknown <input type="radio"/> Fatal<br><input type="radio"/> Minor                                                                                                                                                                                                                                                                                                                                |                     | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                                 |                               | <b>Restraint Type</b><br><b>Available</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |               |                         |                                |                   |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial<br><input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational<br><input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Sport<br><input checked="" type="checkbox"/> Student <input type="checkbox"/> Flight Engineer                        |                     |                                                                                                                                                                                                                                                                                                                                     |                               | <b>Supplemental Restraint, specify:</b> <u>                    </u>                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                          |                     | <b>Medical Certificate</b><br><input checked="" type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Unknown<br><input type="radio"/> Class 1 <input type="radio"/> BasicMed<br><input type="radio"/> Class 2 <input type="radio"/> Driver's License (Sport Pilot Only)                                          |                               | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | <b>Date of Last Medical</b><br><u>                    </u> mm/dd/yyyy                                                                                                                                                          |               |                         |                                |                   |
| <b>Medical Certificate Limitations</b><br><u>                    </u>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                                                                                                                                                                                                                                     |                               | <b>Medical Certificate Special Limitations</b><br><u>                    </u>                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/goggles <input type="checkbox"/> Personal Locator Beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: <u>                    </u> |                     |                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br><u>                    </u> mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                                                                                                                                                                                                                                                                                     |                               | <b>Flight Review Aircraft</b><br>Make: <u>                    </u><br>Model: <u>                    </u>                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| <b>Airplane Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                         |                     | <b>Other Aircraft Rating(s)</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                               | <b>Instrument Rating(s)</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                    |              | <b>Instructor Rating(s)</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Airplane Multiengine <input type="checkbox"/> Helicopter<br><input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider<br><input type="checkbox"/> Powered lift <input type="checkbox"/> Sport |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| <b>Type Ratings and Applicable Logbook Endorsements</b><br><u>                    </u>                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | <b>Student Endorsements</b> (Include dates)<br><u>                    </u>                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| <b>Flight Time</b> (Enter hours for each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>All Aircraft</b> | <b>This Make &amp; Model</b>                                                                                                                                                                                                                                                                                                        | <b>Airplane Single Engine</b> | <b>Airplane Multiengine</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Night</b> | <b>Instrument</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | <b>Rotorcraft</b>                                                                                                                                                                                                              | <b>Glider</b> | <b>Lighter Than Air</b> | <b>Multi-engine Rotorcraft</b> | <b>Tail-wheel</b> |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 19                  | 7                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Simulated |                                                                                                                                                                                                                                |               |                         |                                |                   |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10                  | 7                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5                   | 5                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                   | 0                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                |               |                         |                                |                   |

FORM 6120.1 • OMB NO. 3147-0001 • EXPIRES 04-30-2027

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)                                                                                                                                                                                                                                                                                                  |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                   | Seat Occupied                                                                                                                                  |                                                               | Injury                                                                                                                                                                                         |
| First Name: _____ City of Residence: _____                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                   | <input type="radio"/> Left <input type="radio"/> Rear                                                                                          |                                                               | <input type="radio"/> None                                                                                                                                                                     |
| Middle Initial: _____ State: _____ Zip: _____                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                   | <input type="radio"/> Center <input type="radio"/> Single                                                                                      |                                                               | <input type="radio"/> Minor                                                                                                                                                                    |
| Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   | <input type="radio"/> Right <input type="radio"/> Unknown                                                                                      |                                                               | <input type="radio"/> Serious                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   | <input type="radio"/> Front                                                                                                                    |                                                               | <input type="radio"/> Fatal                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   |                                                                                                                                                |                                                               | <input type="radio"/> Unknown                                                                                                                                                                  |
| Personal Flight Equipment (Check all that apply)                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
| <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves                                                                                                                                          |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
| <input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____                                                                                                                                                                                                                         |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
| Pilot Certificate(s) (Check all that apply)                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                   | Restraint Type                                                                                                                                 |                                                               | Inflatable Restraints                                                                                                                                                                          |
| <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military                                                                                                                                                                                                                                             |  |                                                                                                                   | Available Used                                                                                                                                 |                                                               | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign                                                                                                                                                                                                                                            |  |                                                                                                                   | <input type="radio"/> None <input type="radio"/> None                                                                                          |                                                               |                                                                                                                                                                                                |
| <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                      |  |                                                                                                                   | <input type="radio"/> Lap Only <input type="radio"/> Lap Only                                                                                  |                                                               |                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   | <input type="radio"/> 3-point <input type="radio"/> 3-point                                                                                    |                                                               |                                                                                                                                                                                                |
| Type Rating/Endorsement for Accident/Incident Aircraft?                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                   | Total Flight Time at the Time of this Accident/Incident: _____ hrs.                                                                            |                                                               |                                                                                                                                                                                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   | Supplemental Restraint, specify: _____                                                                                                         |                                                               |                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
| First Name: _____ City of Residence: _____                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                   | Seat Occupied                                                                                                                                  |                                                               | Injury                                                                                                                                                                                         |
| Middle Initial: _____ State: _____ Zip: _____                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                   | <input type="radio"/> Left <input type="radio"/> Rear                                                                                          |                                                               | <input type="radio"/> None                                                                                                                                                                     |
| Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   | <input type="radio"/> Center <input type="radio"/> Single                                                                                      |                                                               | <input type="radio"/> Minor                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   | <input type="radio"/> Right <input type="radio"/> Unknown                                                                                      |                                                               | <input type="radio"/> Serious                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   | <input type="radio"/> Front                                                                                                                    |                                                               | <input type="radio"/> Fatal                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   |                                                                                                                                                |                                                               | <input type="radio"/> Unknown                                                                                                                                                                  |
| Personal Flight Equipment (Check all that apply)                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
| <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal Locator Beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves                                                                                                                                          |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
| <input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____                                                                                                                                                                                                                         |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
| Pilot Certificate(s) (Check all that apply)                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                   | Restraint Type                                                                                                                                 |                                                               | Inflatable Restraints                                                                                                                                                                          |
| <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military                                                                                                                                                                                                                                             |  |                                                                                                                   | Available Used                                                                                                                                 |                                                               | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign                                                                                                                                                                                                                                            |  |                                                                                                                   | <input type="radio"/> None <input type="radio"/> None                                                                                          |                                                               |                                                                                                                                                                                                |
| <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                      |  |                                                                                                                   | <input type="radio"/> Lap Only <input type="radio"/> Lap Only                                                                                  |                                                               |                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   | <input type="radio"/> 3-point <input type="radio"/> 3-point                                                                                    |                                                               |                                                                                                                                                                                                |
| Type Rating/Endorsement for Accident/Incident Aircraft?                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                   | Total Flight Time at the Time of this Accident/Incident: _____ hrs.                                                                            |                                                               |                                                                                                                                                                                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   | Supplemental Restraint, specify: _____                                                                                                         |                                                               |                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)                                                                                                                                                                                                                                                                                                |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
| Number of Passengers _____                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
| Passenger Information                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
| First Name: _____ City: _____                                                                                                                                                                                                                                                                                                                                                                 |  | Seat                                                                                                              | Injury                                                                                                                                         | Restraint Type                                                | Inflatable Restraints                                                                                                                                                                          |
| Middle Initial: _____ State: _____ Zip: _____                                                                                                                                                                                                                                                                                                                                                 |  | <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown | Available Used                                                | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| Last name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                               |  | Row: _____                                                                                                        |                                                                                                                                                | <input type="radio"/> None <input type="radio"/> None         |                                                                                                                                                                                                |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                                                                        |  |                                                                                                                   |                                                                                                                                                | <input type="radio"/> Lap Only <input type="radio"/> Lap Only |                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   |                                                                                                                                                | <input type="radio"/> 3-point <input type="radio"/> 3-point   |                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   |                                                                                                                                                | <input type="radio"/> 4-point <input type="radio"/> 4-point   |                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   |                                                                                                                                                | <input type="radio"/> 5-point <input type="radio"/> 5-point   |                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   |                                                                                                                                                | <input type="radio"/> Unknown <input type="radio"/> Unknown   |                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   |                                                                                                                                                | Supplemental Restraint, specify: _____                        |                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
| Personal Flight Equipment (Check all that apply)                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |
| <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> PLB <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Helmet visor <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |  |                                                                                                                   |                                                                                                                                                |                                                               |                                                                                                                                                                                                |

FORM 6120.1 • OMB NO. 3147-0001 • EXPIRES 04-30-2027

|                                                                                                                                                                                                             |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                                                                |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br><br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br><br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br><br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

**FLIGHT ITINERARY INFORMATION**

| Last Departure Point                                                                     | Time of Departure                                    | Flight Information                                | Destination                                                                             | Type Flight Plan Filed                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Airport ID: _____<br>City: <u>Albuquerque</u><br>State: <u>NM</u><br>Country: <u>USA</u> | Time: <u>06:00</u><br>HH-MM<br>Time Zone: <u>MST</u> | Flight Number: _____<br>Operating as Flight _____ | Airport ID: _____<br>City: <u>Rio Rancho</u><br>State: <u>NM</u><br>Country: <u>USA</u> | <input type="radio"/> None<br><input type="radio"/> Company<br><input type="radio"/> VFR<br><input type="radio"/> Military<br><input checked="" type="radio"/> VFR<br><br>Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Unknown |

FORM 6120.1 • OMB NO. 3147-0001 • EXPIRES 04-30-2027

| Type of ATC Clearance/Service (Check all that apply)                                                                       |                                             |                                                                                                                                                |                                                                                                                      |                                                                           |                                          |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Certificate of Authorization                                                                      | <input type="checkbox"/> Special VFR        | <input type="checkbox"/> Special IFR                                                                                                           | <input type="checkbox"/> VFR Flight Following                                                                        | <input type="checkbox"/> Cruise                                           |                                          |
| <input checked="" type="checkbox"/> VFR                                                                                    | <input type="checkbox"/> IFR                | <input type="checkbox"/> VFR On Top                                                                                                            | <input type="checkbox"/> Traffic Advisory                                                                            | <input type="checkbox"/> Unknown / NA                                     |                                          |
|                                                                                                                            |                                             |                                                                                                                                                |                                                                                                                      | <input type="checkbox"/> None                                             |                                          |
| Airspace where the accident/incident occurred (Check all that apply)                                                       |                                             |                                                                                                                                                |                                                                                                                      |                                                                           |                                          |
| <input type="checkbox"/> Class A                                                                                           | <input checked="" type="checkbox"/> Class G | <input type="checkbox"/> Military Operations Area (MOA)                                                                                        |                                                                                                                      | <input type="checkbox"/> Special                                          |                                          |
| <input type="checkbox"/> Class B                                                                                           | <input type="checkbox"/> Demo Area          | <input type="checkbox"/> Airport Advisory Area                                                                                                 |                                                                                                                      | <input type="checkbox"/> Air Traffic Control Area                         |                                          |
| <input type="checkbox"/> Class C                                                                                           | <input type="checkbox"/> Warning Area       | <input type="checkbox"/> Jet Training Area                                                                                                     |                                                                                                                      | <input type="checkbox"/> Unknown                                          |                                          |
| <input type="checkbox"/> Class D                                                                                           | <input type="checkbox"/> Prohibited Area    | <input type="checkbox"/> TRSA                                                                                                                  |                                                                                                                      |                                                                           |                                          |
| <input type="checkbox"/> Class E                                                                                           | <input type="checkbox"/> Restricted Area    | <input type="checkbox"/> FAR 93                                                                                                                |                                                                                                                      |                                                                           |                                          |
|                                                                                                                            |                                             |                                                                                                                                                |                                                                                                                      | Altitude of In-Flight Occurrence: _____ ft. MSL                           |                                          |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                          |                                             |                                                                                                                                                |                                                                                                                      |                                                                           |                                          |
| Source of Pilot Weather Information<br>(Check all that apply)                                                              |                                             |                                                                                                                                                | Weather Observation Facility                                                                                         |                                                                           |                                          |
| <input checked="" type="checkbox"/> National Weather Service                                                               |                                             |                                                                                                                                                | Facility ID: <u>Leidos Flight Services</u>                                                                           |                                                                           |                                          |
| <input checked="" type="checkbox"/> Flight Service Station                                                                 |                                             |                                                                                                                                                | Observation Time: <u>0444</u>                                                                                        |                                                                           |                                          |
| <input type="checkbox"/> TV/Radio                                                                                          |                                             |                                                                                                                                                | Time Zone: <u>MST</u>                                                                                                |                                                                           |                                          |
| <input type="checkbox"/> Automated Report                                                                                  |                                             |                                                                                                                                                | Distance from Accident Site: _____ nm                                                                                |                                                                           |                                          |
| <input type="checkbox"/> Electronic Flight Bag-Application: <input type="checkbox"/> None <input type="checkbox"/> Unknown |                                             |                                                                                                                                                | Direction from Accident Site: _____ degrees true                                                                     |                                                                           |                                          |
| <input type="checkbox"/> On-Board Weather                                                                                  |                                             |                                                                                                                                                |                                                                                                                      |                                                                           |                                          |
| Basic Conditions                                                                                                           |                                             | Lowest Cloud Condition                                                                                                                         | Light Condition                                                                                                      |                                                                           |                                          |
| <input checked="" type="radio"/> VMC                                                                                       |                                             | Height _____ ft. AGL                                                                                                                           | <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown |                                                                           |                                          |
| <input type="radio"/> IMC                                                                                                  |                                             |                                                                                                                                                | <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                  |                                                                           |                                          |
| <input type="radio"/> Unknown                                                                                              |                                             |                                                                                                                                                |                                                                                                                      |                                                                           |                                          |
| Sky/Lowest Cloud Condition                                                                                                 |                                             | Ceiling                                                                                                                                        | Ceiling Height _____ ft. AGL                                                                                         | Temperature: _____ (°C) or <u>39.4</u> (°F)                               |                                          |
| <input checked="" type="radio"/> Clear                                                                                     |                                             | <input checked="" type="radio"/> None (Clear)                                                                                                  |                                                                                                                      | Dewpoint: _____ (°C) or <u>16.5</u> (°F)                                  |                                          |
| <input type="radio"/> Thin Broken                                                                                          |                                             | <input type="radio"/> Broken                                                                                                                   |                                                                                                                      |                                                                           |                                          |
| <input type="radio"/> Few                                                                                                  |                                             | <input type="radio"/> Overcast                                                                                                                 |                                                                                                                      |                                                                           |                                          |
| <input type="radio"/> Thin Overcast                                                                                        |                                             | <input type="radio"/> Obscured                                                                                                                 |                                                                                                                      |                                                                           |                                          |
| <input type="radio"/> Partial                                                                                              |                                             | <input type="radio"/> Indefinite                                                                                                               |                                                                                                                      |                                                                           |                                          |
| <input type="radio"/> Obscuration                                                                                          |                                             | <input type="radio"/> Unknown                                                                                                                  |                                                                                                                      |                                                                           |                                          |
| <input type="radio"/> Scattered                                                                                            |                                             |                                                                                                                                                |                                                                                                                      |                                                                           |                                          |
| Altimeter Setting:                                                                                                         | Wind Direction                              | Wind Speed                                                                                                                                     | Wind Gusts                                                                                                           | Visibility                                                                |                                          |
| _____ (Hg), or _____ (mb)                                                                                                  | <input type="checkbox"/> Variable or _____  | <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable or _____                                                             | <input type="checkbox"/> Not Gusting or _____                                                                        | _____ miles                                                               |                                          |
|                                                                                                                            | Direction: <u>180.00</u> degrees true       | Speed: <u>14.0</u> kts                                                                                                                         | Speed: _____ kts                                                                                                     | RVR: _____ feet                                                           |                                          |
|                                                                                                                            |                                             |                                                                                                                                                |                                                                                                                      | RVV: _____ miles                                                          |                                          |
|                                                                                                                            |                                             |                                                                                                                                                |                                                                                                                      | Density Altitude: _____ ft.                                               |                                          |
| Type of Precipitation (Check all that apply)                                                                               |                                             |                                                                                                                                                |                                                                                                                      | Restriction to Visibility (Check all that apply)                          |                                          |
| <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain           |                                             |                                                                                                                                                |                                                                                                                      | <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog     |                                          |
| <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower                    |                                             |                                                                                                                                                |                                                                                                                      | <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog |                                          |
| <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower            |                                             |                                                                                                                                                |                                                                                                                      | <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze       |                                          |
| <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle               |                                             |                                                                                                                                                |                                                                                                                      | <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog    |                                          |
| <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals                                                |                                             |                                                                                                                                                |                                                                                                                      | <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke     |                                          |
|                                                                                                                            |                                             |                                                                                                                                                |                                                                                                                      | <input type="checkbox"/> Dust <input type="checkbox"/> Unknown            |                                          |
| Icing Forecast                                                                                                             |                                             | Intensity of Precipitation                                                                                                                     | Icing Actual                                                                                                         | Turbulence (Check all that apply)                                         |                                          |
| Amount                                                                                                                     | Type                                        | <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown | Amount                                                                                                               | Type                                                                      | Type                                     |
| <input checked="" type="radio"/> None                                                                                      | <input type="radio"/> N/A                   |                                                                                                                                                | <input checked="" type="radio"/> None                                                                                | <input type="radio"/> N/A                                                 | <input checked="" type="checkbox"/> None |
| <input type="radio"/> Trace                                                                                                | <input type="radio"/> Rime                  |                                                                                                                                                | <input type="radio"/> Trace                                                                                          | <input type="radio"/> Rime                                                | <input type="checkbox"/> Clean Air       |
| <input type="radio"/> Light                                                                                                | <input type="radio"/> Clear                 |                                                                                                                                                | <input type="radio"/> Light                                                                                          | <input type="radio"/> Clear                                               | <input type="checkbox"/> Terrain-Induced |
| <input type="radio"/> Moderate                                                                                             | <input type="radio"/> Mixed                 |                                                                                                                                                | <input type="radio"/> Moderate                                                                                       | <input type="radio"/> Mixed                                               | <input type="checkbox"/> Convective      |
| <input type="radio"/> Severe                                                                                               | <input type="radio"/> Unknown               |                                                                                                                                                | <input type="radio"/> Severe                                                                                         | <input type="radio"/> Unknown                                             | <input type="checkbox"/> Turbulence      |
| <input type="radio"/> Unknown                                                                                              |                                             |                                                                                                                                                | <input type="radio"/> Unknown                                                                                        |                                                                           |                                          |
| NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:                               |                                             |                                                                                                                                                |                                                                                                                      |                                                                           |                                          |

FORM 6120.1 • OMB NO. 3147-0001 • EXPIRES 04-30-2027

**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.)

**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.

9 NOV 2025 Training flight scheduled for [REDACTED] Student Certificate Number [REDACTED] with [REDACTED] as the Instructor Pilot. Approximate take off time was 0600 MST. Utilizing aircraft lights for pre-dawn take off. Aircraft N614LB Lindstrand 77A, was launched from ~6380 Coors BLVD NW Albuquerque, NM 87120 at approximately 0600 local. Flight took off in a easterly direction on a heading of approximately 120 degrees, after approximately 10 minutes of flight time aircraft was elevated to approximately 1,200' AGL in order to navigate to a heading of approximately 300 degrees. At approximately 20 minutes into the flight, [REDACTED] and I proceeded to conduct a transition of controls from myself to [REDACTED] took positive control of the aircraft and declared that she intended to navigate to Taco Cabana Launch Site, Westside and Unser Rio Rancho, NM. [REDACTED] proceeded to navigate towards Taco Cabana Launch Site utilizing various winds between approximately 7,000' and 8,600' MSL. KAEG was contacted by [REDACTED] at approximately 0650, annotating aircraft position with relation to the "keyhole" at KAEG. N614LB acknowledged by KAEG. At approximately 0655 [REDACTED] contacted [REDACTED], hot air balloon pilot, who was at Taco Cabana Launch Site. [REDACTED] Asked [REDACTED] what the current conditions were at Taco Cabana Field. [REDACTED] stated that the winds were north north west at approximately 8. [REDACTED] flew north of Taco Cabana field and began to lower altitude on an approach to land. During the approach to landing, at approximately 200' AGL, the wind speed was about 14 kn. [REDACTED] elected to climb back up and navigate to the north again to make another landing attempt. Based on the previous wind speed, a discussion was had about a high wind landing, the approach to a high wind landing, the procedures that [REDACTED] would need to do, and the landing stance for a high wind landing. [REDACTED] navigated approximately 13/4 mile west of Taco Cabana Field to a point approximately 1/4 mile east of Joe Harris Elementary School. Understanding that there would have to be long approach to landing, [REDACTED] flew north to Villa BLVD and proceeded to descend until the wind direction was 180. [REDACTED] proceeded to lower her elevation at a steady rate, maintaining a safe altitude above houses. Upon clearing the final house on Vargas RD SE, [REDACTED] descended further and proceeded to fly at approximately 15' above the ground. Her stated intent was to land on the south side of Westside BLVD. Upon final approach, [REDACTED] turned off her non-flight pilot light. Upon clearing Westside BLVD, she proceeded to shut off the main pilot light. At that point in time [REDACTED] proceeded to begin pulling the red line. [REDACTED] and I squatted down in the bottom of the basket for contact with the ground. The basket had contact and then proceeded to bounce back into the air. Both [REDACTED] and I remained in the bottom of the basket. [REDACTED] continued to pull the red line to deflate the balloon. The basket dug on the ground until the envelope deflated. At that point in time [REDACTED] stated that her "ankle hurt". She was unable to weight bear and stated that she thought that she "Sprained her ankle". [REDACTED] was helped to the chase vehicle and the aircraft was packed. [REDACTED] was taken to her home of residence and her boot was removed. At that point in time it was decided to take her to urgent care. At Urgent Care, x-rays were taken and it was determined that she had a dislocated ankle and a fractured Lateral Malleolus. [REDACTED] was splinted at Urgent Care and referred to see an Orthopedic Physician.

NTSB notification was made on 9 NOV 2025 at approximately 1525 MST.

**OPERATOR/OWNER SAFETY RECOMMENDATION** (How could this accident/incident have been prevented?)

FORM 6120.1 • OMB NO. 3147-0001 • EXPIRES 04-30-2027

**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 INFORMATION**

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

40.0 \_\_\_\_\_ Gallons

Fuel Type

☐ 100 Low Lead☐ Automotive☐ Jet A☐ Jet A-1☐ Unleaded AV☒ Other, specify Propane

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

Pilot of Other Aircraft

Name: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Country: \_\_\_\_\_

**ADDITIONAL INFORMATION** (Additional space for answers to any question.)

FORM 6120.1 • OMB NO. 3147-0001 • EXPIRES 04-30-2027

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.  
I understand that the information provided may be subject to public release.

Date of this report:

04/09/2025

mm/dd/yyyy

Name of Pilot/Operator: [REDACTED]

Signature: [REDACTED]

-or- ☒ Check here to 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. | Reviewed by NTSB AS Division | Name of Investigator | Date Report Received |
|----------------------------|------------------------------|----------------------|----------------------|
| WPR26LA039                 | AS-WPR                       | Andrew Swick         | 11/14/2025           |