

**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 <i>Muleshoe, TX</i>		Date of Accident <i>03-09-96</i>		Local Time (24 HOUR CLOCK) <i>1945</i>	Zone <i>C</i>	Elevation At Accident Site <i>3778</i> 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 type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile		7. <input checked="" 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 <i>Muleshoe Municipal</i>		Airport Ident <i>TA 87</i>		Runway/Landing Surface Conditions:		
				1. <input type="checkbox"/> Direction: <i>07/25</i> 3. <input type="checkbox"/> Width: <i>60</i> 5. <input type="checkbox"/> Condition: <i>Excellent</i>		
				2. <input type="checkbox"/> Length: <i>5099</i> 4. <input type="checkbox"/> Surface: <i>Asphalt</i>		
Phase Of Operation:						
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise		7. <input checked="" type="checkbox"/> Approach
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent		8. <input checked="" type="checkbox"/> Landing
						9. <input type="checkbox"/> Hover/Maneuver
						10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL
Aircraft Information						
Registration Mark <i>N66362</i>		Aircraft Manufacturer <i>CESSNA</i>		Aircraft Type/Model <i>CE-150</i>		Cert Max Gross WT <i>1600</i>
Type Of Aircraft		Type Of Airworthiness Certificate				Amateur Built
1. <input checked="" type="checkbox"/> Airplane		1. <input checked="" type="checkbox"/> Normal				1. <input type="checkbox"/> Yes
2. <input type="checkbox"/> Helicopter		2. <input checked="" type="checkbox"/> Utility				2. <input checked="" type="checkbox"/> No
3. <input type="checkbox"/> Glider		3. <input type="checkbox"/> Acrobatic				
4. <input type="checkbox"/> Balloon		4. <input type="checkbox"/> Transport				
5. <input type="checkbox"/> Blimp/Dirigible		5. <input type="checkbox"/> Restricted				
6. <input type="checkbox"/> Ultralight		6. <input type="checkbox"/> Limited				
7. <input type="checkbox"/> Gyroplane		7. <input type="checkbox"/> Experimental				
8. <input type="checkbox"/> Specify _____		8. <input type="checkbox"/> Specify _____				
Landing Gear						No. Of Seats
1. <input checked="" type="checkbox"/> Tricycle—Fixed						Flight/Cabin
2. <input type="checkbox"/> Tricycle—Retractable						Crew _____
3. <input type="checkbox"/> Tailwheel—Fixed						Pax _____
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 type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Reciprocating—Carburetor		
2. <input type="checkbox"/> No		2. <input checked="" 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		Engine Model/Series		Engine Rated Power		Type Of Fire Extinguishing System Used
<i>Continental</i>		<i>O-200</i>		1. <i>100</i> Horsepower		1. <input checked="" type="checkbox"/> None
				2. _____ Lbs Thrust		2. Specify _____
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul	
Engine No. 1			Hours	Hours	Hours	
Engine No. 2			Hours	Hours	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 checked="" type="checkbox"/> Annual		(M/D/Y)	
2. <input type="checkbox"/> Manufacturer's Inspection Program			2. <input type="checkbox"/> 100 Hours		Time Since Last Inspection _____ Hours	
3. <input type="checkbox"/> Other Approved Inspection Program(AAIP)			3. <input type="checkbox"/> AAIP		Airframe Total Time _____ Hours	
4. <input type="checkbox"/> Continuous Airworthiness			4. <input type="checkbox"/> Continuous Airworthiness			
5. <input type="checkbox"/> Specify _____						
Emergency Locator Transmitter (ELT)		ELT Manufacturer		Model/Series		Battery Date (M/D/Y)
Switch		Operated		Aided In Accident Location		
1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		
Registered Aircraft Owner				Address		
<i>Steven Bernstein</i>				<i>Jacksboro, TX 76458</i>		
Operator Of Aircraft				Address		
1. <input checked="" type="checkbox"/> Same As Registered Owner				1. <input type="checkbox"/> Same As Registered Owner		
2. Name _____				2. _____		
3. DBS: _____						

Owner / Operator Information (cont.)											
Operator (Certificate Number)			Operator Designator (4 Letter Designator)								
Purpose Of Flight And Type Of Operation											
Regulation Flight Conductor Under 1. <input checked="" type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137					Operator Authority FAR121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR125 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign		FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____	
Purpose of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 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>Hesham Said</i>			Pilot Certificate No.		Address _____			Nationality <i>Egypt</i>			
Certificate (s) 1. <input checked="" 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 type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____											
Rating (s) 1. <input checked="" type="checkbox"/> None 6. <input type="checkbox"/> Helicopter 2. <input type="checkbox"/> Single Engine Land 7. <input type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea 8. <input type="checkbox"/> Free Balloon 4. <input type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane			Instrument Rating (s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			Instructor Rating (s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Instrument Airplane 2. <input type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E. 8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter 9. <input type="checkbox"/> Specify _____ 5. <input type="checkbox"/> Glider					
Type Ratings/Student Endorsements			Date Of Biennial Flight Review or Equivalent (M/D/Y)			BFR Aircraft 1. Make _____ 2. Model _____					
Medical Certificate 1. <input type="checkbox"/> None 3. <input checked="" type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3		Date Of Last Medical (M/D/Y)		Limitations Waivers			Date Of Birth (M/D/Y)				
Degree Of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input checked="" type="checkbox"/> Fatal		Seat Occupied 1. <input checked="" type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		Person At Controls At Time Of Accident 1. <input checked="" type="checkbox"/> Pilot In Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots			Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No				
Seat Belt Used 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		Source Of Pilot Flight Time Information 1. <input checked="" type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify _____ 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
Total Time							Actual	Simulated			
Pilot In Command (PIC)											
Instructor											
This Make & Model											
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 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			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. <input type="checkbox"/> 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		6. <input type="checkbox"/> Helicopter		1. <input type="checkbox"/> None		1. <input type="checkbox"/> None		6. <input type="checkbox"/> Instrument Airplane			
2. <input 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 type="checkbox"/> Gyroplane				5. <input type="checkbox"/> Glider					
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)				BFR Aircraft 1. Make _____ 2. Model _____			
Medical Certificate 1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3			Date Of Last Medical (M/D/Y)		Limitations				Date Of Birth (M/D/Y)		
					Waivers						
Degree Of Injury 1. <input type="checkbox"/> None 3. <input type="checkbox"/> Serious 2. <input type="checkbox"/> Minor 4. <input type="checkbox"/> Fatal			Seat Occupied 1. <input type="checkbox"/> Left 3. <input type="checkbox"/> Center 5. <input type="checkbox"/> Rear 2. <input type="checkbox"/> Right 4. <input type="checkbox"/> Front						Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		
Seat Belt Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records					
Flight Time		All A/C		This Make & Model		Airplane Single Engine		Airplane Multiengine		Night	
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	
1.											
2.											
3.											
4.											
5.											
6.											
Flight Itinerary Information											
Last Departure Point				Time Of Departure		Destination				Flight Plan Filed	
1. Airport ID _____				1. Time _____		1. Airport ID _____				1. <input type="checkbox"/> None 4. <input type="checkbox"/> VFR/IFR	
2. City/Place _____						2. City/Place _____				2. <input type="checkbox"/> VFR 5. <input type="checkbox"/> Company (VFR)	
3. State _____				2. Time Zone _____		3. State _____				3. <input type="checkbox"/> IFR 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 107 Gallons or Pounds				Fuel Type 1. <input type="checkbox"/> 80/87 4. <input type="checkbox"/> 115/145 7. Specify _____ 2. <input checked="" type="checkbox"/> 100 Low Lead 5. <input type="checkbox"/> Jet A 3. <input type="checkbox"/> 100/130 6. <input type="checkbox"/> Automotive							
Other Services, If Any, Prior to Departure Offered Center assistance by Hobbs Tower [redacted] Offered Fuel at Hobbs, NM "Baul" @ Phillips International [redacted]											
Weather Information At The Accident Site											
Source Of Weather Information (Pilot/Operator, Weather Observation)				Light Condition 1. <input type="checkbox"/> Dawn 3. <input checked="" type="checkbox"/> Dusk 5. <input checked="" type="checkbox"/> Dark Night 2. <input type="checkbox"/> Daylight 4. <input type="checkbox"/> Bright Night				Visibility 30 Miles		Temp (°F) 40	

Weather Information At The Accident Site (cont.)							
Dew Point (°F)	Altimeter Setting "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 <u>S</u> 2. Velocity <u>8</u> Kts 3. Gusts _____ Kts		Restriction To Visibility	Type Precipitation	Intensity Of Precipitation 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. Specify _____			
Turbulence (Multiple Entry) 1. <input 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 <u>High Tension Power Lines damaged</u>							
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">On Part _____ Hours</td> <td style="width: 50%; text-align: center; border: none;">At Overhaul _____ Hours</td> </tr> </table>			On Part _____ Hours	At Overhaul _____ Hours
On Part _____ Hours	At Overhaul _____ Hours						
Collision Accident							
If Collision Accident Occurred, Complete The Information For Other Aircraft							
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None				
Registered Aircraft Owner			Address				
Pilot Name		Address		Pilot Certificate No.			
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 _____							
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) <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private </div> <div> 3. <input type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport </div> <div> 5. <input type="checkbox"/> Flight Instructor 6. <input type="checkbox"/> Flight Engineer </div> <div> 7. <input type="checkbox"/> Foreign 8. Specify _____ </div> </div>			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
Certificate(s) <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private </div> <div> 3. <input type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport </div> <div> 5. <input type="checkbox"/> Flight Instructor 6. <input type="checkbox"/> Flight Engineer </div> <div> 7. <input type="checkbox"/> Foreign 8. Specify _____ </div> </div>			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
Certificate(s) <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private </div> <div> 3. <input type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport </div> <div> 5. <input type="checkbox"/> Flight Instructor 6. <input type="checkbox"/> Flight Engineer </div> <div> 7. <input type="checkbox"/> Foreign 8. Specify _____ </div> </div>			
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.


Departed Levelland, TX approximately 15:00 L. destination Hobbs, NM. Contacted Hobbs Tower, they were unable to locate him, directing him to FTW center 127.7. Center located him well E. of Hobbs and directed him to same. He landed at Hobbs, and taxied to Phillips International. After a short break he taxied and ⁽²³⁴⁰²⁾ took off North easterly towards Levelland, TX. He reestablished radio but not radar contact with FTW Center. Approximately two hours after takeoff he announced he had a runway in sight. Center advised him to land and notify them of same.

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

Date Of This Report

03/11/96

Signature Of Pilot/Operator



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.

FTW 96FA143

Reviewed By NTSB Office Located At

SCR, ARUNGTON, TX

Name Of Investigator

LEMISHKO

Date Report Received

3/15/96