

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: FullertonState: CAZIP: 92833Country: US

Latitude:

Longitude:

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

Accident/Incident Date/Time

Date: 04-13-2026Local Time: 14:26mm/dd/yyyy

Time Zone:

America/Los Angeles☐ Midair

Collision with Other

☐ On-ground

Aircraft:

☒ None

AIRCRAFT INFORMATION

Registration Number: N285AHManufacturer: CirrusModel: SR22Serial Number: 1863Year of Manufacture: 2019Amateur-Built: ☐ YesIf yes: ☐ Original Design☒ No☐ Kit/Plans

Make:

☒ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 3600lbsWeight at Time of Accident/Incident: 2985lbsNumber of Seats: 4Flight Crew Seats: 1Cabin Crew Seats: 1Passenger Seats: 2Number of Engines: 1Category of Aircraft
(Select one)

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

Type of Airworthiness Certificate
(Check all that apply)

Standard

- ☐ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☐ Utility

Special

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

☐ Certificate of Waiver or Authorization (COA)☐ None☐ UnknownLanding 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
- ☐ Turbo Shaft
- ☐ Turbo Prop
- ☐ Turbo Jet
- ☐ Turbo Fan
- ☐ Electric
- ☐ Liquid Rocket
- ☐ Solid Rocket
- ☐ Hybrid Rocket
- ☐ None
- ☐ Unknown

Fuel System Type (Reciprocating)

- ☐ Carburetor
- ☐ Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yy yy)	Rated Power ☐ or ☐	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
- «Last_inspection_type_Condition_Inspection» Condition Inspection
- ☐ Unknown

Date of Last Inspection: (mm/dd/yyyy) 09-10-2025Airframe Total Time: 826hours

Hours measured at (Select one)

- ☒ Last Inspection
- ☐ Time of Accident/Incident

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, Axis: Model:
- ☐ Satellite Tracking Device
- ☐ Stall Warning System
- ☐ Video Recording Device
- ☐ Wire Strike Detection
- ☐ Wire Strike Protection
- ☐ Other, Specify:

ELT Installed ☐ Yes ☐ No

Propeller 1

Registered Aircraft Owner			
Name: <u>OSI AviationLLC</u>	State: <u>FL</u>	Fractional Ownership Aircraft:	☐ Yes ☒ No
City: <u>Sarasota</u>	Country: <u>US</u>		
ZIP: <u>34236</u>			

Name:	Doing Business As:	
City:	State:	Air Carrier/Operator Designator (4-character code):
ZIP:	Country:	

☐ 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 Waiver or Authorization (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	● FAR 91 ○ FAR 103 ○ FAR 121 ○ FAR 125 ○ FAR 129 ○ FAR 133 ○ FAR 135 ○ FAR 137 ○ FAR 415 ○ FAR 431 ○ FAR 435 ○ 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	○ Scheduled or Commuter ○ Non-Scheduled or Air Taxi ○ Passenger ○ Cargo ○ Mail Contract Only ○ Domestic ○ International
Revenue Sightseeing Flight? ☐ Yes ☐ No	Air Medical Flight? ☐ Yes ☐ No	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ○ Aerial Application ○ Aerial Observation ○ Air Drop ○ Air Race/Show ○ Banner Tow ○ Business ● Executive/Corporate ○ External Load ○ Ferry ○ Firefighting ○ Flight Test ○ Glider Tow ○ Instructional ○ Other Work Use ○ Personal ○ Positioning ○ Skydiving ○ Unknown

Airport Name: <u>Fullerton</u> Airport Identifier: <u>KFUL</u> Proximity to Airport: ☐ Off Airport/Airstrip • ☒ On Airport/Airstrip ☐ N/A	Distance from Airport Center: <u>0 sm.</u> Direction from Airport: <u>0degrees true</u> Airport Elevation: <u>96ft. MSL</u>
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Runway ID: <u>24</u>	Length: <u>3121 ft.</u>	Width: <u>75 ft.</u>	
Runway/Landing Surface <i>(Check all that apply)</i>			
☒ Asphalt ☐ Concrete ☐ Dirt ☐ Elevated Heliport	☐ Grass/Turf ☐ Gravel ☐ Helideck ☐ Helistop	☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Off-site landing area	☐ Snow ☐ Water ☐ Unknown
			☒ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered
			☐ Snow Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation
			☐ Water-Calm ☐ Water-Glassy ☐ Water-Choppy ☐ Wet ☐ Unknown

○ Taxi ● Takeoff ○ Initial Climb	○ VFR Departure ○ IFR Departure	○ On Instrument Approach ○ Landing	○ Downwind ○ Base ○ Final ○ Crosswind	○ Low Approach ○ Go Around ○ Aborted Landing (after touchdown)
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o 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

"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] City of Residence: Moorpark
 Middle Initial: [REDACTED] State: CA Zip: 93021
 Last Name: [REDACTED] Country: US
 Age at time of Accident/Incident: 65 Date of Birth: [REDACTED] (mm/dd/yyyy)
 Certificate Number: [REDACTED]

Degree of Injury ☐ None ☐ Unknown ☒ Minor ☐ Serious ☐ Fatal	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 ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown </td> <td> ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table> Supplemental Restraint type: _____	Available	Used	☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☐ Not Installed ☒ Installed ☒ Not Deployed ☐ Deployed ☐ Unknown
Available	Used						
☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown						
Pilot Certificate(s) (Check all that apply) ☐ None ✓ ☒ Flight Instructor ✓ ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☒ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer							

Principle Occupation ☒ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ BasicMed ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Class 3 ☐ Unknown	Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance	Date of Last Medical 08-26-2024 _____ mm/dd/yyyy
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Medical Certificate Limitations Must use corrective lens(es) to meet vision standards at all required distances.	Medical Certificate Special Limitations
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Personal Flight Equipment (Check all that apply)

- ☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective 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: 06-05-2024 _____ mm/dd/yyyy	Flight Review Aircraft Make: Daher Model: TBM9
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Airplane Rating(s) <i>(Check all that apply)</i> ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea ☐ None	Other Aircraft Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Helicopter ☐ Airship ☐ Powered Lift ☐ Balloon ☐ Glider ☐ Gyroplane	Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
Type Ratings and Applicable Logbook Endorsements CE-500		Student Endorsements <i>(Include dates)</i>	

Flight Time <i>(Enter hours for each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	7315	400	5325	1990	1175	1625	220					950
Pilot-in-Command	7015	400	5290	1690								
Time as Instructor	350	0	350									
This Make/Model												
Last 90 Days	20	20				1						
Last 30 Days	8	8	8			5						
Last 24 Hrs.	0	0	0	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 ☐ Unknown ☐ Minor ☐ Serious ☐ Fatal	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 Supplemental Restraint type: _____	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	
Principle Occupation ☐ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ BasicMed ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Class 3 ☐ Unknown	Date of Last Medical mm/dd/yyyy	

Medical Certificate Limitations	Medical Certificate Special Limitations
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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: <i>mm/dd/yyyy</i>		Flight Review Aircraft Make: _____ Model: _____									
Airplane Rating(s) <i>(Check all that apply)</i> ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea ☐ None		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Helicopter ☐ Airship ☐ Powered Lift ☐ Balloon ☐ Glider ☐ Gyroplane		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport					
Type Ratings and Applicable Logbook Endorsements					Student Endorsements <i>(Include dates)</i>						

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

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

Additional Crewmember Information First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____		Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
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Personal Flight Equipment *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistantgloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation
☐ Other: _____

Pilot Certificate(s) <i>(Check all the apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	Inflatable Restraints ☐ 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.			

Additional Crewmember Information First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____		Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
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Personal Flight Equipment *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistantgloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation

☐ Other: _____					
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type 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 Inflatable Restraints ☐ 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.)					
Number of Passengers _____					
Passenger Information	Seat	Injury	Restraint Type		Inflatable Restraints
First Name: City: Middle Initial: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ 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 Supplemental Restraint, specify:		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
First Name: City: Middle Initial: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ 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 Supplemental Restraint, specify:		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
First Name: City: Middle Initial: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ 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 Supplemental Restraint, specify:		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown

☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____					
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 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

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>KFUL</u> City: <u>Fullerton</u> State: <u>CA</u> Country: <u>US</u>	Time: <u>14:26</u> Time Zone: <u>America/Los_Angeles</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>KCMA</u> City: <u>Camarillo</u> State: <u>CA</u> Country: <u>US</u>	☒ None ☐ VFR/IFR ☐ Company ☐ IFR VFR ☐ Unknown ☐ Military VFR ☐ VFR Activated? ☐ Yes ☒ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply)☐ None

- | | | | | |
|---|--------------------------------------|--------------------------------------|---|---------------------------------------|
| ☐ Certificate of Authorization | ☐ Special VFR | ☐ Special IFR | ☐ VFR Flight Following | ☐ Cruise |
| ☒ VFR | ☐ IFR | ☐ VFR On Top | ☐ Traffic Advisory | ☐ Unknown / NA |

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

- | | | | | |
|---|--|---|---|--|
| ☐ Class A | ☐ Class G | ☐ Military Operations Area (MOA) | ☐ Special | Altitude of In-Flight Occurrence:
<u>ft. MSL</u> |
| ☐ 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 | | |

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)		Weather Observation Facility	
☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☒ Electronic Flight Bag-Application: <u>Foreflight</u> ☐ On-Board Weather	☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown	Facility ID: <u>KFUL</u> Observation Time: <u>13:53</u> Time Zone: <u>America/Los_Angeles</u> Distance from Accident Site: <u>1</u> nm Direction from Accident Site: <u>180</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Lowest Cloud Condition Height <u>4700 ft. AGL</u>	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition	Ceiling	Ceiling Height <u>5500 ft. AGL</u>	

☐ Clear ☐ Few ☐ Partial Obscuration ☒ Scattered	☐ Thin Broken ☐ Thin Overcast ☐ Unknown	☐ None (Clear) ☒ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	Temperature: 18 (°C) or (°F) Dewpoint: 07 (°C) or (°F)	
Altimeter Setting: 3003 Hg or mb	Wind Direction ☐ Variable Direction: 190 or degrees true	Wind Speed ☐ Calm ☐ Light and Variable or Speed: 9 kts	Wind Gusts ☐ Not Gusting or Speed: 22 kts	Visibility 10 miles RVR: feet RVV: miles Destiny Altitude: 364 ft
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	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 ☐ Clean 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:

FUL 04/001: OBSTPOWER LINE LGT (ASN 2020-AWP-4763-OE) 335737N1175157W (7.7NM NE FUL) 1064FT (201FT AGL) U/S. Effective: April 10, 2026, 2102Z to April 25, 2026, 2102Z. FUL 03/011: AIRSPACE UAS WI AN AREA DEFINED AS335400N1180000W (2.0NM NW FUL) TO 335400N1180300W (3.9NM WNW FUL) TO 335000N1180300W (4.2NM SW FUL) TO 335000N1175700W (2.8NM SE FUL) TO 335200N1175700W (1.5NM E FUL) TO 335200N1180000W (1.1NM WSW FUL) TO POINT OF ORIGIN SFC-400FT AGL DLY 0000-2359. Effective: April 2, 2026, 0000Z to December 31, 2026, 2359Z. FDC 5/1674 SID FULLERTON MUNI, FULLERTON, CA. ANAHEIM ONE DEPARTURE... (various transitions, e.g., HECTOR or LAKE HUGHES) NA EXCEPT FOR ACFT EQUIPPED WITH SUITABLE RNAV SYSTEM WITH GPS

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

Aircraft nose damaged. Propeller destroyed. Lower cowlings damaged. Nose gear detached and damaged. Left main gear damaged. Left wing torn and damaged. Left wing root area crumpled and damaged. Runway edge light damaged. Taxiway sign 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.

I performed a normal preflight and walk around and had a normal engine start using the aircraft's standard checklist. I received a taxi clearance from ATC and proceeded to the runway via taxiway Alpha. I used the aircraft's checklist, completed an engine check and then received a takeoff clearance. I taxied onto the runway for departure with my routine scans for traffic on final and for a fouled runway. The takeoff was normal, engine power was normal and parameters were in the green. I made a normal rotation and at that moment the seat went all the way back on the tracks. The aircraft immediately pitched up and yawed to the left. I was unable to correct this sudden situation and was unable to reach the controls. The aircraft impacted the ground within seconds and came to an abrupt stop. I quickly ascertained that I wasn't seriously hurt and opened the pilot cabin door. I saw there was no fire and I immediately shut off the fuel and electrical power. I then exited the aircraft and moved to a safe distance.

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

It was evident that the seat latch disengaged, causing my seat to travel to the rear stop, leaving me unable to control the aircraft at rotation, the most critical point of takeoff. When I entered the cockpit I adjusted the seat in accordance with the manufacturer's instructions, my training and my experience with this type of seat latch mechanism. There needs to be a more secure method and I only became aware of Cirrus Service Bulletin SB2X-25-31R1 after the incident.

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 <i>(Convert from pounds, as necessary)</i> 60Gallons _____	Fuel Type • 100 Low Lead ○ Automotive ○ Jet A ○ Jet A-1 ○ Unleaded AV ○ Other, specify _____	
Other Services, if any, prior to departure: None		
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: I, as the sole occupant, opened the left cabin door and exited the aircraft through the left side.		
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> aircraft.)		
Aircraft Registration Number _____	Manufacturer: Model: _____	Damage to Other Aircraft: ☐ Destroyed ☐ Substantial ☐ Minor ☐ None
Registered Owner of Other Aircraft Name: _____ City: _____ State: <u>ZIP:</u> _____ Country: _____	Pilot of Other Aircraft Name: _____ City: _____ State: <u>ZIP:</u> _____ 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.

By signing this form, I am consenting to the public release of the information provided herein.

Date of this report:

Fri Apr 17 2026

mm/dd/yyyy

Name of Pilot/Operator:

[REDACTED]

Signature:

-or- ☒ Check hereto electronically sign this document

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

Name: _____ **Title:** _____

Signature: _____

-or- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
WPR26LA159	OAS-WPR	Grant Mills	04/28/2026