

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: Albuquerque State: NM

 ZIP: 87105 Country: United States

 Latitude: 35.015503 Longitude: 106.609547

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

Accident/Incident Date/Time

 Date: 11/24/2025 Local Time: 08:00
mm/dd/yyyy HH:MM

 Time Zone: Mountain

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

AIRCRAFT INFORMATION

 Registration Number: N980VA

 Manufacturer: Cameron

 Model: A225

 Serial Number: 6968

 Year of Manufacture: 2022

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

Make: _____

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

 Maximum Gross Weight: 2972 lbs.

 Weight at Time of Accident/Incident: 2750 lbs.

Number of Seats: _____ Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: _____

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

Landing Gear
 (Check all that apply)

- | | |
|---|------------------------------------|
| ☐ Retractable | ☐ 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. (mm/dd/yyyy)	Rated Power ☐ Horsepower or ☐ Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

 Date of Last Inspection: 07/23/2025
mm/dd/yyyy

 Airframe Total Time: 397.6 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 ☐ No

 Was ELT still connected to antenna? ☐ Yes ☐ No

 Did ELT activate? ☐ Yes ☐ No

 If activated: Did ELT aid in locating aircraft? ☐ Yes ☐ No

 If not activated: Indicate Reason: ☐ Impact Damage

☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown

Propeller 1

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

Manufacturer: _____

Model: _____

Propeller 2

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

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Rainbow Ryders Inc</u> Fractional Ownership Aircraft: ☐ Yes ☐ No City: <u>Albuquerque</u> State: <u>NM</u> ZIP: <u>87113</u> Country: <u>United States</u>			
Operator of Aircraft ☐ The Operator is also the Registered Owner ☒ Same address as Registered Owner Name: _____ Doing Business As: _____ City: _____ State: _____ Air Carrier/Operator Designator (4-character code): _____ ZIP: _____ Country: _____			
Operating Certificates Held <i>(Check all that apply)</i> ☐ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ FAR 103 ☐ FAR 133 ☐ FAR 431 ☐ FAR 121 ☐ FAR 135 ☐ FAR 435 ☐ FAR 125 ☐ FAR 137 ☐ FAR 437 ☐ FAR 450 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☒ Yes ☐ No		Air Medical Flight ☐ Yes ☒ No	
Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Firefighting ☐ Aerial Observation ☐ Flight Test ☐ Air Drop ☐ Glider Tow ☐ Air Race/Show ☐ Instructional ☐ Banner Tow ☐ Other Work Use ☒ Business ☐ Personal ☐ Executive/Corporate ☐ Positioning ☐ External Load ☐ Skydiving ☐ Ferry ☐ Unknown			
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Albuquerque International Sun Port</u> Airport Identifier: <u>KABQ</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>2.03</u> sm. Direction From Airport: <u>187</u> degrees true Airport Elevation: <u>5355</u> ft. MSL	
Runway Information Runway ID: _____ Length: _____ ft. Width: _____ ft.		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ 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	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow ☐ Concrete ☐ Gravel ☐ Macadam ☐ Water ☒ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown ☐ Elevated Heliport ☐ Helistop ☒ Off-site landing area			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ ☐ ☐ Final ☐ Aborted Landing (after touchdown) ☐ ☐ ☐ ☐ Crosswind ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Unknown ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ LOC-back course ☐ Contact ☐ ☐ RNAV ☐ Circling		VFR Approach <i>(Check all that apply)</i> ☐ 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 ☐ Captain ☐ First Officer ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																																					
"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																																																																																																																					
"Flight Crewmember 1" Identification First Name: [REDACTED] Middle Initial: [REDACTED] Last Name: [REDACTED] Age at time of Accident/Incident: <u>48</u>						City of Residence: <u>Albuquerque</u> State: <u>NM</u> ZIP: <u>87123</u> Country: <u>United States</u> Date of Birth: [REDACTED] (mm/dd/yyyy) Certificate Number: [REDACTED]																																																																																																															
Degree of Injury ☐ None ☐ Serious ☐ Unknown ☐ Fatal ☒ Minor		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Available ☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> <td style="width: 50%; vertical-align: top;"> Used ☒ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table>				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																																																																																																											
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Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer						Supplemental Restraint, specify: _____																																																																																																															
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ Unknown ☐ None ☐ Class 3 ☐ 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 <u>05/13/2025</u> mm/dd/yyyy																																																																																																													
Medical Certificate Limitations <u>Must use corrective lenses to meet vision standards at all required distances.</u>						Medical Certificate Special Limitations																																																																																																															
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____																																																																																																																					
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>08/13/2025</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Ultramagic</u> Model: <u>F46</u>																																																																																																																	
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								Student Endorsements (Include dates)																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Flight Time (Enter hours for each box)</th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> <th rowspan="2" style="width: 10%;">Multi-engine Rotorcraft</th> <th rowspan="2" style="width: 10%;">Tail-wheel</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>1073.31</td> <td>86</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1073.31</td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>1073.31</td> <td>86</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1073.31</td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>53.31</td> <td>19.20</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>53.31</td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>10.20</td> <td>2.0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>10.20</td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> </tr> </tbody> </table>												Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel	Actual	Simulated	Total Time	1073.31	86								1073.31			Pilot in Command (PIC)	1073.31	86								1073.31			Time as Instructor													This Make/Model													Last 90 Days	53.31	19.20								53.31			Last 30 Days	10.20	2.0								10.20			Last 24 Hours	0	0								0		
Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft							Tail-wheel																																																																																																			
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Last 24 Hours	0	0								0																																																																																																											

"FLIGHT CREWMEMBER 2" INFORMATION**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No

"Flight Crewmember 2" Identification

First Name: _____

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____

Date of Birth: _____ (mm/dd/yyyy)

Certificate Number: _____

Degree of Injury ☐ None ☐ Serious ☐ Unknown ☐ Fatal ☐ Minor		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>		Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Available	Used																				
☐ None	☐ None																				
☐ Lap only	☐ Lap only																				
☐ 3-point	☐ 3-point																				
☐ 4-point	☐ 4-point																				
☐ 5-point	☐ 5-point																				
☐ Unknown	☐ Unknown																				
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer				Supplemental Restraint, specify: _____																	
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ Unknown ☐ None ☐ Class 3 ☐ Class 1 ☐ BasicMed ☐ Class 2 ☐ Driver's License (Sport Pilot only)		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance		Date of Last Medical _____ mm/dd/yyyy															
Medical Certificate Limitations _____				Medical Certificate Special Limitations _____																	

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____
 mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s) (Check all that apply) ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicopter ☐ Airplane Multiengine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered lift ☐ Sport					
Type Ratings and Applicable Logbook Endorsements _____								Student Endorsements (Include dates) _____			

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

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

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Center ☐ Right ☐ Front	☐ Rear ☐ Single ☐ Unknown ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit
☐ Helmet visor

☐ Helmet
☐ Night vision goggles

☐ Laser protective visor/glasses
☐ Personal flotation

☐ Personal locator beacon(s) (PLB)
☐ Other: _____

☐ Fire resistant gloves

Pilot Certificate(s) (Check all that apply)		Restraint Type	Inflatable Restraints
☐ None ☐ Private ☐ Student	☐ Flight Instructor ☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport ☐ Flight Engineer	☐ US Military ☐ Foreign
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs. Supplemental Restraint, specify: _____	☐ 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

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Center ☐ Right ☐ Front	☐ Rear ☐ Single ☐ Unknown ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit
☐ Helmet visor

☐ Helmet
☐ Night vision goggles

☐ Laser protective visor/glasses
☐ Personal flotation

☐ Personal Locator Beacon(s) (PLB)
☐ Other: _____

☐ Fire resistant gloves

Pilot Certificate(s) (Check all that apply)		Restraint Type	Inflatable Restraints
☐ None ☐ Private ☐ Student	☐ Flight Instructor ☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport ☐ Flight Engineer	☐ US Military ☐ Foreign
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs. Supplemental Restraint, specify: _____	☐ 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

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)

Number of Passengers <u>8</u>					
Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: [REDACTED] City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: [REDACTED] Country: _____ ☐ Crew ☒ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☒ Serious ☐ Fatal ☐ Unknown	Available ☒ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☒ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

First Name: [REDACTED] City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: [REDACTED] Country: _____ ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☒ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	Used ☒ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____						
First Name: [REDACTED] City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: [REDACTED] Country: _____ ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☒ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	Used ☒ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____						
First Name: [REDACTED] City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: [REDACTED] Country: _____ ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☒ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	Used ☒ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____						

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____	Time of Departure Time: _____ HH:MM Time Zone: _____	Flight Information Flight Number: _____ Operating as Flight _____	Destination Airport ID: _____ City: _____ State: _____ Country: _____	Type Flight Plan Filed ☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown
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First Name: [REDACTED] City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: [REDACTED] Country: _____ ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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	☐ Under 5 years If under 5 years: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ P/B ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____						
First Name: [REDACTED] City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: [REDACTED] Country: _____ ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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	☐ Under 5 years If under 5 years: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ P/B ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____						
First Name: [REDACTED] City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: [REDACTED] Country: _____ ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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	☐ Under 5 years If under 5 years: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ P/B ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____						

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: _____ City: _____ State: _____ Country: _____	Time: _____ TIME Time Zone: _____	Flight Number: _____ Operating as Flight _____	Airport ID: _____ City: _____ State: _____ Country: _____	☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR IIR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown

First Name: [REDACTED] City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: [REDACTED] Country: _____ ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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	☐ Under 5 years If under 5 years: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	Supplemental Restraint, specify: _____					

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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	☐ Under 5 years If under 5 years: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	Supplemental Restraint, specify: _____					

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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	☐ Under 5 years If under 5 years: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	Supplemental Restraint, specify: _____					

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: _____ City: _____ State: _____ Country: _____	Time: _____ TIME Time Zone: _____	Flight Number: _____ Operating as Flight _____	Airport ID: _____ City: _____ State: _____ Country: _____	☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR Activated* ☐ Yes ☐ No ☐ Unknown

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

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

Airspace where the accident/incident occurred (Check all that apply)

- ☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☒ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence: _____ ft. MSL

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Source of Pilot Weather Information**

(Check all that apply)

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

☐ On-Board Weather**Weather Observation Facility**

Facility ID: KABQ
 Observation Time: 08:00
 Time Zone: Mountain
 Distance from Accident Site: 2.03 nm
 Direction from Accident Site: 187 degrees true

Basic Conditions

- ☐ VMC
☐ IMC
☐ Unknown

Lowest Cloud ConditionHeight
4000 ft. AGL**Light Condition**

- ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☒ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition

- ☐ Clear ☒ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial ☐ Unknown
☐ Obscuration
☐ Scattered

Ceiling

- ☐ None (Clear)
☒ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Ceiling Height 4000 ft. AGLTemperature: _____ (°C) or 41 (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting:

____ (Hg), or ____ (mb)

Wind Direction

☐ Variable or
 Direction: 187°
 degrees true

Wind Speed

☐ Calm
☐ Light and Variable
 Speed: 16 kts

Wind Gusts

☐ Not Gusting
 or
 Speed: 22 kts

Visibility

10 miles
 RVR: _____ feet
 RVV: _____ miles
 Density Altitude: _____ ft.

Type of Precipitation (Check all that apply)

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

Restriction to Visibility (Check all that apply)

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

Icing Forecast

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

Intensity of Precipitation

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

Icing Actual

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

Turbulence (Check all that apply)

- Type**
☐ None ☐ Light
☐ Clear Air ☒ Moderate
☒ Terrain-Induced ☐ Severe
☐ Convective ☐ Extreme

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☒ None ☐ Substantial
☐ Minor ☐ Destroyed
 ☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Description of Damage to Aircraft and Other Property *(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.

typed on Seperate Page

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

Flight summary 11/24/2025

From: [REDACTED]

To: [REDACTED]

Date: Tuesday, November 25, 2025 at 05:19 PM MST

The morning of November 24 of 2025 we arrived to our launch location of Cottonwood Mall which is off Coors Blvd on the westside of Albuquerque. The pilots meet in a huddle to launch our pi-ball (helium balloon) and watch the flight path direction, and if it matches the weather forecast models we use from a variety of websites. With the direction this morning headed into town towards KABQ (Albuquerque international airport) we as a group called the AWOS for the Airport, also checked again our weather sites for a morning outlook for our landing time. With everything reporting a SLOW 3 mph ground wind at KABQ we made the call to conduct flights this morning. Before I started my inflation process I demonstrated a pre-load boarding process to my elderly passenger and her granddaughter. As the balloon was almost fully inflated, I pre-loaded [REDACTED] and her granddaughter and turned on the burners and stood the balloon up. My crew then loaded the additional 6 passengers and we went over the landing positions and safety briefing. We took off heading to the southeast towards the I25-I40 freeway interchange. As some of the other balloons in our group (6 in all) descended and gave wind speed reports to the rest of the group, the wind had picked up to 14-16 mph at the lower altitude heading due south. I descended down to 300-400 AGL into the south wind and did not line up on a large enough space to perform a safe landing before the airport. I was east of I25 and crossing south over I40 so I radioed the air traffic control tower giving them my position and intentions for the direction I had. The tower gave me and 2 other balloons permission to enter the Class C airspace and cross over the airport's runway. They gave us current weather conditions over the radio and the ground wind speed had increased to 16 mph gusting to 22 mph. Just south of the airport are vast open space desert which gives us good room to perform a safe landing with the increase in wind speed we were experiencing. As I past the airport there is a little valley arroyo that I planned to over fly and land on the other side out near Netflix building. With the intent on landing soon I went over the landing positions again and with the mobility issue with [REDACTED] had her and her granddaughter get in position. As I passed over the edge of the valley the balloon caught a rotor (down draft) off the hill we had just passed. Feeling the decent starting I locked on both burners in attempt to arrest the decent, but the down draft was too strong to overcome so I stopped burning told the passengers to get in landing positions and brace. About 7-10 feet above the ground I shut off the pilot lights and pulled the Rapid Deflation rope. We touched down at about 26 mph and continued to drag as the balloon deflated. On the initial contact with the ground I was jarred forward in the basket banging my forehead into one of the propane tanks splitting a 5/8 inch cut in my forehead. As the balloon came to rest at Los Picaros dr SE and Montessa park which is a desert field BMX track, I checked on the passengers to make sure everyone was ok when we noticed [REDACTED] in some pain. I asked if she need me to call an ambulance and she said yes. The EMTs came out to the landing site and determined that they should transport [REDACTED] to the hospital. Today 11/25/2025 I inflated and inspected the balloon for damage which we found none and flew it for an hour. After the flight I reached out to [REDACTED] the granddaughter of [REDACTED] to check up on them and she told me that her grandmother had broke her leg and was scheduled for surgery.

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)

_____ 80 Gallons

Fuel Type

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

Other Services, if any, prior to departure:

EVACUATION OF AIRCRAFTWas 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: _____

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ None

Model: _____

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.)

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:

12/03/2025

mm/dd/yyyy

Name of Pilot/Operator:

Signature:

-or-



Check here to electronically sign this document

If a person other than Pilot/Operator is filing this report

Name:

Title:

Signature:

-or- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

WPR26LA052

Reviewed by NTSB AS Division

WPR

Name of Investigator

Greg Hughes

Date Report Received

12/03/2025