

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: JAMUL State: CA
 ZIP: 91935 Country: UNITED STATES OF AMERICA
 Latitude: 116.54 Longitude: 32.52
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 2-28-2026 Local Time: 15:30
 mm/dd/yyyy HH:MM
 Time Zone: PDST
 Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N120LF

Manufacturer: QUICKSILVER

Model: GT 400

Serial Number: 1042

Year of Manufacture: 1984

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

Make: ELPER AIRCRAFT

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

Maximum Gross Weight: 716.5 lbs.

Weight at Time of Accident/Incident: 445 lbs.

Number of Seats: 1 Flight Crew Seats: 0

Cabin Crew Seats: 0 Passenger Seats: 0

Number of Engines: 1

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
☐ Certificate of Authorization or Waiver (COA)
☐ None
- Special**
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☒ Special Light-Sport
☒ Experimental Light-Sport
☐ Unknown

Landing Gear (Check all that apply)

- ☐ Retractable
☒ Tricycle
☐ Tailwheel
☐ Emergency Float
☐ Float
☐ Amphibian
☐ Other Launch/Recovery System
☐ None
- ☐ High Skid
☐ Skid
☐ Ski/Wheel
☐ Hull
☐ Ski
☐ 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)	Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	ROTAX	503 SCPI	4068278	1984	50	4		4
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 2-28-2026
 mm/dd/yyyy

Airframe Total Time: 857.2 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: POINTER(AE)

Model or Part No.: 3000-11

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: IVO PROP

Model: ULTRALIGHT

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

"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: _____ Middle Initial: _____ Last Name: _____ Age at time of Accident/Incident: <u>77</u>						City of Residence: <u>SPRING VALLEY</u> State: <u>CA</u> ZIP: <u>91977</u> Country: <u>USA</u> 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 style="width:100%; border: none;"> <tr> <th style="text-align: left; border: none;">Available</th> <th style="text-align: left; border: none;">Used</th> </tr> <tr> <td style="border: none;">☐ None</td> <td style="border: none;">☐ None</td> </tr> <tr> <td style="border: none;">☐ Lap only</td> <td style="border: none;">☐ Lap only</td> </tr> <tr> <td style="border: none;">☒ 3-point</td> <td style="border: none;">☒ 3-point</td> </tr> <tr> <td style="border: none;">☐ 4-point</td> <td style="border: none;">☐ 4-point</td> </tr> <tr> <td style="border: none;">☐ 5-point</td> <td style="border: none;">☐ 5-point</td> </tr> <tr> <td style="border: none;">☐ Unknown</td> <td style="border: none;">☐ 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																																																																																															
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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																																																																																																													
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>12-18-2023</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>PIPER</u> Model: <u>PA18</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 ☐ Airplane Single-Engine ☐ Instrument Airplane ☐ Airplane Multiengine ☐ Instrument Helicopter ☐ Gyroplane ☐ Helicopter ☐ Powered lift ☐ Glider ☐ Sport																																																																																																																
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[illegible]

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: [REDACTED]
City: STANBURY State: CA
ZIP: 91977 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft

☐ The Operator is also the Registered Owner

☒ Same address as Registered Owner

Name: _____
City: _____ State: _____
ZIP: _____ Country: _____

Doing Business As: _____

Air Carrier/Operator Designator (4-character code): _____

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 450
☐ 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
☐ 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

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: NICHOLS FIELD
Airport Identifier: OBJECTIONABLE
Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: _____ sm.
Direction From Airport: _____ degrees true
Airport Elevation: 490 ft. MSL

Runway Information

Runway ID: 25 Length: _____ ft. Width: _____ ft.

Runway/Landing Surface (Check all that apply)

- ☒ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow
☐ Concrete ☐ Gravel ☐ Macadam ☐ Water
☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown
☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area

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 ☒ Aborted Landing (after touchdown)
☐ Crosswind ☐ Unknown

IFR Approach (Check all that apply)

- ☒ 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 (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

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ 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	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ 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	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ 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	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>NICHOLS FIELD</u> City: <u>JAMUL</u> State: <u>CA</u> Country: <u>USA</u>	Time: <u>15:30</u> HH:MM Time Zone: <u>PDST</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>NICHOLS FIELD</u> City: <u>JAMUL</u> State: <u>CA</u> Country: <u>USA</u>	☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown 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: KSDM
Observation Time: 1500
Time Zone: P035
Distance from Accident Site: 8 nm
Direction from Accident Site: _____ degrees true

Basic Conditions☒ VMC☐ IMC☐ Unknown**Lowest Cloud Condition**

Height

_____ ft. AGL

Light Condition☐ Dawn☐ Dusk☐ Dark Night☐ Unknown☒ Day☐ Night☐ Bright Night**Sky/Lowest Cloud Condition**☒ Clear☐ Few☐ Partial☐ Obscuration☐ Scattered☐ Thin Broken☐ Thin Overcast☐ Unknown**Ceiling**☒ None (Clear)☐ Broken☐ Overcast☐ Obscured☐ Indefinite☐ Unknown**Ceiling Height**

_____ ft. AGL

Temperature: _____ (°C) or 90 (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting:29.91 (Hg), or _____ (mb)**Wind Direction**☒ Variable

or

Direction: _____
degrees true**Wind Speed**☐ Calm☒ Light and Variable

or

Speed: _____ kts

Wind Gusts☒ Not Gusting

or

Speed: _____ kts

Visibility10+ 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☐ Trace☐ Light☐ Moderate☐ Severe☐ Unknown

Type

☐ N/A☐ Rime☐ Clear☐ Mixed☐ Unknown**Intensity of Precipitation**☐ Light☐ Moderate☐ Heavy☐ N/A☐ Unknown**Icing Actual**

Amount

☒ None☐ Trace☐ Light☐ Moderate☐ Severe☐ Unknown

Type

☐ N/A☐ Rime☐ Clear☐ Mixed☐ Unknown**Turbulence (Check all that apply)**

Type

☒ None☐ Clear Air☐ Terrain-Induced☐ Convective

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
☐ Fire at Unknown Time
☐ Unknown

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

RIGHT MAIN LANDING GEAR WHEEL SEPARATION FROM AIRCRAFT
FIBERGLASS POD CRACKED AND DENTED
LEFTWING BROKEN & FOLDED UP IN HALF
RIGHT WING FRONT SPAR BROKEN ATE.O.P.

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.

PILOT MADE A HARD LANDING AT NICHOLS FIELD CAUSING AIRCRAFT TO
BOUNCE. PILOT APPLIED FULL POWER TO GO AROUND, BUT TREES AT THE
RUNWAY END WERE TOO CLOSE TO CLIMB OVER. PILOT ELECTED TO
ABORT THE GO AROUND AND SKIDDED INTO THE BRUSH AT THE END OF
RUNWAY, WHICH HAD NOT BEEN CLEARED.

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

SHOULD HAVE USED 30° FLAPS, BUT USED 10° FLAPS IN ERROR.

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

4 Hours

Cycles

Time Since This Part Inspected/Overhauled

4 Hours**FUEL & SERVICES INFORMATION**

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

6 Gallons

Fuel Type

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

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:

STEPPED OUT OF AIRCRAFT ONTO GROUND.**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: 4-3-2026 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. WPR26LA148	Reviewed by NTSB AS Division WPR	Name of Investigator Greg Hughes	Date Report Received 3 APR 2026