

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
 Nearest City/Place: North Perry airport, Pembroke Pines State: FL
 ZIP: 33024 Country: United States of America
 Latitude: 26.00°N Longitude: 80.24°W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 3/21/2019 Local Time: 11:00 am
mm/dd/yyyy Time Zone: EDT

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N704VM
Manufacturer: Cessna
Model: 150M
Serial Number: 15078909
Year of Manufacture: 1976
Amateur-Built: Yes No *If Yes:* Kit/Plans Original Design *Make:* _____

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 1600 lbs
Weight at Time of Accident/Incident: 1595 lbs

Number of Seats: 2 Flight Crew Seats: _____
 Cabin Crew Seats: 2 Passenger Seats: _____
Number of Engines: 1

Category of Aircraft

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

Type of Airworthiness Certificate

(Check all that apply)

- | Standard | Special |
|---|---|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Restricted |
| <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited |
| <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional |
| <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental |
| <input checked="" type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport |
| | <input type="checkbox"/> Experimental Light-Sport |
| <input type="checkbox"/> Certificate of Authorization or Waiver (COA) | |
| <input type="checkbox"/> None <input type="checkbox"/> Unknown | |

Landing Gear

(Check all that apply)

- Retractable
- Tricycle Tailwheel
- Amphibian High Skid
- Emergency Float Skid
- Float Ski
- Hull Ski/Wheel
- Other Launch/Recovery System
- None 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	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Cont Motor	O-200-A	253484-A-48		100 BHP		79.1	288.4
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- 100-Hour
- AAIP
- Annual
- Continuous Airworthiness
- Conditional Inspection
- Unknown

Date Last Inspection: 3/7/2018
mm/dd/yyyy

Airframe Total Time: 6911.4 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: a fire extinguisher

Propeller 1

- Fixed Pitch
- Controllable Pitch
- Ground Adjustable

Manufacturer: McCaughey Accessory Division
Model: 1A102/OCM6948

Propeller 2

- Fixed Pitch
- Controllable Pitch
- Ground Adjustable

Manufacturer: _____
Model: _____

ELT Installed: Yes No

If Yes:
ELT Manufacturer: _____
Model or Part No.: _____

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No
Was ELT still connected to antenna? Yes No
Did ELT Activate? Yes No

If activated:
Did ELT Aid in Locating Aircraft: Yes No

If not activated:
Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Additional Equipment *(Check all that apply)*

- ADS-B
- Airframe Parachute
- Angle of Attack Indicator
- Autopilot
- Data Recorder
- Electronic Flight Bag or Handheld Device
- Electronic Multifunction Display
- Electronic Primary Flight Display
- Handheld GPS
- Heads Up Display
- Onboard Weather
- Satellite Tracking Device
- Stall Warning System
- Video Recording Device
- Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Marina Miroslavova GarrilovaCity: Lake Worth,State: Florida ZIP: 33460Fractional Ownership Aircraft: Yes NoCountry: USA**Operator of Aircraft** Same As Registered Owner Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

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 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 Unknown
- 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

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: North Perry

Distance From Airport Center: _____ sm

Airport Identifier: KHWO

Direction From Airport: _____ degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

- Asphalt Grass/Turf Macadam Water
- Concrete Gravel Metal/Wood
- Dirt Ice Snow Unknown

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
- VOR/DME Localizer Only Visual
- TACAN LOC-back course Contact
- RNAV Circling
- Unknown

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

- 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: Marina

Middle Initial: M

Last Name: Garrilova

City of Residence: Lake Worth

State: FL

ZIP: 33460

Country: USA

Age at time of Accident/Incident: 26

Date of Birth: [REDACTED]

mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury

- None
 Fatal
 Minor
 Unknown
 Serious

Seat Occupied

- Left
 Front
 Unknown
 Right
 Rear
 Center
 Single

Restraint Type

- | Available | Used |
|--|--|
| <input type="radio"/> None | <input type="radio"/> None |
| <input type="radio"/> Lap only | <input type="radio"/> Lap only |
| <input checked="" type="radio"/> 3-point | <input checked="" type="radio"/> 3-point |
| <input type="radio"/> 4-point | <input type="radio"/> 4-point |
| <input type="radio"/> 5-point | <input type="radio"/> 5-point |
| <input type="radio"/> Unknown | <input type="radio"/> Unknown |

Inflatable Restraints

- Not Installed
 Installed
 Not Deployed
 Deployed
 Unknown

Pilot Certificate(s) (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 checked="" type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="checkbox"/> Flight Engineer | |

Principal Occupation

- Pilot
 Other
 Unknown

Medical Certificate

- None
 Class 3
 Class 1
 Driver's License (Sport Pilot only)
 Class 2
 Unknown

Medical Certificate Validity

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

Date of Last Medical

7/12/2018
mm/dd/yyyy

Medical Certificate Limitations

none

Medical Certificate Special Issuance

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)

- None
 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
 Airplane Multi-Engine
 Gyroplane
 Powered Lift
 Instrument Airplane
 Instrument Helicopter
 Helicopter
 Glider
 Sport

Type Ratings

Student Endorsements (Include dates)

Initial solo - 1/14/2019
 Local solo - 1/22/2019
 cross country solo - 1/29/2019
 private pilot - 3/21/2019

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	63	61.6	63	—	3.2	—	3	—	—	—
Pilot in Command (PIC)	31.1	31.1	31.1	—	—	—	—	—	—	—
Time as Instructor	—	—	—	—	—	—	—	—	—	—
This Make/Model	—	—	—	—	—	—	—	—	—	—
Last 90 Days	63	61.6	63	—	3.2	—	—	—	—	—
Last 30 Days	19.4	19.4	19.4	—	1.5	—	—	—	—	—
Last 24 Hours	1	1	1	—	—	—	—	—	—	—

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

- 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: Robert City of Residence: Plantation

Middle Initial: _____ State: FL ZIP: 33324

Last Name: Perez Country: USA

Age at time of Accident/Incident: 70 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: _____

Degree of Injury <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <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	Restraint Type Available <input type="radio"/> None <input type="radio"/> Lap only <input checked="" 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 checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
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"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		Medical Certificate Validity <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	Date of Last Medical <u>03/22/2019</u> mm/dd/yyyy
Principal Occupation <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown		

Medical Certificate Limitations
Must wear corrective lenses for near and distant vision.

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 17/2017 mm/dd/yyyy
Flight Review Aircraft
 Make: Cessna
 Model: 150G

Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (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	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input checked="" 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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Type Ratings _____ **Student Endorsements (Include dates)** _____

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	3600	400	3400	200						
Pilot in Command (PIC)	3100	400								
Time as Instructor	2100	400								
This Make/Model										
Last 90 Days										
Last 30 Days	60	10								
Last 24 Hours	3	1								

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

Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	Injury <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Pilot Certificate(s) (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		Restraint Type: 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	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	Injury <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Pilot Certificate(s) (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		Restraint Type: 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	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
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	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	<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, <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	<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	<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, <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	<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	<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, <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	<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	<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, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KWO</u> City: <u>Pembroke Pines</u> State: <u>FL</u> Country: <u>USA</u>	Time of Departure Time: <u>10am</u> Time Zone: <u>EDT</u>	Destination Airport ID: <u>KWO</u> City: <u>Pembroke Pines</u> State: <u>FL</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)				
<input type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input checked="" type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA
Airspace where the accident/incident occurred (Check all that apply)				Altitude of In-Flight Occurrence: _____ ft msl
<input type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input checked="" type="checkbox"/> Air Traffic Control Area	
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown	
<input checked="" type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)	Weather Observation Facility
<input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather	Facility ID: <u>KWO</u> Observation Time: <u>10am</u> Time Zone: <u>EDT</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
<input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	

Basic Conditions <input type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input checked="" type="radio"/> Day <input type="radio"/> Dusk <input type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Bright Night <input type="radio"/> Unknown
Sky/Lowest Cloud Condition <input type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown	Ceiling <input type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl
Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	

Wind Direction <input type="checkbox"/> Variable -or- Direction: _____ degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	Wind Gusts <input type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply)	Restriction to Visibility (Check all that apply)
	<input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	<input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown

Icing Forecast	Icing Actual	Turbulence																																						
<table border="0"> <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		<table border="0"> <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		<table border="0"> <tr> <th>Type (Check all that apply)</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"/> Clear 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 Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	Type (Check all that apply)	Severity	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- None
- Minor
- Substantial
- Destroyed
- Unknown

Aircraft Fire

- None
- In-Flight
- On-Ground
- Both Ground and In-Flight
- Fire at Unknown Time
- Unknown

Aircraft Explosion

- None
- In-Flight
- On-Ground
- Both Ground and In-Flight
- Explosion at Unknown Time
- Unknown

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

Damage to the vertical stabilizer and rudder →
to N704VM; N20521 had a very light wing damage

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

I was practicing with my instructor for my upcoming checkride the following day, so after we came back from the practice area and landed, we requested to go back to the active runway for close traffic, where we were instructed to take runway 1R on Mike intersection. We lined up behind another aircraft, which was holding short of the same runway, same intersection, keeping a safe distance from it. Another aircraft was holding short on the opposite way, also on Mike intersection of 1R. All 3 airplanes (mine and the other 2 holding short) were holding short for few minutes, while there was no landing traffic, but nobody got cleared to take off. As we were waiting I felt my aircraft shaking, I turned back and saw N20521 struck my airplane's vertical stabilizer and rudder with his left ^{that} wing.

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

Operator/Owner Safety Recommendation

1. Tower being more attentive to aircrafts on the ground:
- not instructing aircrafts to take off on the same intersection and meanwhile not clearing them to take off for a while, which causes clustering
 - Ground controllers being proactive and planning for collision avoidance as well

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on 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)

26

Gallons

Fuel Type

 80/87 100 Low Lead 100/130 115/145 Jet A Jet A-1 Jet B JP8 Automotive Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

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

Aircraft Registration Number

N20521

Manufacturer: CessnaModel: 172M

Damage to Other Aircraft

 Destroyed Substantial Minor None

Registered Owner of Other Aircraft

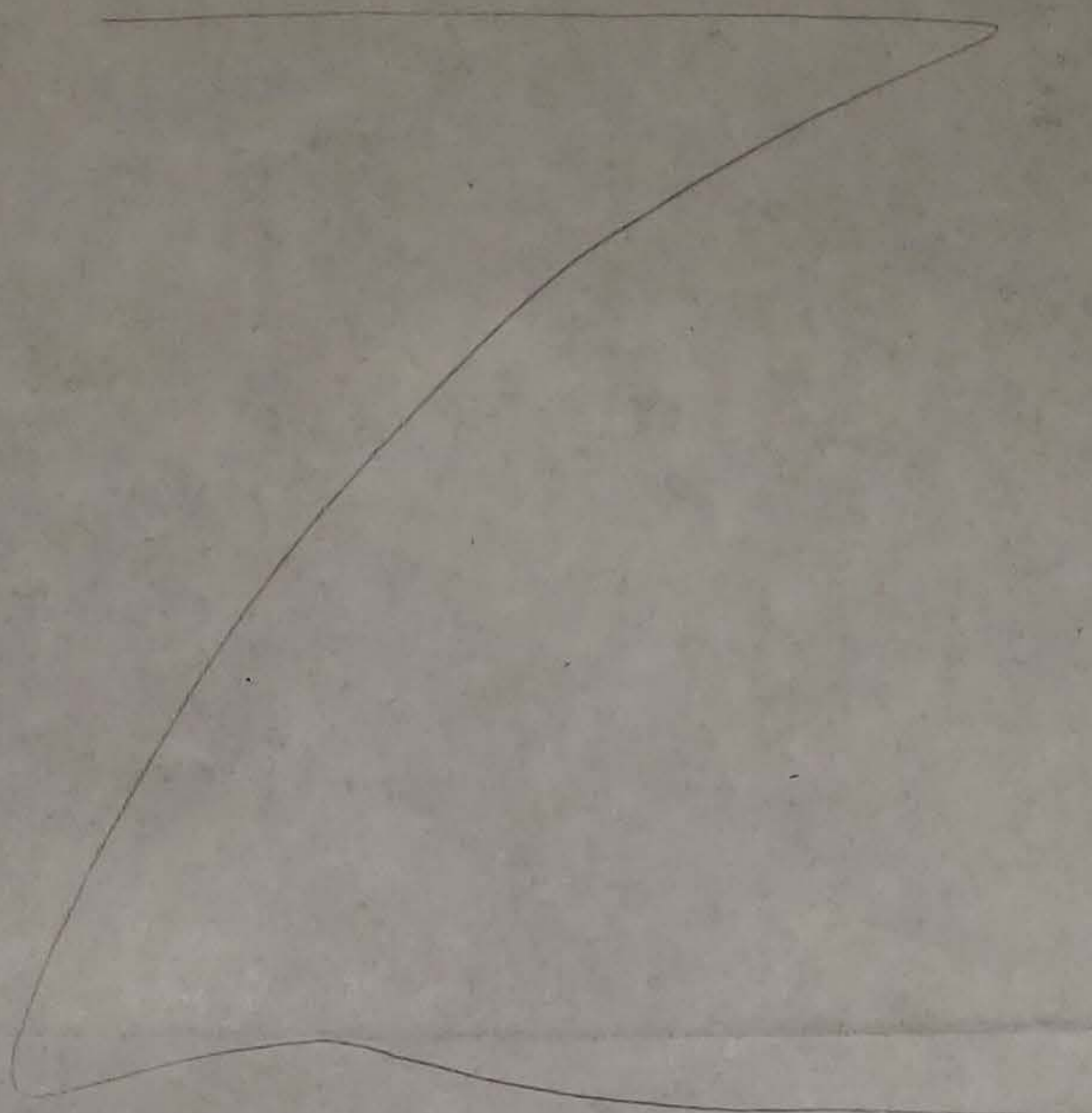
Name: Atlantis flight academy incCity: WollywoodState: FL ZIP: 33024Country: USA

Pilot of Other Aircraft

Name: Abdullah Ali A AlqurashiCity: Pembroke pinesState: FL ZIP: 33023Country: USA

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

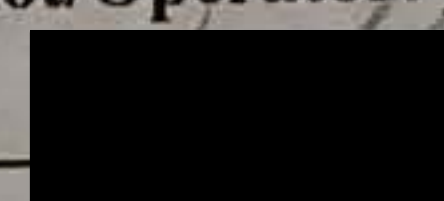


I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

4/6/2019
mm/dd/yyyy

Name of Pilot/Operator: Marina Gavrilova

Signature: 

-- or -- Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: 

Title: _____

Signature: 

-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
GAA19CA190B

Reviewed by NTSB Regional Office
GAA

Name of Investigator
Kate Benhoff

Date Report Received
4/7/2019