NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

	INFORMA												
							4	cident/Incid	ent Date/	Fime			
Accident/Incident Location Nearest City/Place: San Diego State: CA				24	Accident/Incident Date/Time Date: 10/20/2017 Local Time: 11:30								
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	32.82		Longitude: 117.							Ti	me Zone: _	PST	
			legrees:minutes:sed				C	ollision with	Other Air	oraft. (Midair	On-group	d O None
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AIRCRA	AFT INFOI	RMATIO	N				1						
Registrati	ion Number:							☐ IFR-Equip □ Commerci					
Manufact	turer: Cessn	a								igint			
Model: <u>1</u>							M	laximum Gr	oss Weigh	t: <u>2300</u>		lbs	
Serial Nu	mber: <u>17273</u>	3641					W	eight at Tin	ne of Accid	lent/Inci	dent:		lbs
Year of M	lanufacture:	1979					N	umber of Se	ats: <u>4</u>		Flight Cre	ew Seats:	
Amateur-	Built: OYes	•	OKit/Plans Mal	ke:				abin Crew Seat			Passenger	Seats:	
	O No		Original Design				Ν	umber of En	igines: <u>1</u>	i			
	of Aircraft	• •	irworthiness Ce	rtificate		Landing Ge		1. \		-	e Type (Se		
 O Airplane O Balloon 		(Check all the Standar)				(Check all the		<i>ppty)</i> ractable			procating o Shaft		d Rocket Rocket
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O Glider	n 0	Aeroba						_		OTurb		ONone	
OGyroplan OHelicopt						□ Amphibia □ Emergeno			igh Skid cid	OTurb OElec		OUnkn	lown
OPowered		🗖 Transp	ort Experim	nental		Float	., .	□SI	ci	U Litte			
ORocket OUltraligh	at	🗖 Utility		Light-Spo nental Lig		Hull		□SI	ci/Wheel	Fuel Sy	stem Type	(Reciprocatii	ng)
OUnknow			-	-	-	🗖 Other Lau	unch	n/Recovery Sys	stem	⊙ Carb	uretor	OFuel-	Injected
			e of Authorization	or waiver Unknown	(COA)	None		⊡ບ	nknown				
	I							Date	Rated Pow		Total		Since:
Engine E	Engine Manufa	cturer	Engine Model/Series			acturer's Number		of Mfg. mm/dd/yyyy	O Horse O lbs of		Time (hours)	Inspection (hours)	Overhaul (hours)
	ycoming		0-320 Series						160		(((
Eng. 2													
Eng. 3													
Eng. 4						• = 1 = 1 =							
Last Insp	oection Type			Propeller 1 OFixed				ı le Pitch	Prop	eller 2	-	Fixed Pitch Controllable I	Pitch
	r OCont					OGround	l Ad	justable			Õ	Ground Adju	stable
O AAIP O Annual	OCond OUnkr	litional Inspection	ction										
	Inspection:								-				
mm/dd/yyyy ELI II				ELT In	stalled:	⊙Yes O	No		Additio	-	ipment (Check all tha	t apply)
Airframe Total Time:hrs If Yes:				nufaatuu					5-D frame Para	chute			
hours measured at(Select one)ELT ManufactureOLast InspectionOTime of Accident/IncidentModel or Part No.							Ang	gle of Atta	ck Indicato	r			
					SO No.: OC91 (121.5 MHz) OC91a (121.5 MHz) Data Recorder					r			
• •	laintenance F	Program (Se	elect one)		OC126 (406 MHz) □ Data Recorder □ Data Recorder □ Electronic Flight Bag or Handhe					Handheld De	vice		
O Annual	onal (Amateur-b	wilt only)		Was ELT	T still mounted in aircraft? OYes ONo								
	cturer's Inspecti				SELT still connected to antenna? OYes ONo								
O Other Ap	pproved Inspect	tion Program	(AAIP)	Did ELT Activate? OYes			No Handneid GPS						
O Continue O Other, s	ous Airworthing	ess		If activated: Did ELT Aid in Locating Airci			Conboard Weather						
	on of Fire Ex	tinguishira	System	If not ac				J 103 U110		ellite Tracl 1 Warning	king Device System	9	
O None	on of FIFE EX	unguisitting	System	Indicate		Impact Da	mao	e	□Vid	eo Record	ing Device		
O Specify						Fire Dama	ge	-	⊘ Oth	er, Specif	^{/:} Handh	eld radio	
						Battery Ex	pire	d/Damaged			. retront		
<u> </u>				<u> </u>		Unknown							

OWNER/OPERATOR INFORM	ATION							
Registered Aircraft Owner		City: Poway						
Name: Personal Aviation INC		State: CA ZIP: 92064-4816						
Fractional Ownership Aircraft: O Yes C	No	Country: United States of America						
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner						
Name:		City:						
Doing Business As:		State: ZIP:						
Air Carrier/Operator Designator (4 Charact	er Code):	Country:						
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un							
 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) 	OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight ONon-US, Commercial	431 O Non-Scheduled or Air Taxi O International						
Commercial Air Taxi (FAR 135) Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137)	O Non-US, Non-commercial OPublic Aircraft <i>(Select one)</i>	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)						
 Agricultural Alectar (FAR 147) Pilot School (FAR 141) Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft 	O Armed Forces	O Aerial Application O Aerial Observation O Air DropO Firefighting O Flight Test O Glider Tow O Instructional O Other Work Use O Business O Executive/CorporateO Firefighting O Unknown O Glider Tow O Personal O Positioning						
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry						
O Yes ⊙ No	O Yes ⊙ No							
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	proach, landing, takeoff, departure, or within 3 miles of an airport)						
Airport Name: Montgomery-Gibbs Ex	ecutive	Distance From Airport Center: 2 sm						
Airport Identifier: <u>KMYF</u>		Direction From Airport: Approximately 320 degrees true						
Proximity to Airport: O Off Airport/Airstri	p OOn Airport/Airstrip ON/A	Airport Elevation: <u>427</u> ft. msl						
Runway Information Runway ID: 28R (L/R/C) Length: 45 Runway/Landing Surface (Check all that all the second secon	adam 🔲 Water	Condition of Runway/Landing Surface(Check all that apply)DrySnow-CompactedWater-CalmHolesSnow-CrustedWater-ChoppyIce CoveredSnow-DryWater-GlassyRoughSnow-WetWetRubber DepositsSoftSlush-CoveredVegetationUnknown						
Approach/Departure Segment (Select one)								
OTaxi OTakeoff OInitial Climb	OOn Instrument Ap Bedure/Clearance OLanding	OpproachODownwindOLow ApproachOBaseOGo AroundOFinalOAborted Landing (after touchdown)OCrosswindOUnknown						
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)						
ADF/NDB PAR SDF Sidestep VOR/TVOR ILS VOR/DME Localizer Only TACAN LOC-back course RNAV	MLSPracticeLDAGPSASRVisualContactCirclingUnknown	Image: Traffic Pattern Image: Stop and Go Image: Straight-In Image: Touch and Go Image: Valley/Terrain Following Image: Simulated Forced Landing Image: Go Around Image: Forced Landing Image: Full Stop Image: Precautionary Landing Image: Unknown Image: Simulated Forced Landing						

⊙ None ⊙ Fatal ⊙ Left ○ Front ○ Unknown ○ Minor ○ Unknown ○ Right ○ Rear ○ Unknown ○ Serious ○ Center ○ Single Available Used ○ Lap only ○ Lap only □ Installed	O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew ewmember 1" was pilot flying ☑ Yes □ No ewmember 1" Identification Example City of Residence: San Diego ewidential: W State: CA ZIP: 92115 e: Sweet Country: United States of America Age at time of Accident/Incident: 21 Date of Birth: mm//dd/yyyy Certificate Number:	 ⊙ Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew "Flight Crewmember 1" was pilot flying ☑ Yes □ No "Flight Crewmember 1" Identification 										
"Flight Crewmember 1" Identification First Name: Dylan City of Residence: San Diego Middle Initial: W State: CA ZIP: 92115 Last Name: Sweet Country: United States of America Age at time of Accident/Incident: 21 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy Degree of Injury Seat Occupied Restraint Type O None Fatal O Left Front O Right Rear O None O None O Serious O Center Single Inflatable	ewmember 1" Identification City of Residence: San Diego itial: W State: CA ZIP: 92115 e: Sweet Country: United States of America Age at time of Accident/Incident: 21 Date of Birth: Certificate Number: Mm/dd/yyyy ritight Seat Occupied Restraint Type Inflatable Restraints	"Flight Crewmember 1" Identification										
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Last Name: Sweet Country: United States of America Age at time of Accident/Incident: 21 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy Degree of Injury Seat Occupied Restraint Type O None Fatal O Left O Front O Right O Rear O Unknown O None O Serious O Center O Single O Lap only	e: <u>Sweet</u> Age at time of Accident/Incident: <u>21</u> Date of Birth: <u>Certificate Number: </u> njury Seat Occupied Restraint Type Inflatable Restraints		"Flight Crewmember 1" was pilot flying □ Yes □ No "Flight Crewmember 1" Identification	"Flight Crewmember 1" Identification								
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\mathbf{O} Other 1 \mathbf{O} D is the initial optimized of \mathbf{O} With limitations/mains \mathbf{O} N/A \mathbf{O} 1/13/2015	○ Fatal ○ Left ○ Front ○ Unknown ○ Unknown ○ Right ○ Rear ○ Unknown ○ Center ○ Single ○ None ○ None □ Ficate(s) (Check all that apply) ○ Lap only ○ Lap only ○ Lap only □ Flight Instructor □ Commercial □ US Military ○ Single ○ Not Deployed □ Flight Instructor □ Commercial □ US Military ○ Single ○ Not Deployed □ Sport □ Sport □ Foreign ○ Unknown ○ Unknown ○ Unknown Occupation Medical Certificate Medical Certificate Validity Date of Last Medical ○ None ○ Class 3 ○ Without limitations/waivers ○ Unknown	Last Name: Sweet Country: United States of America Age at time of Accident/Incident: 21 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy Certificate Number: mm/dd/yyyy Observes Seat Occupied Restraint Type None Fatal O Left Front O Right Rear O Lent O None O Serious Center Single Not Installed Pilot Certificate(s) (Check all that apply) O Serious O None None Flight Instructor Commercial US Military Private Recreational Airline Transport US Military Student Spoint O S-point O S-point O None O Class 3 O Without limitations/waivers O Unknown	"Flight Crewmember 1" was pilot flying □ Yes □ No "Flight Crewmember 1" Identification First Name: Dylan Middle Initial: W Last Name: Sweet Age at time of Accident/Incident: 21 Date of Birth: Certificate Number: mm/dd/yyyy Observer State: CA None Fatal O Left O Unknown O Right O Rear O Unknown O Lap only Inflatable Restraints None Flight Instructor Commercial US Military O Variant O Lap only Installed None Flight Instructor Commercial US Military O S-point O S-point O S-point Student Sport Flight Engineer Foreign Medical Certificate Validity Date of Last Medical Priotplot O None O Class 3 O Without limitations/waivers O Unknown	"Flight Crewmember 1" Identification First Name: Dylan Middle Initial: W Last Name: Sweet Age at time of Accident/Incident: 21 Date of Birth: Certificate Number: mm/dd/yyyy Certificate Number: mm/dd/yyyy Degree of Injury Seat Occupied Serious Seat Occupied Pilot Certificate(s) (Check all that apply) Center None Flight Instructor Private Recreational Student Sport Private Flight Engineer Flight Instructor Commercial Student Flight Engineer Principal Occupation Medical Certificate O Pilot O None								
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or Equivalent, Including FAR 121/135 Checks: 11/17/2016 Make: Piper Cherokee	O Fatal O Unknown O Left Right Center O Front Right O Center O Unknown Rear O Single O Unknown O Lap only None O Lap only None O Lap only None D Lap only D D point D D ployed D ployed D ployed D D ployed	Last Name: Sweet Country: United States of America Age at time of Accident/Incident: 21 Date of Birth: mm/dd/yyyy Certificate Number: Inflatable Restraints Oknome O Left O Frant O Unknown O Kinstein O Left O Center O Single Pilot Certificate(s) (Check all that apply) O Commercial US Military Private Flight Instructor Commercial US Military Private Recreational G Class 1 O Driver's License (Sport Pilot only) O Manown Other O Class 1 O Driver's License (Sport Pilot only) O Milot militations/waivers O N/A O/// 3//2015 Ouknown Other O Class 2 O Unknown O// 3//2015 O// 3//2015 Medical Certificate Limitations Must wear corrective lenses Flight Review Aircraft O// 3//2015 O// 3//2015 Pate of Last Flight Review Flight Review Aircraft Make: Piper Cherokee O/// 3//2015	**Flight Crewmember 1" was pilot flying [] Yes [] No **Flight Crewmember 1" Identification First Name: Dylan Middle Initial: W	"Flight Crewmember 1" Identification First Name: Dylan City of Residence: San Diego Middle Initial: W Cast Name: Sweet State: CA ZIP: 92115 Last Name: Sweet Certificate Number: Country: United States of America Degree of Injury Seat Occupied Restraint Type None O Left Front O Linknown O Kinor O Left Front O Linknown O Serious O Center Single None Phot Certificate(s) Check all that apply) Inflatable Restraints O None O None O None O None Private Regreaterational Inflatable Restraints O None O Cast 1 O Linknown O Serious O Stater O Class 3 O Unknown O Linknown O State O Class 3 O Unknown O Linknown O None O Class 3 O Unknown O Linknown O Linknown O None O Class 3 O Driver's License (Sport Pilot only) O With ImitationS/waivers O Unknown O Inknown O Class 2 O Unknown O Listat Signere O NA								
or Equivalent, Including FAR 121/135 Checks: 11/17/2016 Make: Piper Cherokee	O Fatal O Unknown O Left Right O Center O Front Rear O Single O Unknown O Rear O Single Available None O Lap only O La	Last Name: Sweet Country: United States of America Age at time of Accident/Incident: 21 Date of Birth: mm/dd/yyyy Certificate Number:	"Flight Crewmember 1" was pilot flying [] Yes [] No No "Flight Crewmember 1" Identification First Name: Dylan City of Residence: San Diego State: CA ZIP: 92115 Last Name: Sweet Certificate Number:	"Flight Crewmember 1" Identification First Name: Dylan City of Residence: San Diego Middle Initial: W Cast Name: Sweet State: CA ZIP: 92115 Last Name: Sweet Certificate Number: mm/dd/yyyy Certificate Number: mm/dd/yyyy Degree of Injury Seat Occupied Inflatable Restraints None Fatal O Left Front O Unknown O Serious O Center Single Restraint Type Inflatable Restraints Pilot Certificate(s) Check all that apply) O Some O None Installed Private Recarcational US Military O Japoint O Spoint O Spoint O Spoint O Spoint O Deployed Private Recarcational O Class 3 O Diver's License (Sport Pilot only) O With IlimitationSwaivers O Unknown O Inknown O Idea Of Last Flight Review O Class 2 O Unknown O Special Issuance ONA O1/113/2015 Medical Certificate Special Issuance Flight Review Aircraft Mate: Piper Cherokee Flight Review ONA O1/13/3939								
or Equivalent, Including FAR 121/135 Checks: 11/17/2016 Make: Piper Cherokee	O Fatal O Left O Front O Unknown Available Used None Installed Instale	Last Name: Sweet Country: United States of America Age at time of Accident/Incident: 21 Date of Birth: mm/dd/yyyy Certificate Number:	"Flight Crewmember 1" was pilot flying [] Yes [] No No "Flight Crewmember 1" Identification First Name: Dylan City of Residence: San Diego Middle Initial: W	"Flight Crewmember 1" Identification First Name: Dylan City of Residence: San Diego Middle Initial: W City of Residence: San Diego Last Name: Sweet State: CA Age at time of Accident/Incident: 21 Date of Birth: Certificate Number: mm/dd/3339 Certificate Number: mm/dd/3339 Certificate Number: mm/dd/3339 Oknown Seat Occupied Not Installed Serious O Left Front O Unknown Serious Center Single Not Installed Pilot Certificate(s) Check all that apply) None None None Private Recarcational O Usknown O List Opioint O Spoint O Spoint Student Sport Flight Engineer Medical Certificate Validity O Unknown O Unknown O Class 1 O Driver's License (Sport Pilot only) O Special Issuance O Unknown O1/113/2015 Multi usa wear corrective lenses Flight Review Aircraft Make: Piper Cherokee Flight Review Pate of Last Flight Review 1/1/17/2016 Flight Review Cherokee Piper Cherokee								
or Equivalent, Including FAR 121/135 Checks: <u>11/17/2016</u> mm/dd/yyyy Make: <u>Piper Cherokee</u> Model: <u>Pa-28-180</u>	Pratal O Left Pront O Unknown Available Used O Unknown O Center Single None None None Dicate(s) (Check all that apply) Commercial US Military O Jeroint O 3-point O 3-point D objoyed Pright Instructor Commercial US Military Proreign O Unknown O Unknown Deployed Provint O 4-point O 4-point O 4-point O 4-point O 4-point D peloyed Decupation Medical Certificate Medical Certificate Validity Date of Last Medical O Class 1 ODriver's License (Sport Pilot only) O Without limitations/waivers O N/A O//1/3/2015 orrective lenses Ourknown Special Issuance Special Issuance O//1/3/2015 st Flight Reviewent, Including 11/17/2016 Flight Review Aircraft Make: Piper Cherokee Model: Pa-28-180 O O////////////////////////////////////	Last Name: Sweet Country: United States of America Age at time of Accident/Incident: 21 Date of Birth: mmidd/yyyy Degree of Injury Seat Occupied Restraint Type Inflatable Restraints None Fatal O Left O Fatal O Sorious None Piption Country: Unknown Pilot Certificate(s) (Check all that apply) Commercial US Military O Apoint O Private Recreational O Unknown O Class 3 O Unknown O Without limitations/waivers O Unknown O Unknown Principal Occupation Medical Certificate Signer O Class 3 O Unknown O Unknown O Unknown O 1/13/2015 O Unknown O Class 1 O Driver's License (Sport Pilot only) O Without limitations/waivers O Unknown O 1/13/2015 O Unknown O Class 2 O Unknown O Special Issuance O 1/13/2015 Mmidd/yyyy Medical Certificate Special Issuance Flight Review Aircraft Make: Piper Cherokee Modei: Pa-28-180<	"Flight Crewmember 1" was pilot flying [] Yes] No "Flight Crewmember 1" Identification First Name: Dylan Middle Initial: W Last Name: Sweet Age at time of Accident/Incident: 21 Date of Last Flight Review Orbor Orbor Principal Occupation Medical Certificate Limitations O'loner	"Flight Crewmember 1" Identification First Name: Dylan City of Residence: San Diego Middle Initial: W								
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"FLIGHT CREWMEN	IBER 2" INFOF	RMATIC	ON							
"Flight Crewmember 2" Ro OPilot OCo-Pilot		e Time of OFlight Ir		ident Check Pilot	O Fli	ght Engineer	O Other I	Flight Crew		
"Flight Crewmember 2" wa	as pilot flying 🛛 🗋	Yes 🗖	No							
"Flight Crewmember 2" Id	entification									
First Name:					City of Re	esidence:				
Middle Initial:								IP:		
Last Name:										
Age at time of	Accident/Incident:						l/aa/yyyy			
			rtificate Numb							
Degree of Injury O None O Fatal	Seat Occupied	OFront	O Unknow		straint T	ype		1	Inflatable R	lestraints
O Minor O Unknown O Serious	O Right	ORear OSingle	Olikilow		Availab O Non O Lap	e	Used O None O Lap only	v	□ Not Inst □ Installed	
Pilot Certificate(s) (Check a	ll that apply)				O 3-pc	•	O 3-point	,	🗖 Not Dep	oloyed
□ None □ Flight			🗖 US Mi	litary	O 4-pc		O 4-point		□ Deploye □ Unknow	
Private Recrea		ine Transpo ht Engineer		1	O 5-pc O Unk		O 5-point O Unknow	vn		(II
Student Sport		III Engineer	L		-		-			
Principal Occupation	Medical Certificate	!		Me	edical Co	ertificate Va	lidity		Date of Las	t Medical
O Pilot	O None O Cla					imitations/waiv		nknown		
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or Equivalent, Including		_								
FAR 121/135 Checks:		-								
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Airplane Rating(s) (Check all that apply)	Other Aircraft R (Check all that apply			ent Rating(5)	Instructor				
(Check all that apply) □ None	Check all Indi apply ☐ None	()	(Check all	that apply)		(Check all th	at apply)		Instrument A	imlana
☐ None ☐ Single-Engine Land	☐ Airship		Airplar	ne		Airplane	Single-Engir	ne 🗆	Instrument A Instrument H	
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 Multiengine Land Multiengine Sea 	☐ Glider ☐ Gyroplane			ed Lift		Gyroplan			Glider	
	Helicopter						LIII		Sport	
	Powered Lift									
Type Ratings						Student Er	ndorsement	ts (Include de	ates)	
		<u> </u>	Airplane					1		
Flight Time (Enter appropria		his Make	Single	Airplane			rument			Lighter
number of hours in each box)	Aircraft &	& Model	Engine	Multiengine	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days					+					
Last 30 Days					+					
Last 24 Hours										

ADDITIONAL I LIGITI ONL		(Exclusive	e of cabin cr	ew, complete	the followin	g information)			
Crew Name and Address						Seat Occupie	d	Injury	
First Name:	Cit	y of Resider	nce:			O Left O Center	O Front O Rear	O None	
Middle Initial:	Middle Initial: ZIP: Last Name: Country:							O Minor O Serious	
Last Name:	Co	untry:			_		O Unknown	O Fatal O Unknown	
Pilot Certificate(s) (Check all that	apply)					Restraint Ty	ne:	Inflatable	
□ None □ Flight Instructor □ Commercial □ US Military							Available Used		
Private Recreat	tional Air	rline Transp	oort 🛛 🗖 For	2		O None O Lap Only	O None O Lap Only	□ Not Installed	
□ Student □ Sport	LI Fli	ight Engined	er			O 3-point O 4-point	O 3-point O 4-point	☐ Installed ☐ Not Deployed	
Type Rating/Endorsement for		Total F	light Time at	the Time		O 5-point	O 5-point	☐ Deployed ☐ Unknown	
Accident/Incident Aircraft?	□Yes □No	of this A	Accident/Inci	dent:	<u>hrs</u>	O Unknown	O Unknown		
Crew Name and Address						Sect Occupie		Injury	
First Name:	Cit	v of Resider	nce:			Seat Occupie OLeft	O Front	O None	
Middle Initial:			ź			OCenter	O Rear O Single	O Minor	
Last Name:						ORight	OUnknown	O Serious O Fatal	
		·						O Unknown	
Pilot Certificate(s) (Check all that			_			Restraint Ty Available	pe: Used	Inflatable Bestroints	
□ None □ Flight I □ Private □ Recreat		ommercial rline Transp		Military eign		O None	O None	Restraints □ Not Installed	
$\Box \text{ Student} \qquad \Box \text{ Recreat}$		ight Engined		Cigii		O Lap Only O 3-point	O Lap Only O 3-point	Installed	
Type Rating/Endorsement for		Total F	light Time a	the Time		O 4-point	O 4-point	Not Deployed Deployed	
Accident/Incident Aircraft?	□Yes □No		Accident/Inci		<u>hrs</u>	O 5-point O 5-point O Unknown O Unknown			
PASSENGER(S) / OTHER						t if necessary)	· · · · · ·		
Name and Address							T (1 / 1 1		
Name and Address			Seat	Injury	Restraint T	уре	Inflatable Restraints	Age	
			Seat	Injury	Available	Used	Restraints	Age	
First Name: City			OLeft	ONone			Restraints	Age	
First Name: City Middle Initial: Stat	e: ZIP:		OLeft OCenter ORight	ONone OMinor OSerious	Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point	Restraints	Under 5 years	
First Name: City Middle Initial: Stat Last Name: Court	e: ZIP: ntry:		OLeft OCenter ORight OUnknown	ONone OMinor	Available ONone OLap Only O3-point O4-point	Used O None O Lap Only	Restraints	Under 5 years	
First Name: City Middle Initial: Stat	e: ZIP: ntry:		OLeft OCenter ORight	O None O Minor O Serious O Fatal	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used None Lap Only 3-point 4-point 5-point Unknown	Restraints	☐ Under 5 years <i>If Under 5</i> , O Child Restraint	
First Name: City Middle Initial: Stat Last Name: Cou OCrew OPasse	e: ZIP: ntry:	Dther	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
First Name: City Middle Initial: Stat Last Name: Cou OCrew OPasse First Name: City	e: ZIP: ntry: ngerOC	Dther	OLeft OCenter ORight OUnknown Row: OLeft OCenter	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years	
First Name: City Middle Initial: Stat Last Name: Cou OCrew OPasse First Name: City	e: ZIP: ntry: nger OC	Dther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5,	
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First Name: City Middle Initial: Stat Last Name: Cou OCrew OPasse First Name: City Middle Initial: Stat Last Name: City OCrew OPasse First Name: City Middle Initial: Stat Last Name: Cou OCrew OPasse	e: ZIP: ntry: nger OC r: e: ZIP: ntry: nger OC	Dther Dther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used	Restraints Not Installed Installed Not Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
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FLIGHT ITINERARY	INFORMATIO	N						
Last Departure Point	Tin	e of Departure	Destinatio	on		Type Fligh	t Plan Fi	iled
Airport ID: KAJO	T	1045	Airport ID:	KMYF		O None		O VFR/IFR
City: Corona	1 im	e: <u>1045</u>	City: San	Dlego		O Company O Military V		O IFR O Unknown
State: CA	Tim	e Zone: PST	State: CA			O VFR	VIK	
Country: USA			Country: L				OYes	ONo OUnknown
Type of ATC Clearance/Ser	vice (Check all that	apply)						
••	Special VFR		ecial IFR		UFR Flight Foll	owing	Cruis	e
✓ VFR] IFR	□ VF	R On Top		Traffic Advisory	7	🗖 Unkn	own / NA
Airspace where the acciden	t/incident occurre						Altitud	le of In-Flight
	Class G		itary Operations		Special		Occur	0
	Demo Area Warning Area		port Advisory A Training Area	lea	☐ Air Traffic Conti ☐ Unknown	for Area	200	0 ft msl
	Prohibited Area	TR:	SA					
Class E	Restricted Area	□ FAI	R 93					
WEATHER INFORM	ATION AT TH	E ACCIDEN	T/INCIDEN	T SITE		<u>.</u>		
Source of Pilot Weather Inf	formation			Weather Ob	servation Facility			
(Check all that apply)	Cor	20001		Facility ID:				
Flight Service Station		1 2		Observation Ti	me:			
TV/Radio	🗖 Inte	rnet						
Automated Report Commercial Weather Service				Distance from	Accident Site:		nm	
On-Board Weather	(DUATS) Unk	nown			Accident Site:			true
Basic Conditions		Light Conditi	ion				_ 0	
O VMC		ODawn	ODusk	O Darl	K Night O Un	known		
OIMC		O Day	ONight	OBrig	ht Night			
OUnknown					- 1			
Sky/Lowest Cloud Conditio		Ceiling	_		Temperature:		(C) or	(F)
	C Thin Broken	 O None (Clear) O Broken 		Obscured Indefinite	Dew Point:	(C) or	(F)
-	OUnknown	O Overcast		Unknown				
O Scattered	-		_		Altimeter Sett	or		Ig
Lowest Cloud Condition H	eight	Ceiling Heigh	t			01		
	ft agl			ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles	
□ Variable	🗖 Calm		🗖 Not Gustir	ng	RVR	:		
	Light and Vari	able						
-or- Direction: degrees true	-or- Speed:	kts	-or-	kts	RVV		miles	0
0			Speed:	KtS	Density Altitu			ft
Intensity of Precipitation	Type of Precipi				Restriction to	e ,		pat apply)
O Light O Moderate	$\square_{\text{None}}\\ \square_{\text{Rain}}$	DrizzleIce Pellets	□ Freezin □ Snow S		✓ None ■ Blowing Due	IST □ F	og Fround Fo	σ
O Heavy	\square Snow	Snow Pellet			Blowing Sa			5
⊙ N/A	🗖 Hail	Snow Grain	ıs 🛛 Freezin	g Drizzle	Blowing Sn		ce Fog	
O Unknown	□ Rain Showers	□ Ice Crystals			☐ Blowing Sp ☐ Dust	-	moke Jnknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type		Amount	Туре		Type (Check a	ll that apply)	Sev	erity
O None O N/A		⊙ None	O N/A		None			light
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		Clear Air	iced		Moderate Severe
O Moderate O Mixed		O Moderate	O Mixe					Extreme
O Severe O Unknow	vn	O Severe	O Unkr	lown				
O Unknown		O Unknown						
NOTAMs (D and FDC), A	AIRMETs, SIG	METs, PIREP	s in effect at	the time of t	he accident/incid	dent:		
AIRMET Tango in the earli	er in the morning	None other to	my knowledg	е				
Ŭ	0		- 0					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

O Minor

age O Substantial O Destroyed O Unknown Aircraft Fire O None O In-Flight O On-Ground

O Both Ground and In-Flight O Fire at Unknown Time O Unknown

Aircraft Explosion

None
 In-Flight
 On-Ground

O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

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

Approximate 1ft long dent to the left leading edge just in front of the pitot tube.

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 and location, services obtained, and intended destination. Provide as much detail as possible.

I was inbound to MYF about 2 miles north of the field southbound at approximately 11:30 local on November 20th, 2017 when I struck a bird on the left leading edge just in front of the pitot tube. I believe it may have been a hawk, however I could not say definitively. The bird appeared to have about a 3-4 ft wing span. I made the left turn to enter the 45 degree entrance to the downwind for 28R when the bird came out of the sun and was about to go through the windshield when, last second, I was able to turn the plane hard right and pull it into the wing. I informed the tower that I had struck a bird and needed to immediately land and that I needed priority, however, I did not declare an emergency. The runway was cleared and I was able to safely land.

RECOMMENDATION (How	v could this	accident/incident ha	ave been pre	vented?)				
Operator/Owner Safety Recomm	endation							
I see little way in which I could my reactions happened almost from being worse.								
MECHANICAL MALFU			re snace is n	eeded co	ntinue on sena	rate sheet)		
Was there Mechanical Malfund				eeueu, cu		fate sheety	Total Tim	ne/Cycles
(If yes, list the name of the part, man				re.)			On Part	·
								Hours
								Cycles
								ce This Part /Overhauled
								Hours
FUEL & SERVICES INF	ORMATI	ON						
Fuel on Board at Last Takeoff		Fuel Type						
(Convert from pounds, as necessary) <u>Approximately 34</u>	Gallons	 ○ 80/87 ⊙ 100 Low Lead ○ 100/130 	O 115/145 O Jet A O Jet A-1		O Jet B O JP8 O Automotive	O Other, specify		
Other Services, if Any, Prior to) Departure							
EVACUATION OF AIRC	RAFT							
Was an emergency evacuation	of the aircr	aft performed?	□ Yes	🗹 No				
Method of Exit – Describe how	the occupan	ts exited and how ma	any occupants	s evacuate	ed each location			
OTHER AIRCRAFT – C	OLLISIO	N (If air or ground	collision occ	urred, co	mplete this sec			
Aircraft Registration Number		urer:					amage to Oth Destroyed Substantial	er Aircraft Minor None
Registered Owner of Other Air					Other Aircraft		Juostantia	
Name:								
City:ZIP:ZIP:				City: State:		ZIP:		
Country:								

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	Name of l	Pilot/Operator:							
mm/dd/yyyy	Signature	Check here to electronically sign this							
If a Person Other that	an Pilot/Op	erator is Filing Report							
Name:				Title:					
Signature:									
or Check here to electronically sign this document									
FOR NTSB USE ONLY									
NTSB Accident/Incident No.Reviewed by NTSGAA18CA063GAA		Reviewed by NTSB Regional Office GAA	Name of Invest	•	Date Report Received 12/11/2017				