

**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: LOGANVILLE State: GA  
 ZIP: 30052 Country: USA  
 Latitude: 33-47-49.398N Longitude: 83-51-04.651W  
 (Enter in decimal degrees or degrees:minutes:seconds)

**Accident/Incident Date/Time**

Date: 12/25/2024 Local Time: 16 45  
 mm/dd/yyyy HH:MM

Time Zone: EASTERN STANDARDCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N6665KManufacturer: AERONCAModel: SEAN ISACSerial Number: ISAC-533Year of Manufacture: 1950
 Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans

Make: \_\_\_\_\_

☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 2050 lbs.Weight at Time of Accident/Incident: 1466 lbs.Number of Seats: 4 Flight Crew Seats: 1Cabin Crew Seats: 0 Passenger Seats: 3Number 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  
☐ 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/yyyy)	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>CONTINENTAL</u>	<u>O300-A</u>	<u>39060-8-2</u>	<u>06-02-1980</u>	<u>145</u>	<u>2937</u>		<u>25</u>
Eng. 2								
Eng. 3								
Eng. 4								

**Last Inspection Type**

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

Date of Last Inspection: 07/02/2024  
mm/dd/yyyyAirframe Total Time: 3298.9 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: AMERICANModel or Part No.: AR450TSO No.: ☐ C91 (121.5 MHz) ☒ C91a (121.5 MHz)  
☐ C126 (406 MHz)Was ELT still mounted in aircraft? ☒ Yes ☐ NoWas ELT still connected to antenna? ☒ Yes ☐ NoDid ELT activate? ☒ Yes ☐ NoIf activated: Did ELT aid in locating aircraft? ☐ Yes ☒ NoIf not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown**Propeller 1**

- ☒ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: MCCAULEYModel: DM 7649**Propeller 2**

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

OWNER/OPERATOR OF NEW AIRCRAFT		
<b>Registered Aircraft Owner</b> Name: <u>SHE-RAT AVIATION</u> City: <u>WILMINGTON</u> State: <u>DE</u> ZIP: <u>19808</u> Country: <u>USA</u>		
<b>Fractional Ownership Aircraft:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Operator of Aircraft</b> <input type="checkbox"/> The Operator is also the Registered Owner <input type="checkbox"/> Same address as Registered Owner Name: <u>JOHN S. CARR</u> City: <u>LOGANVILLE</u> State: <u>GA</u> ZIP: <u>30057</u> Country: <u>USA</u>		
<b>Operating Certificates Held</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	<b>Regulation Flight Conducted Under</b> <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 <input type="radio"/> FAR 450 <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown	<b>Revenue Operation for FAR 121, 125, 129, 135</b> <i>(Select one for each group)</i> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International  <input type="radio"/> Passenger <input checked="" type="radio"/> N/A <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only
<b>Revenue Sightseeing Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Air Medical Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Purpose of Flight for FAR 91, 103, 133, 137</b> <i>(Select one)</i> <input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Aerial Observation <input type="radio"/> Flight Test <input type="radio"/> Air Drop <input type="radio"/> Glider Tow <input type="radio"/> Air Race/Show <input type="radio"/> Instructional <input type="radio"/> Banner Tow <input type="radio"/> Other Work Use <input type="radio"/> Business <input checked="" type="radio"/> Personal <input type="radio"/> Executive/Corporate <input type="radio"/> Positioning <input type="radio"/> External Load <input type="radio"/> Skydiving <input type="radio"/> Ferry <input type="radio"/> Unknown
<b>AIRPORT INFORMATION</b> <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>		
Airport Name: <u>SPRING VALEEM FARM</u> Airport Identifier: <u>6G44</u> Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		Distance From Airport Center: <u>0.25</u> sm. Direction From Airport: <u>240</u> degrees true Airport Elevation: <u>920</u> ft MSL
<b>Runway Information</b> Runway ID: <u>24</u> Length: <u>2500</u> ft Width: <u>150</u> ft.		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i> <input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Grass/Turf <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Dirt <input type="checkbox"/> Helideck <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Elevated Heliport <input type="checkbox"/> Helistop <input type="checkbox"/> Off-site landing area		
<b>Approach/Departure Segment</b> <i>(Select one)</i> <input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach <input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input type="radio"/> Landing <input type="radio"/> Base <input checked="" type="radio"/> Go Around <input type="radio"/> Initial Climb <input type="radio"/> Final <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> Crosswind <input type="radio"/> Unknown		
<b>IFR Approach</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TWOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> RNAV <input type="checkbox"/> Circling		<b>VFR Approach</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input checked="" type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input checked="" type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> 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: JOHN

Middle Initial: S

Last Name: CARR

Age at time of Accident/Incident: 70

City of Residence: LOGANVILLE

State: GA ZIP: 30052

Country: USA

Date of Birth: [REDACTED] (mm/dd/yyyy)

Certificate Number: [REDACTED]

**Degree of Injury**

☐ None ☒ Serious  
☐ Unknown ☐ Fatal  
☐ Minor

**Seat Occupied**

☒ Left ☐ Front ☐ Unknown  
☐ Right ☐ Rear  
☐ Center ☐ Single

**Restraint Type**

**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 ☐ Sport  
☐ Student ☐ Flight Engineer

Supplemental Restraint, specify: \_\_\_\_\_

**Principal Occupation**

☐ Pilot  
☒ Other  
☐ Unknown

**Medical Certificate**

☐ None ☒ Class 3 ☐ Unknown  
☐ 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**

09/24/2024  
 (mm/dd/yyyy)

**Medical Certificate Limitations**

MUST WEAR CORRECTIVE LENSES

**Medical Certificate Special Limitations**

N/A

**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: SUNGLASSES/HAT

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

04/22/2024  
 (mm/dd/yyyy)

**Flight Review Aircraft**

Make: CESSNA  
 Model: 172N

**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 ☐ Glider  
☐ Powered lift ☐ Sport

**Type Ratings and Applicable Logbook Endorsements**

N/A

**Student Endorsements (Include dates)**

N/A

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	3164.6	110.5	2421.9	694.4	147.1	701.1	129.2	0	0	0	0	1511.8
Pilot in Command (PIC)	2962.2	110.5	2415.0	680.0	147.1	701.1	129.2	0	0	0	0	1500.0
Time as Instructor	0	0	0	0	0	0	0	0	0	0	0	0
This Make/Model												
Last 90 Days	11.3	10.5	10.5	0.8	0	0	0	0	0	0	0	10.5
Last 30 Days	3.0	2.2	2.2	0.8	0	0	0	0	0	0	0	2.2
Last 24 Hours	0	0	0	0	0	0	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 ☐ Serious  
☐ Unknown ☐ Fatal  
☐ Minor

**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 ☐ Sport  
☐ Student ☐ Flight Engineer

Supplemental Restraint, specify: \_\_\_\_\_

**Principal Occupation**

☐ Pilot  
☐ Other  
☐ Unknown

**Medical Certificate**

☐ None ☐ Class 3 ☐ Unknown  
☐ Class 1 ☐ BasicMed  
☐ Class 2 ☐ Driver's License (Sport Pilot Only)

**Medical Certificate Validity**

☐ Without limitations/waivers ☐ Unknown  
☐ With limitations/waivers ☐ N/A  
☐ Special Issuance

**Date of Last Medical**

mm/dd/yyyy

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

☐ Fire-resistant flightsuit ☐ 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) (Check all that apply)**

☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

**Other Aircraft Rating(s) (Check all that apply)**

☐ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

**Instrument Rating(s) (Check all that apply)**

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

**Instructor Rating(s) (Check all that apply)**

☐ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multiengine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered lift ☐ Sport

**Type Ratings and Applicable Logbook Endorsements****Student Endorsements (Include dates)**

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

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

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
<b>Personal Flight Equipment</b> (Check all that apply) <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____			
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		<b>Restraint Type</b> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs.	<b>Supplemental Restraint, specify:</b> _____	

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
<b>Personal Flight Equipment</b> (Check all that apply) <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal Locator Beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____			
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		<b>Restraint Type</b> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs.	<b>Supplemental Restraint, specify:</b> _____	

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

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

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

### FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>GGAL</u> City: <u>LOGANVILLE</u> State: <u>GA</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>1545</u> <small>HH:MM</small> Time Zone: <u>EST</u>	<b>Flight Information</b> Flight Number: _____ Operating as Flight _____	<b>Destination</b> Airport ID: <u>2GAL</u> City: <u>LOGANVILLE</u> State: <u>GA</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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**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: 940 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: KCVG  
 Observation Time: 1530  
 Time Zone: EASTERN  
 Distance from Accident Site: 10 nm  
 Direction from Accident Site: 190 degrees true

**Basic Conditions**

- ☒ VMC  
☐ IMC  
☐ Unknown

**Lowest Cloud Condition**Height CLEAR ft. AGL**Light Condition**

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

**Sky/Lowest Cloud Condition**

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

**Ceiling**

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

**Ceiling Height**

\_\_\_\_\_ ft. AGL

Temperature: 10 (°C) or \_\_\_\_\_ (°F)Dewpoint: 0 (°C) or \_\_\_\_\_ (°F)**Altimeter Setting:**30.24 (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

Visibility 10 miles

RVR: \_\_\_\_\_ feet

RVV: \_\_\_\_\_ miles

Density Altitude: \_\_\_\_\_ ft.

**Type of Precipitation (Check all that apply)**

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

**Restriction to Visibility (Check all that apply)**

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

**Icing Forecast**

Amount  
☒ None  
☐ 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    Severity  
☒ None    ☐ Light  
☐ Clear Air    ☐ Moderate  
☐ Terrain-Induced    ☐ Severe  
☐ Convective    ☐ Extreme  
 Turbulence

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

N/A

<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>					
<b>Aircraft Damage</b> <input type="radio"/> None <input type="radio"/> Minor	<input checked="" type="radio"/> Substantial <input type="radio"/> Destroyed <input type="radio"/> Unknown	<b>Aircraft Fire</b> <input checked="" type="radio"/> None <input type="radio"/> In-Flight <input type="radio"/> On-Ground	<input type="radio"/> Both Ground and In-Flight <input type="radio"/> Fire at Unknown Time <input type="radio"/> Unknown	<b>Aircraft Explosion</b> <input checked="" type="radio"/> None <input type="radio"/> In-Flight <input type="radio"/> On-Ground	<input type="radio"/> Both Ground and In-Flight <input type="radio"/> Fire at Unknown Time <input type="radio"/> Unknown
<b>Description of Damage to Aircraft and Other Property</b> (Use additional sheet, if necessary.) <div style="font-family: cursive; font-size: 1.2em; padding: 10px;">           2 TREES DAMAGED            WINGS SEPARATED FROM FUSELAGE LEFT LANDING GEAR FOLDED, WING STRUTS SEPARATED            PROPELLER BENT <del>ENGINE CRANKSHAFT BROKEN</del> FUSELAGE BENT            ERROR R         </div>					
<b>NARRATIVE HISTORY OF FLIGHT</b> (Please type or print in ink.) <div style="font-family: cursive; font-size: 1.5em; padding: 20px; text-align: center;">           SEE PAGE 9         </div>					
<b>OPERATOR/OWNER SAFETY RECOMMENDATION</b> (How could this accident/incident have been prevented?) <div style="font-family: cursive; font-size: 1.2em; padding: 20px;">           EXECUTING A GO AROUND 5 SECONDS SOONER MAY HAVE            PREVENTED THE WHOLE THING.         </div>					



**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)

\_\_\_\_\_ 16 \_\_\_\_\_ 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 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:

PILOT EXITED LEFT CABIN DOOR

**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.)

Departure time 1545 EST

After about a 1 hour flight, I was on final approach to runway 24, the only runway at the airport. Due to the local geography we always take off runway 06 and land runway 24. There was bright sunshine in my eyes which was overpowering my sunglasses. I tried to identify familiar landmarks peripherally, but became unaware of my position in the landing area. I attempted to go around but hit trees. The airplane in a climbing left turn attitude hit trees and spun the plane to the left, which resulted in both wings being removed and the remaining aircraft settling on its left side. I was able to open the left door and walk away. The terrain was flat with several trees at the edge of the runway..

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:

01/07/2025  
mm/dd/yyyy

Name of Pilot/Operator:

JOHN S. CARR

Signature:

-or-

☐ Check here to electronically sign this document

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

Name:

Title:

Signature:

-or- ☐ Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ERA25LA085

Reviewed by NTSB AS Division

ERA

Name of Investigator

Read

Date Report Received

1/14/2025