

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Evanston State: WY
 ZIP: 82930 Country: USA
 Latitude: _____ Longitude: _____
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 10/4/2025 Local Time: 5:00 PM
 mm/dd/yyyy Time Zone: MST

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

AIRCRAFT INFORMATION

Registration Number: N96WF
 Manufacturer: Aviat Husky
 Model: AIC-200
 Serial Number: 3397
 Year of Manufacture: 2022
 Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

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

Maximum Gross Weight: 2200 lbs
 Weight at Time of Accident/Incident: 1800 lbs
 Number of Seats: 2 Flight Crew Seats: 1
 Cabin Crew Seats: 1 Passenger Seats: _____
 Number of Engines: 1

Category of Aircraft

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

Type of Airworthiness Certificate (Check all that apply)

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

Landing Gear

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

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

☐ Carburetor ☒ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☐ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>				<u>200</u>	<u>95</u>	<u>5.0</u>	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 10/3/2025
 mm/dd/yyyy

Airframe Total Time: 85 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: 1 underscat

Propeller 1

☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: Hartzell
 Model: IDK

ELT Installed: ☒ Yes ☐ No

If Yes:
 ELT Manufacturer: IDK
 Model or Part No.: IDK
 TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)
☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☐ No

If not activated:

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

Propeller 2

☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____
 Model: _____

Additional Equipment (Check all that apply)

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

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: DK Aviation LLC

City: Ka/ispel

Fractional Ownership Aircraft: ☐ Yes ☒ No

State: MT ZIP: 59901

Country: USA

Operator of Aircraft

☒ Same As Registered Owner

☒ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- ☒ None
- ☐ Flag Carrier Operating Certificate (FAR 121)
- ☐ Supplemental
- ☐ Air Cargo
- ☐ Foreign Air Carriers (FAR 129)
- ☐ Rotorcraft External Load (FAR 133)
- ☐ Commuter Air Carrier (FAR 135)
- ☐ On-Demand Air Taxi (FAR 135)
- ☐ Commercial Air Tour (FAR 136)
- ☐ Agricultural Aircraft (FAR 137)
- ☐ Pilot School (FAR 141)
- ☐ Certificate of Authorization or Waiver (COA)
- ☐ Commercial Space Transportation Experimental Permit
- ☐ Commercial Space Transportation License
- ☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415
- ☐ FAR 103 ☐ FAR 133 ☐ FAR 431
- ☐ FAR 121 ☐ FAR 135 ☐ FAR 435
- ☐ FAR 125 ☐ FAR 137 ☐ FAR 437
- ☐ FAR 91 Special Flight
- ☐ Non-US, Commercial
- ☐ Non-US, Non-commercial
- ☐ Public Aircraft (Select one)
 - ☐ Armed Forces
 - ☐ Federal
 - ☐ State
 - ☐ Local
- ☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
- ☐ Non-Scheduled or Air Taxi ☐ International
- ☐ Passenger
- ☐ Cargo
- ☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown
- ☐ Aerial Observation ☐ Flight Test
- ☐ Air Drop ☐ Glider Tow
- ☐ Air Race/Show ☐ Instructional
- ☐ Banner Tow ☐ Other Work Use
- ☐ Business ☐ Personal
- ☐ Executive/Corporate ☐ Positioning
- ☐ External Load ☐ Skydiving
- ☒ Ferry

Revenue Sightseeing Flight

☐ Yes ☒ No

Air Medical Flight

☐ Yes ☒ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: _____

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

- ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
- ☐ Concrete ☐ Gravel ☐ Metal/Wood
- ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

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

- ☐ Dry ☐ Snow-Compacted ☐ Water-Calm
- ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
- ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
- ☐ Rough ☐ Snow-Wet ☐ Wet
- ☐ Rubber Deposits ☐ Soft
- ☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach
- ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around
- ☐ Initial Climb ☐ Final ☐ Crosswind ☐ Aborted Landing (after touchdown)
- ☐ Unknown

IFR Approach (Check all that apply)

- ☐ None
- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
- ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
- ☐ VOR/TVOR ☐ ILS ☐ ASR
- ☐ VOR/DME ☐ Localizer Only ☐ Visual
- ☐ TACAN ☐ LOC-back course ☐ Contact
- ☐ RNAV ☐ Circling
- ☐ Unknown

VFR Approach (Check all that apply)

- ☐ None
- ☐ Traffic Pattern ☐ Stop and Go
- ☐ Straight-In ☐ Touch and Go
- ☐ Valley/Terrain Following ☐ Simulated Forced Landing
- ☐ Go Around ☐ Forced Landing
- ☐ Full Stop ☐ Precautionary Landing
- ☐ Unknown

FLIGHT CREWMEMBER 1 INFORMATION

Flight Crewmember 1 Responsibilities at the Time of Accident/Incident

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Flight Crewmember 1 was pilot flying ☒ Yes ☐ No

Flight Crewmember 1 Identification

First Name: [REDACTED] City of Residence: Park Valley UT
 Middle Initial: [REDACTED] State: UT ZIP: 84329
 Last Name: [REDACTED] Country: USA
 Age at time of Accident/Incident: 55 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☒ Serious

Seat Occupied

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

Restraint Type

Available
☐ None
☐ Lap only
☐ 3-point
☐ 4-point
☒ 5-point
☐ Unknown

Used
☐ None
☐ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☐ Pilot
☒ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

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

Date of Last Medical

10/11/2024
 mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Issuance

None

Date of Last Flight Review
 or Equivalent, Including
 FAR 121/135 Checks:

10/11/2024
 mm/dd/yyyy

Flight Review Aircraft

Make: A1C 200 Aviat Husky
 Model: A1C 200

Airplane Rating(s)

(Check all that apply)
☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☒ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)
☒ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☒ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	1500	800	1500	0	25	—	—	—	—	—
Pilot in Command (PIC)	11	11	11	.	11					
Time as Instructor										
This Make/Model										
Last 90 Days	110	110	110							
Last 30 Days	35	10	35							
Last 24 Hours	10	10	10							

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

Crew Name and Address		City of Residence: <u>Park Valley</u>		Seat Occupied		Injury	
First Name: <u>[Redacted]</u>		State: <u>UT</u>	ZIP: <u>84329</u>	☐ Left	☐ Front	☐ None	
Middle Initial: <u>[Redacted]</u>		Country: <u>USA</u>		☐ Center	☒ Rear	☐ Minor	
Last Name: <u>[Redacted]</u>				☐ Right	☐ Single	☐ Serious	
				☐ Unknown	☐ Unknown	☐ Fatal	
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Available: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs					

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)							
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>[Redacted]</u>	City: <u>Park Valley</u>	<u>REAR</u>	☐ None	Available: ☐ None	Used: ☐ None	☐ Not Installed	<u>31</u>
Middle Initial: <u>[Redacted]</u>	State: <u>UT</u> ZIP: <u>84329</u>	☐ Left	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	☐ Under 5 years
Last Name: <u>[Redacted]</u>	Country: <u>USA</u>	☐ Center	☒ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	If Under 5,
☐ Crew	☒ Passenger	☐ Right	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Child Restraint
		☐ Unknown	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Lap-Held
		Row: _____		☐ Unknown	☐ Unknown		☐ Unknown
First Name: _____	City: _____	☐ Left	☐ None	Available: ☐ None	Used: ☐ None	☐ Not Installed	☐ Under 5 years
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	☐ Under 5 years
Last Name: _____	Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	If Under 5,
☐ Crew	☐ Passenger	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Child Restraint
		Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Lap-Held
				☐ Unknown	☐ Unknown		☐ Unknown
First Name: _____	City: _____	☐ Left	☐ None	Available: ☐ None	Used: ☐ None	☐ Not Installed	☐ Under 5 years
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	☐ Under 5 years
Last Name: _____	Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	If Under 5,
☐ Crew	☐ Passenger	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Child Restraint
		Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Lap-Held
				☐ Unknown	☐ Unknown		☐ Unknown

NATIONAL TRANSPORTATION AIRCRAFT ACCIDENT/INCIDENT REPORTING
 Reporting civil and public aircraft accidents and incidents

Accident/Incident Date/Time: 10/4/2025 Local Time: 5:00 PM
 Date: 10/4/2025 Time Zone: MST
 mm/dd/yyyy

☐ Midair ☐ On-ground ☒ None

FLIGHT ITINERARY INFORMATION

Last Departure Point		Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>KL5K</u>	City: <u>Lusk</u>	Time: <u>12:00</u>	Airport ID: <u>KBMC</u>	☒ None ☐ VFR/IFR
State: <u>WY</u>	Country: <u>USA</u>	Time Zone: <u>CST</u>	City: <u>Brigham City</u>	☐ Company VFR ☐ IFR
			State: <u>Ut</u>	☐ Military VFR ☐ Unknown
			Country: <u>USA</u>	☒ VFR
Type of ATC Clearance/Service (Check all that apply)				Activated? ☐ Yes ☒ No ☐ Unknown

☐ None ☐ Special VFR ☐ Special IFR ☒ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA	
Airspace where the accident/incident occurred (Check all that apply)	
☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☒ Class E ☐ Restricted Area ☐ FAR 93	Altitude of In-Flight Occurrence: <u>8,000</u> ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)		Weather Observation Facility
☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☒ On-Board Weather	Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	

Basic Conditions		Light Condition	
☐ VMC ☐ IMC ☒ Unknown	☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night		
Sky/Lowest Cloud Condition		Ceiling	Temperature: _____ (C) or <u>40</u> (F)
☐ Clear ☐ Thin Broken ☐ None (Clear) ☐ Obscured ☐ Few ☐ Thin Overcast ☐ Broken ☐ Indefinite ☐ Partial Obscuration ☐ Unknown ☐ Overcast ☐ Unknown	☒ Scattered	Dew Point: _____ (C) or <u>70K</u> (F)	Altimeter Setting: _____ in. Hg <u>70K</u> or _____ MB
Lowest Cloud Condition Height		Ceiling Height	
<u>8500</u> ft agl		<u>9000</u> ft agl	

Wind Direction	Wind Speed	Wind Gusts	Visibility
☐ Variable -or- Direction: <u>260</u> degrees true	☐ Calm ☐ Light and Variable -or- Speed: <u>20</u> kts	☐ Not Gusting -or- Speed: _____ kts	_____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft

Intensity of Precipitation	Type of Precipitation (Check all that apply)	Restriction to Visibility (Check all that apply)
☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown	☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals	☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown

Icing Forecast	Icing Actual	Turbulence
Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Type (Check all that apply) ☐ None ☐ Clear Air ☒ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☒ Moderate ☐ Severe ☐ Extreme

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

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 ☐ Explosion at Unknown Time ☐ Unknown
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Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

totaled Aircraft.

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.

Flying from KLSK to KBMC it became evident I could make my dest because of weather I diverted to KEUW while in route I encountered 2 severe wind shears and couldn't clear terrain.

ATIONAL TRANSPORTATION SAFETY BOARD REPORT OF AIRCRAFT ACCIDENT/INCIDENT REF. NO. _____ Reporting civil and public aircraft accidents and incidents

Accident/Incident Date/Time
 Date: 10/4/2025
mm/dd/yyyy

Local Time: 5:00 PM
 Time Zone: MST

☐ Air ☐ On-ground ☒ None

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

Operator/Owner Safety Recommendation

Stopped earlier #KRSP

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

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

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)

50

Gallons

Fuel Type

☐ 80/87

☒ 100 Low Lead

☐ 100/130

☐ 115/145

☐ Jet A

☐ Jet A-1

☐ Jet B

☐ JP8

☐ Automotive

☐ Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Pilot crawled out Passenger was Assisted with EMT

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed

☐ Minor

☐ Substantial

☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

NATIONAL TRANSPORTATION SAFETY BOARD OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT for private and public aircraft accidents and incidents

Incident Date/Time

Local Time: 5:00 PM
MST

ADDITIONAL INFORMATION (Please type or print in ink) (Use this space if additional space is needed for any answers.)

AIRCRAFT INFORMATION

Registration Number

Manufacturer:

Model:

Serial Number

Year of Manufacture

Manufacturer-Built

Category of Aircraft

☐ Airplane

☐ Balloon

☐ Blimp/Dirigible

☐ Glider

☐ Gyroplane

☐ Helicopter

☐ Powered Lift

☐ Rocket

☐ Ultralight

☐ Unknown

Engine

Eng. 1

Eng. 2

Eng. 3

Eng. 4

Last Inspection

☐ 100-Hour

☐ AAIP

☒ Annual

Date Last Inspection

Airframe

hours

☒ Le

Type of

☒ Annual

☐ Cond

☐ Maint

☐ Other

☐ Cont

☐ Other

Description

☐ Nor

☐ Spe

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

Date of this Report 11/24/2025 Name of Pilot/Operator: [Redacted]
 Signature: [Redacted]
 -- or -- ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ Title: _____

Signature: _____

-- or -- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. WPR26LA048	Reviewed by NTSB Regional Office WPR	Name of Investigator Greg Hughes	Date Report Received 01/12/2026
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