

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: LLano State: TX
ZIP: 78643 Country: US
Latitude: 30°47'23.2"N Longitude: 98°39'37.5"W

Accident/Incident Date/Time
Date: 02/06/2025 Local Time: 15:00
Time Zone: CST
Collision with Other Aircraft: None

AIRCRAFT INFORMATION

Registration Number: N73081
Manufacturer: Cessna
Model: C140
Serial Number: 10297
Year of Manufacture: 1,946
Amateur-Built: No

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft
Maximum Gross Weight: 1,450 lbs.
Weight at Time of Accident/Incident: 1,380 lbs.
Number of Seats: 2 Flight Crew Seats: 1
Cabin Crew Seats: 0 Passenger Seats: 1
Number of Engines: 1

Category of Aircraft: Airplane
Type of Airworthiness Certificate: Standard Normal
Landing Gear: Tailwheel
Engine Type: Reciprocating
Fuel System Type: Carburetor

Table with 9 columns: Engine, Engine Manufacturer, Engine Model/Series, Engine Serial Number, Date of Mfg., Rated Power, Total Time, Time Since Inspection, Time Since Overhaul. Row 1: Eng. 1, Continental, C75/C85-12, 4779-7-12, 02/25/2011, 85, 207, 198, 207.

Last Inspection Type: Annual
Date of Last Inspection: 05/03/2024
Airframe Total Time: 2,085.6 hrs

Additional Equipment: 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, Satellite Tracking Device, Stall Warning System, Video Recording Device, Wire Strike Detection, Wire Strike Protection

Type of Maintenance Program: Annual
Description of Fire Extinguishing System: None

ELT Installed: Yes
ELT Manufacturer: Ameri-King
Model or Part No.: 497575
TSO No.: C91a (121.5 MHz)
Was ELT still mounted in aircraft? Yes
Did ELT activate? No

Propeller 1: Fixed Pitch
Manufacturer: McCauley
Model: 1B90
Propeller 2: Fixed Pitch

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: Christopher Halko  
 City: Georgetown State: TX  
 ZIP: 78628 Country: US

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: Llano Municipal Airport  
 Airport Identifier: KAQO  
 Proximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  N/A

Distance From Airport Center: 0.20 sm.  
 Direction From Airport: 220.00 degrees true  
 Airport Elevation: 1,102.00 ft. MSL

**Runway Information**

Runway ID: 17 Length: 4,202 ft. Width: 75 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

**“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: Ryan

City of Residence: Leander

Middle Initial: M

State: TX ZIP: 78641

Last Name: Popejoy

Country: US

Age at time of Accident/Incident: 20

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

Certificate Number: [REDACTED]

<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Serious <input type="radio"/> Unknown <input type="radio"/> Fatal <input type="radio"/> Minor	<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input checked="" type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	<b>Restraint Type</b> <b>Available</b> <input type="radio"/> None <input checked="" type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input checked="" 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 checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
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**Pilot Certificate(s)** (Check all that apply)

<input type="checkbox"/> None	<input checked="" type="checkbox"/> Flight Instructor	<input checked="" 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"/> Sport
<input type="checkbox"/> Student	<input type="checkbox"/> Flight Engineer	

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

<b>Principal Occupation</b> <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Unknown <input checked="" type="radio"/> Class 1 <input type="radio"/> BasicMed <input type="radio"/> Class 2 <input type="radio"/> Driver’s License (Sport Pilot only)	<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	<b>Date of Last Medical</b> <u>09/19/2022</u> mm/dd/yyyy
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**Medical Certificate Limitations**  
Must wear corrective lenses

**Medical Certificate Special Limitations**

**Personal Flight Equipment** (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>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>11/21/2024</u> mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: <u>Piper</u> Model: <u>Pa-44</u>
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<b>Airplane Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multiengine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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<b>Type Ratings and Applicable Logbook Endorsements</b> <u>Tailwheel Endorsement</u>	<b>Student Endorsements</b> (Include dates)
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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	652	10	615	37	75	14	93					20
Pilot in Command (PIC)	559	10	532	26	72	14	70					10
Time as Instructor	260	9	254	6	31	7	0					9
This Make/Model												
Last 90 Days	190	10	177	13	31	3	1					20
Last 30 Days	78	10	72	6	18	3	0					10
Last 24 Hours	8	8	8	0	4	0	0					8

**"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: Christopher  
 Middle Initial: J  
 Last Name: Halko  
 Age at time of Accident/Incident: 19

City of Residence: Georgetown  
 State: TX ZIP: 78628  
 Country: US  
 Date of Birth: [REDACTED] (mm/dd/yyyy)  
 Certificate Number: [REDACTED]

<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Serious <input type="radio"/> Unknown <input type="radio"/> Fatal <input type="radio"/> Minor	<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	<b>Restraint Type</b> <b>Available</b> <input type="radio"/> None <input checked="" type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input checked="" 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 checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
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**Pilot Certificate(s)** (Check all that apply)

<input type="checkbox"/> None	<input checked="" type="checkbox"/> Flight Instructor	<input checked="" 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"/> Sport
<input type="checkbox"/> Student	<input type="checkbox"/> Flight Engineer	

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

<b>Principal Occupation</b> <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Unknown <input checked="" type="radio"/> Class 1 <input type="radio"/> BasicMed <input type="radio"/> Class 2 <input type="radio"/> Driver's License (Sport Pilot Only)	<b>Medical Certificate Validity</b> <input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	<b>Date of Last Medical</b> <u>08/08/2022</u> mm/dd/yyyy
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<b>Medical Certificate Limitations</b>	<b>Medical Certificate Special Limitations</b>
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**Personal Flight Equipment** (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>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>12/08/2024</u> mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: <u>Piper</u> Model: <u>Pa-28-181</u>
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<b>Airplane Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Instrument Airplane <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multiengine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered lift <input type="checkbox"/> Sport
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<b>Type Ratings and Applicable Logbook Endorsements</b>	<b>Student Endorsements</b> (Include dates)
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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	315	9	310	5	42	11	70					9
Pilot in Command (PIC)	242	0	242	0	35	5	66					0
Time as Instructor	22	0	22	0	8	1	0					0
This Make/Model					4	0	0					
Last 90 Days	39	9	34	5	8	2	9					9
Last 30 Days	23	9	19	4	8	1	1					9
Last 24 Hours	8	8	8	0	4	0	0					8

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

<b>Additional Crewmember Information</b>		<b>Seat Occupied</b>	<b>Injury</b>
First Name: _____ City of Residence: _____		<input type="radio"/> Left <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single <input type="radio"/> Right <input type="radio"/> Unknown <input type="radio"/> Front	<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 (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"/> 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) (Check all the apply)</b>		<b>Restraint Type</b>	<b>Inflatable Restraints</b>
<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>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>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
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs.	<b>Supplemental Restraint, specify:</b> _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	

<b>Additional Crewmember Information</b>		<b>Seat Occupied</b>	<b>Injury</b>
First Name: _____ City of Residence: _____		<input type="radio"/> Left <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single <input type="radio"/> Right <input type="radio"/> Unknown <input type="radio"/> Front	<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 (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"/> 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) (Check all the apply)</b>		<b>Restraint Type</b>	<b>Inflatable Restraints</b>
<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>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>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
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs.	<b>Supplemental Restraint, specify:</b> _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	

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

Number of Passengers _____					
<b>Passenger Information</b>	<b>Seat</b>	<b>Injury</b>	<b>Restraint Type</b>	<b>Inflatable Restraints</b>	<b>Age</b>
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____  <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> 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>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  <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
<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: _____					

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>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>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>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**

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>KAQO</u> City: <u>Llano</u> State: <u>TX</u> Country: <u>US</u>	Time: <u>14:50</u> <small>HH:MM</small> Time Zone: <u>CST</u>	Flight Number: <u>N73081</u> Operating as Flight _____	Airport ID: <u>KAQO</u> City: <u>Llano</u> State: <u>TX</u> Country: <u>US</u>	<input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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**

<p><b>Source of Pilot Weather Information</b> (Check all that apply)</p> <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> None <input checked="" type="checkbox"/> Electronic Flight Bag-Application: ForeFlight <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather	<p><b>Weather Observation Facility</b></p> Facility ID: <u>KAQO</u> Observation Time: <u>1400</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>0.20</u> nm Direction from Accident Site: <u>220.00</u> degrees true
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<p><b>Basic Conditions</b></p> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	<p><b>Lowest Cloud Condition</b> Height</p> <p><u>NA</u> ft. AGL</p>	<p><b>Light Condition</b></p> <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night
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<p><b>Sky/Lowest Cloud Condition</b></p> <input checked="" type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial <input type="radio"/> Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown	<p><b>Ceiling</b></p> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown	<p><b>Ceiling Height</b></p> <p><u>NA</u> ft. AGL</p>	<p><b>Temperature:</b> <u>30.00</u> (°C) or _____ (°F)  <b>Dewpoint:</b> <u>16.00</u> (°C) or _____ (°F)</p>
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<p><b>Altimeter Setting:</b></p> <p><u>29.92</u> (Hg), or _____ (mb)</p>	<p><b>Wind Direction</b></p> <input checked="" type="checkbox"/> Variable    or    _____ Direction: _____ degrees true	<p><b>Wind Speed</b></p> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable    or    _____ Speed: <u>6.0</u> kts	<p><b>Wind Gusts</b></p> <input type="checkbox"/> Not Gusting    or    _____ Speed: <u>12.0</u> kts	<p><b>Visibility</b></p> <p><u>10.0</u> miles                  RVR: _____ feet                  RVV: _____ miles                  Density Altitude: _____ ft.</p>
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<p><b>Type of Precipitation</b> (Check all that apply)</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	<p><b>Restriction to Visibility</b> (Check all that apply)</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
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<p><b>Icing Forecast</b></p> <table style="width:100%"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<p><b>Intensity of Precipitation</b></p> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	<p><b>Icing Actual</b></p> <table style="width:100%"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<p><b>Turbulence</b> (Check all that apply)</p> <table style="width:100%"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clean Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective</td> <td><input type="checkbox"/> Extreme</td> </tr> <tr> <td colspan="2">Turbulence</td> </tr> </table>	Type	Severity	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clean Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective	<input type="checkbox"/> Extreme	Turbulence	
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<input type="checkbox"/> Convective	<input type="checkbox"/> Extreme																																										
Turbulence																																											

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

!FDC 4/1022 AQO PART 1 OF 2 ODP LLANO MUNI, LLANO, TX.  
 TAKEOFF MINIMUMS AND (OBSTACLE) DEPARTURE PROCEDURES ORIG...  
 TAKEOFF OBSTACLES NOTES: RWY 17: TREE, TRAVERSE WAY, VEGETATION BEGINNING 17 FT FROM DER, 88 FT LEFT OF CENTERLINE, UP TO 1124 FT MSL. TREE 34 FT FROM DER, 162 FT RIGHT OF CENTERLINE, 1110 FT MSL. TRAVERSE WAY 54 FT FROM DER, 345 FT RIGHT OF CENTERLINE, 1121 FT MSL. TREES BEGINNING 77 FT FROM DER, 250 FT RIGHT OF CENTERLINE, UP TO 1128 FT MSL.  
 TREE 145 FT FROM DER, 395 FT RIGHT OF CENTERLINE, 23 FT AGL/1129 FT MSL. TREES BEGINNING 253 FT FROM DER, 71 FT RIGHT OF CENTERLINE, UP TO 29 FT AGL/1134 FT MSL. POLE, TREE BEGINNING 519 FT FROM DER, 516 FT LEFT OF CENTERLINE, UP TO 1130 FT MSL.  
 RWY 35: POLE 55 FT FROM DER, 463 FT RIGHT OF CENTERLINE, 1113 FT MSL. TREE 99 FT FROM DER, 466 FT LEFT OF CENTERLINE, 1115 FT MSL.

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

<b>Aircraft Damage</b>		<b>Aircraft Fire</b>		<b>Aircraft Explosion</b>	
<input type="radio"/> None	<input checked="" type="radio"/> Substantial	<input checked="" type="radio"/> None	<input type="radio"/> Both Ground and In-Flight	<input checked="" type="radio"/> None	<input type="radio"/> Both Ground and In-Flight
<input type="radio"/> Minor	<input type="radio"/> Destroyed	<input type="radio"/> In-Flight	<input type="radio"/> Fire at Unknown Time	<input type="radio"/> In-Flight	<input type="radio"/> Fire at Unknown Time
	<input type="radio"/> Unknown	<input type="radio"/> On-Ground	<input type="radio"/> Unknown	<input type="radio"/> On-Ground	<input type="radio"/> Unknown

**Description of Damage to Aircraft and Other Property** *(Use additional sheet, if necessary.)*  
 Property: None  
 Aircraft: Bent prop, damaged fuselage, damaged rudder

**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.

During a training flight departing from Llano Municipal, I the instructor was demonstrating a landing to my student. The winds were variable and gusty. During the ground roll directional control was lost due to a ground loop which veered the aircraft off the runway environment and ultimately came over on its nose and came to a rest upside down just off to the side of the runway. After a few seconds I released my lap belt and exited the right side door, my student soon followed.

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

By getting more experience first from a more qualified instructor before teaching in variable/gusty wind conditions.

<b>MECHANICAL MALFUNCTION/FAILURE</b> (If more space is needed, continue on a separate sheet.)	
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)	<b>Total Time/ Cycles On Part</b> _____ Hours _____ Cycles
<b>Time Since This Part Inspected/Overhauled</b> _____ Hours	

**FUEL & SERVICES INFORMATION**

<b>Fuel on Board at Last Takeoff</b> (Convert from pounds, as necessary)  14.0 _____ Gallons	<b>Fuel Type</b> <input checked="" type="radio"/> 100 Low Lead <input type="radio"/> Jet A <input type="radio"/> Automotive <input type="radio"/> Jet A-1 <input type="radio"/> Unleaded AV <input type="radio"/> Other, specify _____
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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:

We both released our lap belts and exited out the right side door.

**OTHER AIRCRAFT – COLLISION** (If air or ground collision occurred, complete this section for other aircraft.)

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	<b>Damage to Other Aircraft:</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b> Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		<b>Pilot of Other Aircraft</b> 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.**  
 I understand that the information provided may be subject to public release.

<b>Date of this report:</b>  02/09/2025 <i>mm/dd/yyyy</i>	<b>Name of Pilot/Operator:</b> <u>Ryan Popejoy</u>  <b>Signature:</b> _____  -or- <input checked="" type="checkbox"/> 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

<b>FOR NTSB USE ONLY</b>			
NTSB Accident/Incident No.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
CEN25LA092	Central Region Office (CEN)	Michael J. Hodges	02/09/2025