

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
This form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

Location					
Nearest City/Place, State, Zip Code <u>DeLAND - AIRPORT - FLORIDA - 32724</u>		Date of Accident <u>12-03-99</u>	Local Time (24 HOUR CLOCK) <u>10.23</u>	Zone <u>EST</u>	Elevation At Accident Site <u>80</u> Feet MSL ____ Feet MSL
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information					
Proximity To Airport					
1. <input type="checkbox"/> On Approach		3. <input checked="" type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile	
2. <input type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles	
				7. <input type="checkbox"/> Within 3 Miles	
				8. <input type="checkbox"/> Beyond 3 Miles	
Airport Name <u>DeLAND MUNICIPAL SIDNEY H TAILOR</u>		Airport Ident <u>DED</u>	Runway/Landing Surface Conditions:		
<u>FIELD AIRPORT</u>			1. <input type="checkbox"/> Direction: <u>05-23</u> 3. <input type="checkbox"/> Width: <u>75</u> 5. <input type="checkbox"/> Condition: <u>Dry</u>		
			2. <input type="checkbox"/> Length: <u>4379</u> 4. <input type="checkbox"/> Surface: <u>HARD</u>		
Phase Of Operation:					
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise	
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent	
				7. <input checked="" type="checkbox"/> Approach	
				8. <input type="checkbox"/> Landing	
				9. <input type="checkbox"/> Hover/Maneuver	
				10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL	
Aircraft Information					
Registration Mark <u>N3038N</u>		Aircraft Manufacturer <u>Piper</u>		Aircraft Type/Model <u>PA-44-180</u>	
				Serial Number <u>44-7995229</u>	
				Cert Max Gross WT <u>3800 PD</u>	
Type Of Aircraft			Type Of Airworthiness Certificate		Amateur Built
1. <input checked="" type="checkbox"/> Airplane			5. <input type="checkbox"/> Blimp/Dirigible		1. <input type="checkbox"/> Yes
2. <input type="checkbox"/> Helicopter			6. <input type="checkbox"/> Ultralight		2. <input checked="" type="checkbox"/> No
3. <input type="checkbox"/> Glider			7. <input type="checkbox"/> Gyroplane		
4. <input type="checkbox"/> Balloon			8. <input type="checkbox"/> Specify _____		
1. <input checked="" type="checkbox"/> Normal			5. <input type="checkbox"/> Restricted		
2. <input type="checkbox"/> Utility			6. <input type="checkbox"/> Limited		
3. <input type="checkbox"/> Acrobatic			7. <input type="checkbox"/> Experimental		
4. <input type="checkbox"/> Transport			8. <input type="checkbox"/> Specify _____		
Landing Gear					No. Of Seats
1. <input type="checkbox"/> Tricycle—Fixed					Flight/Cabin
2. <input checked="" type="checkbox"/> Tricycle—Retractable					Crew <u>2</u>
3. <input type="checkbox"/> Tailwheel—Fixed					Pax <u>2</u>
4. <input type="checkbox"/> Tailwheel—Retractable					
5. <input type="checkbox"/> Tailwheel—Retractable Mains					
6. <input type="checkbox"/> Amphibian					
7. <input type="checkbox"/> Skid					
8. <input type="checkbox"/> Limited					
9. <input type="checkbox"/> Specify _____					
Stall Warning System Installed		IFR Equipped	Engine Type		
1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Yes	1. <input checked="" type="checkbox"/> Reciprocating—Carburetor		
2. <input type="checkbox"/> No		2. <input type="checkbox"/> No	2. <input type="checkbox"/> Reciprocating—Fuel Injected		
			3. <input type="checkbox"/> Turbo Prop		
			4. <input type="checkbox"/> Turbo Jet		
			5. <input type="checkbox"/> Turbo Fan		
			6. <input type="checkbox"/> Turbo Shaft		
Engine Manufacturer <u>Lycoming</u>		Engine Model/Series <u>#0-360-E1A6D</u>		Engine Rated Power	
		<u>#20-360-E1A6D</u>		1. <u>180</u> Horsepower	
				2. <u>N/A</u> Lbs Thrust	
Type Of Fire Extinguishing System Used					
1. None					
2. Specify <u>1</u>					
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	<u>NOT AVAILABLE</u>	<u>RL-551-72T</u>	<u>NOT AVAILABLE</u> Hours	<u>NOT AVAILABLE</u> Hours	<u>NOT AVAILABLE</u> Hours
Engine No. 2	<u>NOT AVAILABLE</u>	<u>1-529-77T</u>	<u>NOT AVAILABLE</u> Hours	<u>NOT AVAILABLE</u> Hours	<u>NOT AVAILABLE</u> Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours
Type Of Maintenance Program		Type Of Last Inspection		Date Last Inspection Performed	
1. <input checked="" type="checkbox"/> Annual		1. <input type="checkbox"/> Annual		<u>11-23-99</u> (M/D/Y)	
2. <input type="checkbox"/> Manufacturer's Inspection Program		2. <input checked="" type="checkbox"/> 100 Hours		Time Since Last Inspection	
3. <input type="checkbox"/> Other Approved Inspection Program(AAIP)		3. <input type="checkbox"/> AAIP		<u>NOT AVAILABLE</u> Hours	
4. <input type="checkbox"/> Continuous Airworthiness		4. <input type="checkbox"/> Continuous Airworthiness		Airframe Total Time	
5. <input type="checkbox"/> Specify _____				<u>NOT AVAILABLE</u> Hours	
Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)	
	<u>HFG COMMUNICATIONS/NAV/INT/OPS</u>	<u>CIR-11-2</u>	<u>30301</u>	<u>NOT AVAILABLE</u>	
	Switch	Operated		Aided In Accident Location	
	1. <input checked="" type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed	1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No	
Registered Aircraft Owner			Address		
<u>PHOENIX EAST AVIATION, INC.</u>			<u>561 PEARL HARBOR DR</u>		
			<u>DAYTONA BEACH FL 32114</u>		
Operator Of Aircraft			Address		
1. <input checked="" type="checkbox"/> Same As Registered Owner			1. <input checked="" type="checkbox"/> Same As Registered Owner		
2. Name _____			2. _____		
3. DBS: _____					

Owner / Operator Information (cont.)											
Operator (Certificate Number) <i>N/A</i>			Operator Designator (4 Letter Designator) <i>NOT AVAILABLE</i>								
Purpose Of Flight And Type Of Operation											
Regulation Flight Conductor Under					Operator Authority <i>N/A</i>			FAR 121, 125, 127, 129, 135 Revenue Operations <i>N/A</i>			
1. <input checked="" type="checkbox"/> FAR91 (only)			4. <input type="checkbox"/> FAR 121		7. <input checked="" type="checkbox"/> FAR 133		6. <input type="checkbox"/> Rotorcraft External Load	1. <input type="checkbox"/> Scheduled	2. <input type="checkbox"/> Non Scheduled		
2. <input type="checkbox"/> FAR91D			5. <input type="checkbox"/> FAR 125		8. <input type="checkbox"/> FAR 135		FAR 125	3. <input type="checkbox"/> Domestic	4. <input type="checkbox"/> International		
3. <input type="checkbox"/> FAR 103			6. <input type="checkbox"/> FAR 129		9. <input type="checkbox"/> FAR 137		7. <input type="checkbox"/> Large Aircraft	5. <input type="checkbox"/> Passenger	6. <input type="checkbox"/> Cargo		
Purpose of Flight					FAR 135			FAR 129			
1. <input type="checkbox"/> Personal			6. <input type="checkbox"/> Aerial Observation		4. <input type="checkbox"/> On Demand		8. <input type="checkbox"/> Foreign	7. Specify _____			
2. <input type="checkbox"/> Business			7. <input type="checkbox"/> Other Work Use		5. <input type="checkbox"/> Commuter						
3. <input checked="" type="checkbox"/> Educational			8. <input type="checkbox"/> Public Use								
4. <input type="checkbox"/> Executive/Corporate			9. <input type="checkbox"/> Ferry								
5. <input type="checkbox"/> Aerial Application			10. <input type="checkbox"/> Positioning								
Pilot Information											
Pilot Name <i>NICHOLAS JERRY SIMIROS</i>			Pilot Certificate No. [REDACTED]		Address <i>DAYTONA BEACH FL 32119</i>			Nationality <i>U.S.A</i>			
Certificate (s)											
1. <input type="checkbox"/> Student		3. <input type="checkbox"/> Commercial		5. <input checked="" type="checkbox"/> Flight Instructor		7. <input type="checkbox"/> Military		9. <input type="checkbox"/> None			
2. <input type="checkbox"/> Private		4. <input checked="" type="checkbox"/> Airline Transport		6. <input type="checkbox"/> Flight Engineer		8. <input type="checkbox"/> Foreign		10. Specify _____			
Rating (s)				Instrument Rating (s)			Instructor Rating (s)				
1. <input type="checkbox"/> None		6. <input type="checkbox"/> Helicopter		1. <input type="checkbox"/> None		1. <input type="checkbox"/> None		6. <input checked="" type="checkbox"/> Instrument Airplane			
2. <input checked="" type="checkbox"/> Single Engine Land		7. <input type="checkbox"/> Glider		2. <input checked="" type="checkbox"/> Airplane		2. <input checked="" type="checkbox"/> Airplane S.E.		7. <input type="checkbox"/> Instrument Helicopter			
3. <input type="checkbox"/> Single Engine Sea		8. <input type="checkbox"/> Free Balloon		3. <input type="checkbox"/> Helicopter		3. <input checked="" type="checkbox"/> Airplane M.E.		8. <input checked="" type="checkbox"/> Ground Instructor			
4. <input checked="" type="checkbox"/> Multiengine Land		9. <input type="checkbox"/> Airship				4. <input type="checkbox"/> Helicopter		9. <input type="checkbox"/> Specify _____			
5. <input type="checkbox"/> Multiengine Sea		10. <input type="checkbox"/> Gyroplane				5. <input type="checkbox"/> Glider					
Type Ratings/Student Endorsements <i>NET AVAILABLE</i>				Date Of Biennial Flight Review or Equivalent (M/D/Y) <i>12-23-98</i>			BFR Aircraft				
							1. Make <i>NET</i>				
							2. Model <i>AVAILABLE</i>				
Medical Certificate			Date Of Last Medical (M/D/Y) <i>06-21-99</i>		Limitations Holder SHALL POSSESS LENSES TO CORRECT WEAR AND INTERMEDIATE VISION Waivers <i>NONE</i>			Date Of Birth (M/D/Y) [REDACTED] - 48			
1. <input type="checkbox"/> None		3. <input type="checkbox"/> Class 2									
2. <input checked="" type="checkbox"/> Class 1		4. <input type="checkbox"/> Class 3									
Degree Of Injury		Seat Occupied		Person At Controls At Time Of Accident				Seat Belt Available			
1. <input type="checkbox"/> None		1. <input type="checkbox"/> Left	4. <input type="checkbox"/> Front	1. <input type="checkbox"/> Pilot In Control		4. <input type="checkbox"/> Non-Pilot		1. <input checked="" type="checkbox"/> Yes			
2. <input type="checkbox"/> Minor		2. <input checked="" type="checkbox"/> Right	5. <input type="checkbox"/> Rear	2. <input checked="" type="checkbox"/> Second Pilot		5. <input type="checkbox"/> No One		2. <input type="checkbox"/> No			
3. <input type="checkbox"/> Serious		3. <input type="checkbox"/> Center			3. <input type="checkbox"/> Both Pilots						
4. <input checked="" type="checkbox"/> Fatal											
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		Source Of Pilot Flight Time Information					
1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Yes		1. <input type="checkbox"/> Pilot Logbook		4. <input type="checkbox"/> Company			
2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		2. <input type="checkbox"/> Operators Estimate		5. <input checked="" type="checkbox"/> Specify <i>NET AVAILABLE</i>			
						3. <input type="checkbox"/> FAA Records					
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
							Actual Simulated				
Total Time							↑				
Pilot In Command (PIC)							← →				
Instructor							↑				
This Make & Model							NOT AVAILABLE				
Last 90 Days							↓				
Last 30 Days							← →				
Last 24 Hours							↓				
Second Pilot Information											
Second Pilot Responsibilities At The Time Of Accident											
1. <input type="checkbox"/> Co-Pilot		2. <input checked="" type="checkbox"/> Dual Student		3. <input type="checkbox"/> Safety Pilot		4. <input type="checkbox"/> Check Pilot		5. <input type="checkbox"/> None (Pilot-Rated Passenger)			
Pilot Name <i>AL-HAJJ ABDULLA A.M.</i>			Pilot Certificate No. [REDACTED]		Address <i>DUBAI UNITED ARAB EMIRATES</i>			Nationality <i>U.A.E</i>			
Certificate (s)											
1. <input type="checkbox"/> Student		3. <input checked="" type="checkbox"/> Commercial		5. <input type="checkbox"/> Flight Instructor		7. <input type="checkbox"/> Military		9. None			
2. <input type="checkbox"/> Private		4. <input type="checkbox"/> Airline Transport		6. <input type="checkbox"/> Flight Engineer		8. <input type="checkbox"/> Foreign		10. Specify _____			

Second Pilot Information (cont.)											
Rating (s)			Instrument Rating (s)			Instructor Rating (s)					
1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input checked="" type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea			6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane			1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider		
Type Ratings/Student Endorsements			Date Of Biennial Flight Review or Equivalent (M/D/Y)			BFR Aircraft					
NET ON FILE			NET ON FILE			1. Make <u>NOT ON</u> 2. Model <u>FILE</u>					
Medical Certificate		Date Of Last Medical (M/D/Y)		Limitations			Date Of Birth (M/D/Y)				
1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3		10-21-99		NONE			[REDACTED] 56				
Degree Of Injury		Seat Occupied			Waivers			Seat Belt Available			
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input checked="" type="checkbox"/> Fatal		1. <input checked="" type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear			N/A			1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No			
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		1. <input checked="" type="checkbox"/> Pilot Logbook		4. <input type="checkbox"/> Company			
1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records		5. <input type="checkbox"/> Specify _____			
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time		5507	2.5		5507		Actual Simulated				
Pilot In Command (PIC)											
Instructor											
This Make & Model											
Last 90 Days		40			40						
Last 30 Days		2.5	2.5		2.5						
Last 24 Hours		2.5	2.5		2.5						
Other Personnel											
Name	Seat	Address (City & State)			Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Minor None	
1.		↑									
2.											
3.		← N/A →									
4.											
5.		↓									
6.											
Flight Itinerary Information											
Last Departure Point			Time Of Departure			Destination			Flight Plan Filed		
1. Airport ID <u>DAB</u> 2. City/Place <u>DAYTONA BEACH</u> 3. State <u>FLORIDA</u>			1. Time <u>09.39</u> 2. Time Zone <u>EST</u>			1. Airport ID <u>DAB</u> 2. City/Place <u>DAYTONA BEACH</u> 3. State <u>FLORIDA</u>			1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> VFR 3. <input type="checkbox"/> IFR 4. <input type="checkbox"/> VFR/IFR 5. <input type="checkbox"/> Company (VFR) 6. <input type="checkbox"/> Military (VFR)		
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished											
N/A											
Fuel On Board At Last Takeoff				Fuel Type							
<u>110</u> Gallons or <u>660</u> Pounds				1. <input type="checkbox"/> 80/87 2. <input checked="" type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive 7. Specify _____							
Other Services, If Any, Prior to Departure											
NONE											
Weather Information At The Accident Site											
Source Of Weather Information (Pilot/Operator, Weather Observation)			Light Condition			Visibility			Temp (°F)		
ATIS DAB / DISPATCH			1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night			UNLIMITED Miles			NET AVAILABLE		

Weather Information At The Accident Site (cont.)				
Dew Point <i>NOT AVAILABLE</i> (°F)	Altimeter Setting <i>NOT AVAILABLE</i> Hg	Sky/Lowest Cloud Condition 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured		
Wind Information 1. Direction <i>NOT</i> 2. Velocity _____ Kts 3. Gusts <i>AVAILABLE</i> Kts		Restriction To Visibility <i>NONE</i>	Type Precipitation <i>NONE</i>	Intensity Of Precipitation <i>NONE</i> 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. Specify _____
Turbulence (Multiple Entry) 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clean Air 7. <input type="checkbox"/> In Clouds				
Damage To Aircraft And Other Property				
Degree Of Aircraft Damage 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Substantial 4. <input checked="" type="checkbox"/> Destroyed			Fire 1. <input type="checkbox"/> Yes 3. <input type="checkbox"/> In-Flight 2. <input checked="" type="checkbox"/> No 4. <input type="checkbox"/> On Ground	
Description Of Damage To Aircraft And Other Property <i>AIRCRAFT WAS DESTROYED.</i>				
Mechanical Malfunction Failure				
1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure		Total Time On Part _____ Hours At Overhaul _____ Hours		
Collision Accident				
If Collision Accident Occurred, Complete The Information For Other Aircraft				
Registration Mark <i>N153ER</i>	Aircraft Manufacturer <i>PIPER</i>	Aircraft Type/Model <i>PA-28-161</i>	Degree Of Aircraft Damage 1. <input checked="" type="checkbox"/> Destroyed 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None	
Registered Aircraft Owner <i>E. R. A. U</i>		Address <i>600 S CLYDE HORTIS DAYTONA BEACH FL 32114</i>		
Pilot Name <i>ELIZA LYNN LEWIS</i>	Address <i>WINDHAM ME 04062</i>		Pilot Certificate No. [REDACTED]	
Evacuation Of Aircraft				
Assistance Received 1. <input type="checkbox"/> Outside Person (s) 3. <input type="checkbox"/> Slide 5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting 4. <input type="checkbox"/> Rope 6. <input type="checkbox"/> Specify <i>NOT AVAILABLE</i>				
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following 1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____ <i>N/A</i>				
Recommendation (How Could This Accident Have Been Prevented)				
Operator/Owner Safety Recommendation (Optional Entry) <i>See ATTACHED FORM.</i>				

Additional Flight Crew Members

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

N/A

Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

Aircraft N3038N (PA 44-180) departed Daytona Beach International Airport on an ATP/Instrument training flight and was subsequently cleared for the Deland VOR RWY 23 approach by the Daytona Beach approach control. The approach was executed in accordance with the published procedure to the minimum descent altitude of 640 ft. MSL. The published track was maintained as verified by the radar data print out.

The visibility envelope of N3038N was extremely limited on the left side and downward, due to the left engine cowl and the wing, as it approached the vicinity of Deland Municipal Airport on the published course.

Aircraft N153ER (PA 28-161) departed Runway 05 at Deland Municipal Airport. After departure from Runway 05, N153ER commenced a left climbing turn with the intent of establishing a crosswind leg for the normal traffic pattern. N153ER had a large unobstructed visibility envelope forward and left of the fuselage centerline prior to and during the climbing left turn providing the pilots a clear and unobstructed view before and during the turn. N153ER was at a lower altitude than N3038N prior to and during the left climbing turn. (Note: There is evidence that N153ER was slightly lower than N3038N at impact.)

According to FAR 91.113 "to see and avoid other aircraft" is the responsibility of all pilots and it is apparent that N153ER had a much greater opportunity to see N3038N and should have delayed making a climbing left turn into the oncoming flight path of N3038N.

It is our opinion that if N153ER had maintained the flight path and/or heading it was established on prior to making the left climbing turn there would have been sufficient lateral separation to prevent this collision.

Recommendations:

Pilots should look in the direction of the intended turn before and during the turn.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report 12-20-99 Signature Of Pilot/Operator GHASSAN H. REZLAN CHIEF FLT INSTR

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature [Signature]
2. Type Or Print Name GUILAUME BAUDET
3. Title ASSISTANT CHIEF PILOT

For NTSB Use Only

NTSB Accident No. <u>MIA00FA041AB</u>	Reviewed By NTSB Office Located At <u>MIAMI, FL</u>	Name Of Investigator <u>MONVILLE</u>	Date Report Received <u>DEC 27 1999</u> NTSB - MIA
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