

**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 MELBOURNE, FL	Date of Accident 01-04-03	Local Time (24 HOUR CLOCK) 1515	Zone E	Elevation At Accident Site Feet MSL 39 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 type="checkbox"/> Within 1/2 Mile	5. <input type="checkbox"/> Within 1 Mile	7. <input type="checkbox"/> Within 3 Miles
2. <input type="checkbox"/> Within 1/4 Mile	4. <input type="checkbox"/> Within 3/4 Mile	6. <input type="checkbox"/> Within 2 Miles	8. <input type="checkbox"/> Beyond 3 Miles

Airport Name MELBOURNE	Airport Ident KMLB	Runway/Landing Surface Conditions: 1. <input checked="" type="checkbox"/> Direction: 27R 3. <input type="checkbox"/> Width: 100' 5. <input type="checkbox"/> Condition: DRY 2. <input type="checkbox"/> Length: 6000' 4. <input type="checkbox"/> Surface: PAVED
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Phase Of Operation:

1. <input checked="" type="checkbox"/> Standing	3. <input type="checkbox"/> Takeoff	5. <input type="checkbox"/> Cruise	7. <input type="checkbox"/> Approach	9. <input type="checkbox"/> Hover/Maneuver
2. <input type="checkbox"/> Taxi	4. <input type="checkbox"/> Climb	6. <input type="checkbox"/> Descent	8. <input type="checkbox"/> Landing	10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL

Aircraft Information

Registration Mark N522F	Aircraft Manufacturer CESSNA	Aircraft Type/Model C-172 K	Serial Number 17258510	Cert Max Gross WT 2300 lbs
Type Of Aircraft 1. <input checked="" type="checkbox"/> Airplane 2. <input type="checkbox"/> Helicopter 3. <input type="checkbox"/> Glider 4. <input type="checkbox"/> Balloon	5. <input type="checkbox"/> Blimp/Dirigible 6. <input type="checkbox"/> Ultralight 7. <input type="checkbox"/> Gyroplane 8. <input type="checkbox"/> Specify	Type Of Airworthiness Certificate 1. <input checked="" type="checkbox"/> Normal 2. <input type="checkbox"/> Utility 3. <input type="checkbox"/> Acrobatic 4. <input type="checkbox"/> Transport	5. <input type="checkbox"/> Restricted 6. <input type="checkbox"/> Limited 7. <input type="checkbox"/> Experimental 8. <input type="checkbox"/> Specify	Amateur Built 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No

Landing Gear

1. <input checked="" type="checkbox"/> Tricycle—Fixed	4. <input type="checkbox"/> Tailwheel—Retractable	7. <input type="checkbox"/> Skid	No. Of Seats Flight/Cabin Crew 2 Pax 2
2. <input type="checkbox"/> Tricycle—Retractable	5. <input type="checkbox"/> Tailwheel—Retractable Main	8. <input type="checkbox"/> Limited	
3. <input type="checkbox"/> Tailwheel—Fixed	6. <input type="checkbox"/> Amphibian	9. <input type="checkbox"/> Specify	

Stall Warning System Installed 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	IFR Equipped 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	Engine Type 1. <input checked="" type="checkbox"/> Reciprocating—Carburetor 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
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Engine Manufacturer LYCOMING	Engine Model/Serial O-320-E2D	Engine Rated Power 1. 150 Horsepower 2. _____ Lbs Thrust	Type Of Fire Extinguishing System Used 1. <input checked="" type="checkbox"/> None 2. Specify
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Engine(s)	Date of Insp.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	UNK	L-25875-27A	3866.3 Hours	9.8 Hours	403.3 Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program 1. <input type="checkbox"/> Annual 2. <input type="checkbox"/> Manufacturer's Inspection Program 3. <input type="checkbox"/> Other Approved Inspection Program (AAIP) 4. <input type="checkbox"/> Continuous Airworthiness 5. <input type="checkbox"/> Specify	Type Of Last Inspection 1. <input type="checkbox"/> Annual 2. <input checked="" type="checkbox"/> 100 Hours 3. <input type="checkbox"/> AAIP 4. <input type="checkbox"/> Continuous Airworthiness	Date Last Inspection Performed 12-9-02 (M/D/Y) Time Since Last Inspection 9.8 Hours Airframe Total Time 7275.1 Hours
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Emergency Locator Transmitter (ELT) Switch 1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input checked="" type="checkbox"/> Armed	ELT Manufacturer ACK	Model/Serial E-01	Serial Number 009595	Battery Date (M/D/Y) 03-08
Operated 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Aided In Accident Location 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		

Registered Aircraft Owner SPECTRUM AVIATION INC	Address 1585 AVIATION CARE PKWY HGR 601 DAYTONA BEACH FL 32114
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Operator Of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name DOB:	Address 1. <input checked="" type="checkbox"/> Same As Registered Owner 2.
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Owner / Operator Information (cont.)										
Operator (Certificate Number)			Operator Designator (4 Letter Designator)							
Purpose Of Flight And Type Of Operation										
Regulation Flight Conductor Under					Operator Authority			FAR 121, 125, 127, 129, 135 Revenue Operations		
1. <input checked="" type="checkbox"/> FAR 91 (only)			4. <input type="checkbox"/> FAR 121		7. <input type="checkbox"/> FAR 133		FAR 133	1. <input type="checkbox"/> Scheduled		
2. <input type="checkbox"/> FAR 910			5. <input type="checkbox"/> FAR 125		8. <input type="checkbox"/> FAR 135		6. <input type="checkbox"/> Rotorcraft External Load	2. <input type="checkbox"/> Non Scheduled		
3. <input type="checkbox"/> FAR 103			6. <input type="checkbox"/> FAR 129		9. <input type="checkbox"/> FAR 137		3. <input type="checkbox"/> Supplemental	3. <input type="checkbox"/> Domestic		
Purpose of Flight					FAR 125			4. <input type="checkbox"/> International		
1. <input checked="" type="checkbox"/> Personal			6. <input type="checkbox"/> Aerial Observation		FAR 135		7. <input type="checkbox"/> Large Aircraft	6. <input type="checkbox"/> Passenger		
2. <input type="checkbox"/> Business			7. <input type="checkbox"/> Other Work Use		4. <input type="checkbox"/> On Demand		FAR 129	8. <input type="checkbox"/> Cargo		
3. <input type="checkbox"/> Educational			8. <input type="checkbox"/> Public Use		5. <input type="checkbox"/> Commuter		8. <input type="checkbox"/> Foreign	7. Specify _____		
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>Richard Henry Ingoyen</i>			Pilot Certificate No. [REDACTED]			Address [REDACTED]		Nationality <i>USA</i>		
Certificate (s)										
1. <input type="checkbox"/> Student		3. <input type="checkbox"/> Commercial		5. <input type="checkbox"/> Flight Instructor		7. <input type="checkbox"/> Military		9. <input type="checkbox"/> None		
2. <input checked="" type="checkbox"/> Private		4. <input 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 checked="" type="checkbox"/> None		1. <input type="checkbox"/> None		8. <input type="checkbox"/> Instrument Airplane		
2. <input checked="" type="checkbox"/> Single Engine Land		7. <input type="checkbox"/> Glider		2. <input type="checkbox"/> Airplane		2. <input 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 type="checkbox"/> Airplane M.E.		8. <input type="checkbox"/> Ground Instructor		
4. <input 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 checked="" type="checkbox"/> Gyroplane				5. <input type="checkbox"/> Glider				
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y) <i>May 3 2002</i>			BFR Aircraft			
							1. Make <i>Cessna</i>			
							2. Model <i>C172K</i>			
Medical Certificate			Date Of Last Medical (M/D/Y) <i>05/16/2001</i>			Limitations <i>corrective lenses</i>			Date Of Birth (M/D/Y) [REDACTED]	
1. <input type="checkbox"/> None			2. <input type="checkbox"/> Class 2			Waivers				
2. <input type="checkbox"/> Class 1			4. <input checked="" type="checkbox"/> Class 3							
Degree Of Injury		Seat Occupied			Person At Controls At Time Of Accident				Seat Belt Available	
1. <input checked="" type="checkbox"/> None		1. <input checked="" type="checkbox"/> Left	4. <input type="checkbox"/> Front		1. <input checked="" type="checkbox"/> Pilot In Control		4. <input type="checkbox"/> Non-Pilot		1. <input checked="" type="checkbox"/> Yes	
2. <input type="checkbox"/> Minor		2. <input type="checkbox"/> Right	5. <input type="checkbox"/> Rear		2. <input 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 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 type="checkbox"/> Yes		1. <input type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Pilot Logbook		4. <input type="checkbox"/> Company		
2. <input type="checkbox"/> No		2. <input checked="" type="checkbox"/> No		2. <input checked="" type="checkbox"/> No		2. <input type="checkbox"/> Operators Estimate		5. <input type="checkbox"/> Specify _____		
						3. <input type="checkbox"/> FAA Records				
Flight Time										
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated		Rotorcraft	Glider	Lighter Than Air
Total Time	12.3	12.3	12.3		34.3	7.5	42.4			
Pilot In Command (PIC)	86.3	86.3	86.3		30.3	7.3	39.3			
Instructor							4			
This Make & Model	[REDACTED]									
Last 90 Days	20.3	20.3	20.3		14.5	1.3	9.2			
Last 30 Days	7.6	7.6	7.6		6.5	0	5.2			
Last 24 Hours	0	0	0		0	0	0			
Second Pilot Information										
Second Pilot Responsibilities At The Time Of Accident										
1. <input type="checkbox"/> Co-Pilot	2. <input type="checkbox"/> Dual Student	3. <input type="checkbox"/> Safety Pilot	4. <input type="checkbox"/> Check Pilot	5. <input checked="" type="checkbox"/> None (Pilot-Rated Passenger)						
Pilot Name			Pilot Certificate No.			Address		Nationality		
Certificate (s)										
1. <input type="checkbox"/> Student		3. <input 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)					
<input type="checkbox"/> None <input type="checkbox"/> Single Engine Land <input type="checkbox"/> Single Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			<input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Free Balloon <input type="checkbox"/> Airship <input type="checkbox"/> Gyroplane			<input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane S.E. <input type="checkbox"/> Airplane M.E. <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Instrument Helicopter <input checked="" type="checkbox"/> Ground Instructor <input type="checkbox"/> Specify					
Type Ratings/Student Endorsements			Date Of Biennial Flight Review or Equivalent (M/D/Y)			BFR Aircraft 1. Make 2. Model					
Medical Certificate		Date Of Last Medical (M/D/Y)		Limitations			Date Of Birth (M/D/Y)				
<input type="checkbox"/> None <input type="checkbox"/> Class 1 <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Class 3				Waivers _____							
Degree Of Injury		Seat Occupied		Seat Belt Available							
<input type="checkbox"/> None <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Serious <input type="checkbox"/> Fatal		<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Center <input type="checkbox"/> Front <input type="checkbox"/> Rear		<input type="checkbox"/> Yes <input type="checkbox"/> No							
Seat Belt Used	Shoulder Harness Available		Shoulder Harness Used		<input type="checkbox"/> Pilot Logbook <input type="checkbox"/> Operators Estimate <input type="checkbox"/> FAA Records		<input type="checkbox"/> Company <input type="checkbox"/> Specify				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No								
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time											
Pilot In Command (PIC)											
Instructor											
This Make & Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											
Other Personnel											
Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor	None
1.											
2.											
3.											
4.											
5.											
6.											
Flight Itinerary Information											
Last Departure Point			Time Of Departure			Destination			Flight Plan Filed		
1. Airport ID <u>KDAB</u>			1. Time <u>1330</u>			1. Airport ID <u>KMLB</u>			1. <input type="checkbox"/> None		
2. City/Place			2. Time Zone <u>EASTERN</u>			2. City/Place			2. <input checked="" type="checkbox"/> VFR (Flight Coverage)		
3. State						3. State			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											
Fuel On Board At Last Takeoff <u>39</u> Gallons or Pounds Fuel Type <input type="checkbox"/> 80/87 <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> 100/130 <input type="checkbox"/> 115/145 <input type="checkbox"/> Jet A <input type="checkbox"/> Automotive 7. Specify											
Other Services, if Any, Prior to Departure											
Weather Information At The Accident Site											
Source Of Weather Information (Pilot/Operator, Weather Observation)			Light Condition			Visibility			Temp (°F)		
<u>PILOT</u>			<input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Bright Night <input type="checkbox"/> Dark Night			<u>10+</u> Miles <input type="checkbox"/>			<u>65°</u>		

Weather Information At The Accident Site (cont.)

Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Scattered _____ Feet AGL <input type="checkbox"/> Broken _____ Feet AGL <input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscured
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Wind Information 1. Direction <u>blown 290°</u> 2. Velocity <u>5</u> Kts 3. Gusts _____ Kts	Restriction To Visibility <u>none</u>	Type Precipitation <u>none</u>	Intensity Of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Specify _____
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Turbulence (Multiple Entry)
 None Light Moderate Severe Extreme Clean Air In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Destroyed	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In-Flight <input type="checkbox"/> On Ground
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Description Of Damage To Aircraft And Other Property
ENTIRE TAIL SECTION OF AIRCRAFT, N522F SUSTAINED MAJOR DAMAGE TO
N5738 SUSTAINED MINOR DAMAGE TO RIGHT LEADING EDGE OF WING 2 PROP.

Mechanical Malfunction Failure

<input checked="" type="checkbox"/> No <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 <u>N5738</u>	Aircraft Manufacturer <u>NORTH AMERICAN</u>	Aircraft Type/Model <u>AT6A</u>	Degree Of Aircraft Damage <input type="checkbox"/> Destroyed <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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Registered Aircraft Owner
RANDY DIFANI

Address
[REDACTED]

Evacuation Of Aircraft

Assistance Received

<input type="checkbox"/> Outside Person (s) <input type="checkbox"/> Auxiliary Lighting	<input type="checkbox"/> Slide <input type="checkbox"/> Rope	<input type="checkbox"/> Ladder <input type="checkbox"/> Specify _____
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Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)

1. Main Door 2. Auxiliary Door _____ 3. Emergency Exit _____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

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

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

N/A

March 27, 2003 | ~~XXXXXXXXXX~~

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature _____

2. Type Or Print Name _____

3. Title _____

For NTSB Use Only

NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received
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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.

I departed Daytona Beach International airport on January 4, 2003. About one hour later I landed in Melbourne International airport. After landing on Runway 27R I turned on taxiway Q, I crossed the hold short line and came to a complete stop in order to complete my after landing check. A couple of seconds later, ~~an~~ an AT-6 impacted the tail of my aircraft. The impact drove us forward about 5 feet. Next I shut the aircraft down and exited the aircraft.

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

Date Of This Report

March 24, 2003

Signature Of Pilot/Operator

[Redacted Signature]

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

For NTSB Use Only

NTSB Accident No.

MIA03CA038B

Reviewed By NTSB Office Located At

Miami FL

Name Of Investigator

John Lovell

Date Report Received

3/25/03