

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: VernalState: UTZIP: 84078Country: USLatitude: 40.436°NLongitude: 109.511°W(Enter in decimal degrees or
degrees:minutes:seconds)**Accident/Incident Date/Time**Date: 05-16-2026Local Time: 14:00*mm/dd/yyyy*Time Zone: America/Boise**Collision with Other**☐ Midair**Aircraft:**☐ On-ground☒ None**AIRCRAFT INFORMATION**Registration Number: N252LMManufacturer: CirrusModel: SR22Serial Number: 0543Year of Manufacture: 2013Amateur-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: 3300lbsNumber of Seats: 4Flight Crew Seats: 2

Cabin Crew Seats:

Passenger Seats: 2Number 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 | Special |
| ☒ Normal | ☐ Restricted |
| ☐ Aerobatic | ☐ Limited |
| ☐ Balloon | ☐ Provisional |
| ☐ Commuter | ☐ Special Flight |
| ☐ Transport | ☐ Experimental |
| ☐ Utility | ☐ Special Light-Sport |
| | ☐ Experimental Light-Sport |
| ☐ Certificate of Waiver or Authorization (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/yy yy)	Rated Power • or ○	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	TCM	TSIO-550K	1008378	01-25-2013	315	1086	27	1086
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

- ☐ 100-Hour
- ☐ AAIP
- ☒ Annual
- ☐ Continuous Airworthiness
- «Last_inspection_type_Condition_Inspection» Condition
- ☐ Unknown

Date of Last Inspection: (mm/dd/yyyy) 04-28-2026Airframe Total Time: 1086 hours

Hours measured at (Select one)

- ☐
- Last Inspection
- ☐
- Time of Accident/Incident

Additional Equipment

- | | |
|--|--|
| ☒ ADS-B | ☒ Handheld GPS |
| ☒ Airframe Parachute | ☐ Heads Up Display |
| ☒ Angle of Attack Indicator | ☐ Night Vision Goggles |
| ☒ Autopilot | ☐ Onboard Weather |
| ☐ Autopilot/FMS, Model_ | ☒ Primary Flight Display |
| ☒ Coupled Flight Director | ☐ SAS, Axis: Model: |
| ☐ Data Recorder | ☐ Satellite Tracking Device |
| ☒ Device Stall Warning System | ☒ Stall Warning System |
| ☒ Electronic Flight Bag or Handheld Device | ☐ Video Recording Device |
| ☒ Electronic Multifunction Display | ☐ Wire Strike Detection |
| ☒ Electronic Primary Flight Display | ☐ Wire Strike Protection |
| ☒ Flight Management System | ☐ Other, Specify: |

ELT Installed ☒ Yes ☐ No

Propeller 1

Registered Aircraft Owner			
Name: <u>Forest Restoration Inc</u>	State: <u>OR</u>	Fractional Ownership Aircraft:	☐ Yes ☒ No
City: <u>Philomath</u>	Country: <u>US</u>		
ZIP: <u>97370</u>			

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

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport.)				
Airport Name: <u>Vernal Regional</u>		Distance from Airport Center: <u>sm.</u>		
Airport Identifier: <u>KVEL</u>		Direction from Airport: <u>degrees true</u>		
Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A		Airport Elevation: <u>5274ft. MSL</u>		
Runway Information		Condition of Runway/Landing Surface <i>(Check all that apply)</i>		
Runway ID: <u>17</u>	Length: <u>7000 ft.</u>	Width: <u>100 ft.</u>		
Runway/Landing Surface <i>(Check all that apply)</i>				
☒ Asphalt	☐ Grass/Turf	☐ Ice	☐ Snow	
☐ Concrete	☐ Gravel	☐ Macadam	☐ Water	
☐ Dirt	☐ Helideck	☐	☐ Unknown	
☐ Elevated	☐ Helistop	Metal/Wood		
Heliport		☐ Off-site landing area		
			☐ Dry	☐ Snow Compacted
			☐ Holes	☐ Snow-Crusted
			☐ Ice Covered	☐ Snow-Dry
			☐ Rough	☐ Snow-Wet
			☐ Rubber Deposits	☐ Soft
			☐ Slush-Covered	☐ Vegetation
				☐ Water-Calm
				☐ Water-Glassy
				☐ Water-Choppy
				☐ Wet
				☐ Unknown
Approach/Departure Segment <i>(Select one)</i>				
☐ Taxi	☐ VFR Departure	☐ On Instrument Approach	☐ Downwind	☐ Low Approach
☐ Takeoff	☐ IFR Departure	☒ Landing	☐ Base	☐ Go Around
☐ Initial Climb	Procedure/Clearance		☐ Final	☐ Aborted Landing (after touchdown)
			☐ Crosswind	

o Unknown

IFR Approach (Check all that apply)☐ None

- ☐ ADF/NDB ☐ PAR ☐ MLS
☐ SDF ☐ Sidestep ☐ LDA
☐ VOR/TVOR ☐ ILS ☐ ASR
☐ VOR/DME ☐ Localizer Only ☒ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
 ☐ Circling
☐ RNAV

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**

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

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No**"Flight Crewmember 1" Identification:**

First Name: [REDACTED] City of Residence: Philomath
 Middle Initial: [REDACTED] State: OR Zip: 97370
 Last Name: [REDACTED] Country: US
 Age at time of Accident/Incident: 61 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury • None ☐ Unknown ☐ Minor ☐ Serious ☐ Fatal	Seat Occupied • Left o Front o Unknown • Right o Rear o Center o Single	Restraint Type <table border="0"> <tr> <td>Available</td> <td>Used</td> </tr> <tr> <td>o None</td> <td>o None</td> </tr> <tr> <td>o Lap only</td> <td>o Lap only</td> </tr> <tr> <td>o 3-point</td> <td>o 3-point</td> </tr> <tr> <td>o 4-point</td> <td>o 4-point</td> </tr> <tr> <td>• 5-point</td> <td>• 5-point</td> </tr> <tr> <td>o Unknown</td> <td>o Unknown</td> </tr> </table>	Available	Used	o None	o None	o Lap only	o Lap only	o 3-point	o 3-point	o 4-point	o 4-point	• 5-point	• 5-point	o Unknown	o Unknown	Inflatable Restraints ☐ Not Installed ☒ Installed ☒ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																
o None	o None																
o Lap only	o Lap only																
o 3-point	o 3-point																
o 4-point	o 4-point																
• 5-point	• 5-point																
o Unknown	o 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 type: _____															
Principle Occupation ☐ Pilot • Other ☐ Unknown	Medical Certificate ☐ None o BasicMed ☐ Class 1 o Driver's License (Sport Pilot only) ☐ Class 2 • Class 3 o Unknown	Medical Certificate Validity ☐ Without limitations/waivers o Unknown • With limitations/waivers o N/A ☐ Special Issuance	Date of Last Medical 10-02-2024 _____ mm/dd/yyyy														

Medical Certificate Limitations

Corrective Lenses

Medical Certificate Special Limitations**Personal Flight Equipment** (Check all that apply)

- ☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/goggles ☐ 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:**

05-31-2025

mm/dd/yyyy

Flight Review Aircraft**Make:** Cirrus**Model:** SR22

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	1454	580	1454	0	18							
Pilot-in-Command	1337	579	1337	0	18							
Time as Instructor	0	0	0	0	0							
This Make/Model						5						
Last 90 Days	66	66		0	0							
Last 30 Days	31	31	31	0	0							
Last 24 Hrs.	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/goggles ☐ 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) <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 resistant gloves
☐ 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 Used ☐ 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 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
---	--	---	--

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: _____							
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 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. _____		Supplemental Restraint, specify: _____			

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

Number of Passengers _____	Seat	Injury	Restraint Type	Inflatable Restraints	Age	
First Name: [REDACTED] City: <u>Philomath</u> Middle Initial: [REDACTED] State: <u>OR</u> Zip: <u>97370</u> Last name: [REDACTED] Country: <u>US</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	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ 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	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ 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	☐ 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 <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ 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>KGNG</u> City: <u>Gooding</u> State: <u>ID</u> Country: <u>US</u>	Time: <u>12:00</u> Time Zone: <u>America/Boise</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>KVEL</u> City: <u>Vernal</u> State: <u>UT</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	Facility ID: <u>KVEL</u> Observation Time: <u>14:00</u> Time Zone: <u>America/Boise</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Lowest Cloud Condition Height <u>25000 ft. AGL</u>
Sky/Lowest Cloud Condition	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night
Ceiling	Ceiling Height ft. AGL

● Clear ○ Few ○ Partial Obscuration ○ Scattered	○ Thin Broken ○ Thin Overcast ○ Unknown	● None (Clear) ○ Broken ○ Overcast ○ Obscured ○ Indefinite ○ Unknown	Temperature: (°C) or 55 (°F) Dewpoint: (°C) or (°F)
Altimeter Setting: Hg or mb	Wind Direction ☐ Variable or Direction: <u>240</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable or Speed: <u>16</u> kts	Wind Gusts ☐ Not Gusting or Speed: <u>19</u> kts
Visibility <u>10</u> miles RVR: feet RVV: miles Destiny Altitude: ft			Restriction to Visibility (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
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:			
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.) Landing gear, structural, propeller, and structural			
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.			

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

- ☐ 100 Low Lead
- ☐ Automotive

- ☐ Jet A
- ☐ Jet A-1

- ☐ Unleaded AV
- ☐ Other, specify _____

Gallons _____

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:

Model: _____

Damage to Other Aircraft:

- ☐ Destroyed
☐ Substantial
☐ Minor
☐ None

Registered Owner of Other Aircraft

Name:

City: _____

State: ZIP: _____

Country: _____

Pilot of Other Aircraft

Name:

City:

State: ZIP: _____

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:

Mon May 25 2026

mm/dd/yyyy

Name of Pilot/Operator:

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. WPR26LA192	Reviewed by NTSB AS Division OAS WPR	Name of Investigator S.B. Johnson	Date Report Received 5/27/2026
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