

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: EL CAJON CA State: CA
 ZIP: 92120 Country: USA
 Latitude: _____ Longitude: _____
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 12-19-2025 Local Time: 1:10 PM
 mm/dd/yyyy Time Zone: +8
 Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N68830
 Manufacturer: BOEING STEARMAN
 Model: PT-13D
 Serial Number: 75-5667
 Year of Manufacture: 1943
 Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft
 Maximum Gross Weight: 2950.0 lbs
 Weight at Time of Accident/Incident: 2560.0 lbs
 Number of Seats: 2 Flight Crew Seats: _____
 Cabin Crew Seats: 1 Passenger Seats: 1
 Number of Engines: one (1)

Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) <table style="width: 100%;"> <tr> <td style="width: 50%;"> Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility </td> <td style="width: 50%;"> Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport </td> </tr> </table> ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport	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
Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport				

Engine	Engine Manufacturer	Engine Model/Serial	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>R680-17</u>	<u>AF-43-9630</u>	<u>1943</u>	<u>22.5</u>	<u>1676</u>	<u>129</u>	<u>545.8</u>
Eng. 2				<u>6-21-43</u>				
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>12-2-2025</u> mm/dd/yyyy Airframe Total Time: <u>1772.1</u> hrs hours measured at (Select one) ☒ Last Inspection ☐ Time of Accident/Incident Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____ Description of Fire Extinguishing System ☒ None ☐ Specify: _____	Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>MCLAULEY</u> Model: <u>41D5926, SN: 126.20</u> Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>ACK</u> Model or Part No.: _____ TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz) ☐ OC126 (406 MHz) Was ELT still mounted in aircraft? ☐ Yes ☒ No Was ELT still connected to antenna? ☐ Yes ☒ No Did ELT Activate? ☐ Yes ☒ No If activated: Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No If not activated: <u>NO</u> Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☒ Unknown	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: <u>COM-GARMIN GTX 335</u> <u>GTR 200</u>
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OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>GORDON BOWMAN-JONES, LLC</u>		City: <u>HELENA</u> State: <u>MONTANA</u> ZIP: <u>59601</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☒ Yes ☐ No			
Operator of Aircraft ☐ Same As Registered Owner Name: [REDACTED]		☐ Same Address as Registered Owner City: [REDACTED]	
Doing Business As: <u>PILOT OF STEARMAN</u>		State: <u>ALPINE, CA</u> ZIP: <u>91901</u> Country: <u>USA</u>	
Air Carrier/Operator Designator (4 Character Code): _____			
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 (PAR 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 <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 ☐ 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			
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>GILLESPIE AIRPORT</u> Airport Identifier: <u>KSEE</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ ONA		Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: <u>788</u> ft. msl	
Runway Information Runway ID: <u>27R</u> (L/R/C) Length: <u>5342</u> ft Width: <u>100</u> 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 ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
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 ☐ Visual ☐ VOR/DME ☐ Localizer Only ☐ Contact ☐ TACAN ☐ LOC-back course ☐ Circling ☐ RNAV ☐ Unknown		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

☒ 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: ALPINE

Middle Initial: [REDACTED]

State: CA ZIP: 91901

Last Name: [REDACTED]

Country: USA

Age at time of Accident/Incident: 86 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	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 ☒ Student ☐ Sport ☐ Flight Engineer		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance															
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	Date of Last Medical <u>06.17.2024</u> mm/dd/yyyy															

Medical Certificate Limitations

MUST USE CORRECTIVE LENSES AT ALL REQUIRED DISTANCES.

Medical Certificate Special Issuance

Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks: 12.11.2025
mm/dd/yyyy

Flight Review Aircraft

Make: BOEING STEARMAN
Model: PT-13D

Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☒ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) (Check all that apply) ☐ None ☒ Airplane Single-Engine ☒ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☒ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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Type Ratings

LEAR JET

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	14,600±	26.0	8,000 ±	6,600 ±	7,000±	6,000±		φ	φ	φ
Pilot in Command (PIC)	12,00 ±	15±	7,400 ±	6,000 ±	4,500±	4,500±		φ	φ	φ
Time as Instructor	9,000±	φ	6,000±	4,000 ±	4,500±	4,500±				
This Make/Model					φ					
Last 90 Days	207.8±	7.0			3.0			φ	φ	φ
Last 30 Days	18.1 ±	4.3			φ			φ	φ	φ
Last 24 Hours	φ	φ			φ					

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																				
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																				
"Flight Crewmember 2" Identification First Name: [REDACTED] Middle Initial: [REDACTED] Last Name: [REDACTED] City of Residence: <u>SANTEE</u> State: <u>CA</u> ZIP: <u>92071</u> Country: <u>USA</u> Age at time of Accident/Incident: _____ Date of Birth: _____ 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						Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance		Date of Last Medical _____ mm/dd/yyyy																																																																																												
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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) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea			Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift			Instrument Rating(s) (Check all that apply) ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																												
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<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											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											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____		City of Residence: _____			☐ Left	☐ Front	☐ None		
Middle Initial: _____		State: _____ ZIP: _____			☐ Center	☐ Rear	☐ Minor		
Last Name: _____		Country: _____			☐ Right	☐ Single	☐ Serious		
					☐ Unknown	☐ Fatal			
							☐ Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
☐ None		☐ Flight Instructor		☐ Commercial	☐ US Military		☐ Not Installed		
☐ Private		☐ Recreational		☐ Airline Transport	☐ Foreign		☐ Installed		
☐ Student		☐ Sport		☐ Flight Engineer			☐ Not Deployed		
							☐ Deployed		
							☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Crew Name and Address					Seat Occupied		Injury		
First Name: _____		City of Residence: _____			☐ Left	☐ Front	☐ None		
Middle Initial: _____		State: _____ ZIP: _____			☐ Center	☐ Rear	☐ Minor		
Last Name: _____		Country: _____			☐ Right	☐ Single	☐ Serious		
					☐ Unknown	☐ Fatal			
							☐ Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
☐ None		☐ Flight Instructor		☐ Commercial	☐ US Military		☐ Not Installed		
☐ Private		☐ Recreational		☐ Airline Transport	☐ Foreign		☐ Installed		
☐ Student		☐ Sport		☐ Flight Engineer			☐ 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: [REDACTED]		City: SANTER		☒ Front	☒ None	☐ None	☐ None	☒ Not Installed	☐ Under 5 years
Middle Initial: [REDACTED]		State: CA ZIP: 92071		☐ Left	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	☐ If Under 5,
Last Name: [REDACTED]		Country: USA		☐ Center	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	☐ Child Restraint
				☐ Right	☐ Fatal	☒ 4-point	☒ 4-point	☐ Deployed	☐ Lap-Held
				☐ Unknown	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown
☐ Crew		☒ Passenger		Row: _____		☐ Unknown	☐ Unknown		
First Name: _____ City: _____				☐ Left	☐ None	☐ None	☐ None	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____				☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	☐ If Under 5,
Last Name: _____ Country: _____				☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	☐ Child Restraint
				☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Lap-Held
					☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown
☐ Crew ☐ Passenger ☐ Other				Row: _____		☐ Unknown	☐ Unknown		
First Name: _____ City: _____				☐ Left	☐ None	☐ None	☐ None	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____				☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	☐ If Under 5,
Last Name: _____ Country: _____				☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	☐ Child Restraint
				☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Lap-Held
					☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown
☐ Crew ☐ Passenger ☐ Other				Row: _____		☐ Unknown	☐ Unknown		
First Name: _____ City: _____				☐ Left	☐ None	☐ None	☐ None	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____				☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	☐ If Under 5,
Last Name: _____ Country: _____				☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	☐ Child Restraint
				☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Lap-Held
					☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown
☐ Crew ☐ Passenger ☐ Other				Row: _____		☐ Unknown	☐ Unknown		

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>KSEE</u> City: <u>EL CAJON</u> State: <u>CA</u> Country: <u>USA</u>	Time of Departure Time: <u>12:10PM ±</u> Time Zone: <u>7</u>	Destination Airport ID: <u>KSEE</u> City: <u>EL CAJON</u> State: <u>CA</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown	
Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ VFR ☐ Special VFR ☐ IFR ☐ Special IFR ☐ VFR On Top ☐ VFR Flight Following ☐ Traffic Advisory ☐ Cruise ☐ Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☐ Class B ☐ Class C ☒ Class D ☐ Class E ☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☐ Unknown Altitude of In-Flight Occurrence: _____ ft msl				
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather ☐ Company ☐ Military ☐ Internet ☐ None ☒ Unknown <u>KSEE ATIS</u> <u>125.45</u>			Weather Observation Facility Facility ID: <u>KSEE</u> Observation Time: <u>11:45 AM ±</u> Time Zone: <u>7</u> Distance from Accident Site: <u>KSEE ATIS</u> nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown			
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.01</u> in. Hg ± <u>ATIS</u> or _____ MB		
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl		Visiblity <u>10+</u> miles RVR: _____ feet RVV: _____ miles
Wind Direction ☐ Variable <u>230-240</u> Direction: _____ degrees true	Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>6-7</u> kts	Wind Gusts ☐ Not Gusting <u>V. LIGHT GUST</u> Speed: _____ kts	Density Altitude: _____ ft	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle		Restriction to Visibility (Check all that apply) ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type (Check all that apply) ☐ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☒ Light - <u>STRAIGHT IN - Pgy 271</u> ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>None observed.</u>				

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 ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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

LEFT WING TOUCHED GROUND - BENT WING FRAME FROM TIP TO STRUT.
THIS WING LOWER SPAR APPEARS CRACKED NEAR WING STRUT.
RIGHT WING SCRAPPED AT TIP. LEFT WING AILERON BENT AT MIDSECTION.
LEFT MAIN TIRE/TUBE AND WHEEL RIM DAMAGED.

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

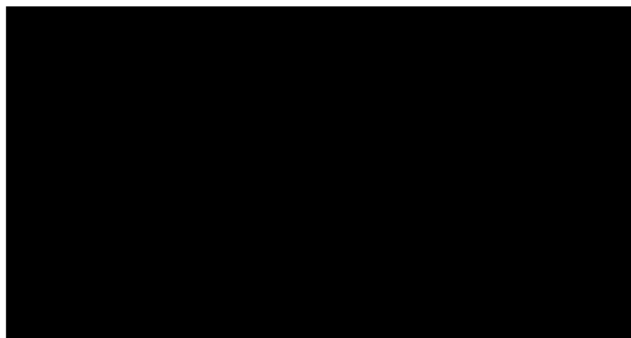
Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

UPON LANDING RUNWAY 27 R IN CROSSWIND - 240-230 - 165 KTS,
AIRCRAFT DRIFTED FROM CENTER LINE TO RIGHT; CORRECTING & PLACING
RIGHT AILERON DOWN & CONTROL Yoke ALL AFT AT MAXIMUM POSITIONS,
AIRCRAFT CONTINUED TO CORRECT BACK TO CENTER LINE OF RUNWAY,
AIRCRAFT SHIFTED TO LEFT WHEN STARTED A GO AROUND WITH
PARTIAL POWER; AIRCRAFT GROUND LOOPED TO LEFT AND ENDED
TO A STOP ON TAXIWAY C. TAXIED TO "CIRCLE AIR" RAMP -

TOWED AIRCRAFT TO SKY HARBOR HANGAR D-15.

NO INJURY TO PILOT AND PASSENGER.

NO DAMAGE TO AIRPORT EQUIPMENT AND/OR PROPERTY THAT I
KNOW AT THIS TIME.



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

Operator/Owner Safety Recommendation

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 INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

46

Gallons

Fuel Type

☐ 80/87☐ 115/145☐ Jet B☐ Other, specify _____☒ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive

Other Services, if Any, Prior to Departure

STEARMAN PRE-FLIGHT INSPECTION

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

AT "CIRCLE AIR" AIRCRAFT RAMP, SHUT DOWN STEARMAN AC
ENGINE; PASSENGER EXITED - PILOT EXITED AIRCRAFT.**OTHER AIRCRAFT - COLLISION** (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

NA

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____

ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

*None -***I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

Date of this Report

01-04-2026

mm/dd/yyyy

Name of Pilot/Operator: _____

Signature: _____

- or -

☒ Check here to electronically sign this document**If a Person Other than Pilot/Operator is Filing Report**

Name: _____

Title: _____

Signature: _____

- or -

☐ Check here to electronically sign this document**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

WPR26LA066

Reviewed by NTSB Regional Office

WPR 26LA066

Name of Investigator

Greg Hughes

Date Report Received

01/07/2026