FORM APPROVED FOR USE THROUGH 7/31/96 BY OMB NO 3147-0001

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: Date Missing — Airport

Nearest City/Place, State, Zip Code	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
Winter Haven, FL.	10-27-00	13:15	E	146 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: UNKNOWN AT THIS TIME

1. ☐ On Approach
2. ☐ Within 1/4 Mile
3. ☐ Within 1/2 Mile
4. ☐ Within 3/4 Mile
5. ☐ Within 1 Mile
6. ☐ Within 2 Miles
7. ☐ Within 3 Miles
8. ☐ Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface Conditions
WINTER HAVEN MUNICIPAL	GIF	1. ☐ Direction N&S/SW 3. ☐ Width: 100 5. ☐ Condition Good 2. ☐ Length: 5,000 4. ☐ Surface: Asphalt

Phase Of Operation: N/A

1. ☐ Standing
2. ☐ Taxi
3. ☐ Takeoff
4. ☐ Climb
5. ☐ Cruise
6. ☐ Descent
7. ☐ Approach
8. ☐ Landing
9. ☐ Hover/Maneuver
10. ☐ Altitude Of In-Flight Occurrence _____ Feet MSL

Aircraft Information

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Certificated Max Gross WT
N11214	CESSNA	C-150	15075258	1600

Type Of Aircraft:
1. ☑ Airplane
2. ☐ Helicopter
3. ☐ Glider
4. ☐ Balloon
5. ☐ Blimp/Dirigible
6. ☐ Ultralight
7. ☐ Gyroplane
8. ☐ Specify

Type Of Airworthiness Certificate:
1. ☑ Normal
2. ☐ Utility
3. ☐ Acrobatic
4. ☐ Transport
5. ☐ Restricted
6. ☐ Limited
7. ☐ Experimental
8. ☐ Specify

Amateur Built: 1. ☐ Yes 2. ☑ No

Landing Gear:
1. ☑ Tricycle—Fixed
2. ☐ Tricycle—Retractable
3. ☐ Tailwheel—Fixed
4. ☐ Tailwheel—Retractable
5. ☐ Tailwheel—Retractable Mains
6. ☐ Amphibian
7. ☐ Skid
8. ☐ Limited
9. ☐ Specify

No. Of Seats: Flight/Cabin Crew 2 / Pax _____

Stall Warning System Installed	IFR Equipped	Engine Type
1. ☑ Yes 2. ☐ No	1. ☐ Yes 2. ☑ No	1. ☑ Reciprocating—Carbureted 2. ☐ Reciprocating—Fuel Injected 3. ☐ Turbo Prop 4. ☐ Turbo Jet 5. ☐ Turbo Fan 6. ☐ Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
CONTINENTAL	O-200-A	1. 100 Horsepower 2. _____ Lbs Thrust	1. Name 2. Specify HALON-SMALL

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	1973	25190-A-48	5205 Hours	8 Hours	2436 Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program:
1. ☑ Annual
2. ☐ Manufacturer's Inspection Program
3. ☐ Other Approved Inspection Program (AAIP)
4. ☐ Continuous Airworthiness
5. ☐ Specify

Type Of Last Inspection:
1. ☑ Annual
2. ☐ 100 Hours
3. ☐ AAIP
4. ☐ Continuous Airworthiness

Date Last Inspection Performed: 10-11-2000 (M/D/Y)

Time Since Last Inspection: 80 Hours

Airframe Total Time: 5,205 Hours

Emergency Locator Transmitter (ELT) ✓	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)
	Lepa	SHARC-7A	UNKNOWN	10-11-00

Switch: 1. ☐ On 2. ☐ Off 3. ☑ Armed

Operated: 1. ☑ Yes 2. ☐ No

Aided In Accident Location: 1. ☐ Yes 2. ☐ No UNKNOWN

Registered Aircraft Owner: Winter Haven Air Services

Address: 5000 21ST ST NW, Winter Haven, FL 33881

Operator Of Aircraft:
1. ☐ Same As Registered Owner
2. Name: Winter Haven Flight
3. DBS: Academy

Address:
1. ☑ Same As Registered Owner
2. _____

NTSB Form 6120.1/2 (1/97) This Form replaces NTSB Forms 6120.1 (rev 10/77) and 6120.2 (Rev 10/77)

Owner / Operator Information (cont.)

Operator (Certificate Number)	Operator Designator (4 Letter Designator)
	PART-61

Purpose Of Flight And Type Of Operation: Aircraft Rental - Personal Flight

Regulation Flight Conducted Under
1. ☐ FAR91 (only) 4. ☐ FAR 121 7. ☐ FAR 133
2. ☐ FAR91C 5. ☐ FAR 125 8. ☐ FAR 135
3. ☐ FAR 103 6. ☐ FAR 129 9. ☐ FAR 137

Operator Authority
FAR121: 1. ☐ Domestic 2. ☐ Flag 3. ☐ Supplemental
FAR 135: 4. ☐ On Demand 5. ☐ Commuter
FAR 133: 6. ☐ Rotorcraft External Load
FAR125: 7. ☐ Large Aircraft
FAR 129: 8. ☐ Foreign

FAR 121, 125, 127, 129, 135 Revenue Operations
1. ☐ Scheduled 2. ☐ Non Scheduled 3. ☐ Domestic 4. ☐ International 5. ☐ Passenger 6. ☐ Cargo 7. Specify ____

Purpose of Flight
1. ☑ Personal 6. ☐ Aerial Observation
2. ☐ Business 7. ☐ Other Work Use
3. ☐ Educational 8. ☐ Public Use
4. ☐ Executive/Corporate 9. ☐ Ferry
5. ☐ Aerial Application 10. ☐ Positioning

Pilot Information

Pilot Name	Pilot Certificate No.	Address	Nationality
Hubert Hellighar	[redacted]	Kissimee, FL 34741	USA

Certificate (s) Issued 3/20/99.
1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. ☐ None
2. ☑ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify ____

Rating (s)
1. ☐ None 6. ☐ Helicopter
2. ☑ Single Engine Land 7. ☐ Glider
3. ☐ Single Engine Sea 8. ☐ Free Balloon
4. ☐ Multiengine Land 9. ☐ Airship
5. ☐ Multiengine Sea 10. ☐ Gyroplane

Instrument Rating (s)
1. ☑ None
2. ☐ Airplane
3. ☐ Helicopter

Instructor Rating (s)
1. ☑ None 6. ☐ Instrument Airplane
2. ☐ Airplane S.E. 7. ☐ Instrument Helicopter
3. ☐ Airplane M.E. 8. ☐ Ground Instructor
4. ☐ Helicopter 9. ☐ Specify ____
5. ☐ Glider

Type Ratings/Student Endorsements: Airplane - Single Engine Land

Date Of Biennial Flight Review or Equivalent (M/D/Y): 3-20-99

BFR Aircraft: 1. Make Cessna 2. Model C-152

Medical Certificate
1. ☐ None 3. ☑ Class 2
2. ☐ Class 1 4. ☐ Class 3

Date Of Last Medical (M/D/Y): 10-9-98

Limitations: Std

Waivers

Date Of Birth (M/D/Y): [redacted]-34

Degree Of Injury
1. ☐ None
2. ☐ Minor unknown
3. ☐ Serious
4. ☐ Fatal

Seat Occupied
1. ☑ Left 4. ☐ Front
2. ☐ Right 5. ☐ Rear
3. ☐ Center

Person At Controls At Time Of Accident
1. ☑ Pilot in Control 4. ☐ Non-Pilot
2. ☐ Second Pilot 5. ☐ No One
3. ☐ Both Pilots

Seat Belt Available
1. ☑ Yes
2. ☐ No

Seat Belt Used
1. ☑ Yes
2. ☐ No

Shoulder Harness Available
1. ☑ Yes
2. ☐ No

Shoulder Harness Used
1. ☑ Yes
2. ☐ No

Source Of Pilot Flight Time Information
1. ☐ Pilot Logbook 4. ☐ Company
2. ☐ Operators Estimate 5. ☐ Specify ____
3. ☐ FAA Records

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	unknown - Pilot logbook with Family									
Pilot In Command (PIC)										
Instructor										
This Make & Model	[redacted]							[redacted]		
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident
1. ☐ Co-Pilot N/A 2. ☐ Dual Student 3. ☐ Safety Pilot 4. ☐ Check Pilot 5. ☐ None (Pilot Rated Passenger)

Pilot Name	Pilot Certificate No.	Address	Nationality

Certificate (s)
1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. ☐ None
2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify ____

Second Pilot Information (cont.)

Rating(s)	Instrument Rating(s)	Instructor Rating(s)
1. ☐ None 2. ☐ Single Engine Land N/A 3. ☐ Single Engine Sea 4. ☐ Multiengine Land 5. ☐ Multiengine Sea 6. ☐ Helicopter 7. ☐ Glider 8. ☐ Free Balloon 9. ☐ Airship 10. ☐ Gyroplane	1. ☐ None 2. ☐ Airplane 3. ☐ Helicopter	1. ☐ None 2. ☐ Airplane S.E. 3. ☐ Airplane M.E. 4. ☐ Helicopter 5. ☐ Glider 6. ☐ Instrument Airplane 7. ☐ Instrument Helicopter 8. ☐ Ground Instructor 9. ☐ Specify

Type Ratings/Student Endorsements	Date Of Biennial Flight Review or Equivalent (M/D/Y)	BFR Aircraft
N/A		1. Make 2. Model

Medical Certificate	Date Of Last Medical (M/D/Y)	Limitations / Waivers	Date Of Birth (M/D/Y)
1. ☐ None 2. ☐ Class 1 3. ☐ Class 2 4. ☐ Class 3 N/A			

Degree Of Injury	Seat Occupied	Seat Belt Available
1. ☐ None 2. ☐ Minor 3. ☐ Serious 4. ☐ Fatal	1. ☐ Left 2. ☐ Right 3. ☐ Center 4. ☐ Front 5. ☐ Rear	1. ☐ Yes 2. ☐ No

Seat Belt Used	Shoulder Harness Available	Shoulder Harness Used	
1. ☐ Yes 2. ☐ No N/A	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No	1. ☐ Pilot Logbook 2. ☐ Operators Estimate 3. ☐ FAA Records 4. ☐ Company 5. ☐ Specify

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					N/A					
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.			N/A									
2.												
3.												
4.												
5.												
6.												

Flight Itinerary Information 10/27/00

Last Departure Point	Time Of Departure	Destination	Flight Plan Filed
1. Airport ID GIF 2. City/Place WINTER HAVEN 3. State FL	1. Time 1:15PM 2. Time Zone Eastern	1. Airport ID UNKNOWN 2. City/Place 3. State	1. ☑ None 2. ☐ VFR 3. ☐ IFR 4. ☐ VFR/IFR 5. ☐ Company (VFR) 6. ☐ Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished

Beautiful almost cloud free day - Wind about 5 mph out of the Northeast.

Fuel On Board At Last Takeoff	Fuel Type
24 Gallons or 114 Pounds	1. ☐ 80/87 2. ☑ 100 Low Lead 3. ☐ 100/130 4. ☐ 115/145 5. ☐ Jet A 6. ☐ Automotive 7. Specify

Other Services, If Any, Prior to Departure

NONE - OTHER THAN REFUELING N11214.

Weather Information At The Accident Site NTN, Flight Service

Source Of Weather Information (Pilot/Operator, Weather Observation)	Light Condition	Visibility	Temp (°F)
	1. ☐ Dawn 2. ☑ Daylight 3. ☐ Dusk 4. ☐ Bright Night 5. ☐ Dark Night	10 Miles	85 (est)

Weather Information At The Accident Site (cont.)

Dew Point	Altimeter Setting	Sky/Lowest Cloud Condition
UNKNOWN (°F)	"Hg	1. ☐ Clear 2. ☐ Scattered _____ Feet AGL 3. ☐ Broken _____ Feet AGL 4. ☐ Overcast _____ Feet AGL 5. ☐ Partial Obscuration 6. ☐ Obscured

Wind Information	Restriction To Visibility	Type Precipitation	Intensity Of Precipitation
1. Direction _____ 2. Velocity _____ Kts 3. Gusts _____ Kts			1. ☐ Light 3. ☐ Heavy 2. ☐ Moderate 4. Specify _____

Turbulence (Multiple Entry)
1. ☐ None 2. ☐ Light 3. ☐ Moderate 4. ☐ Severe 5. ☐ Extreme 6. ☐ Clear Air 7. ☐ In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage	Fire
1. ☐ None 2. ☐ Minor 3. ☐ Substantial 4. ☐ Destroyed	1. ☐ Yes 3. ☐ In-Flight 2. ☐ No 4. ☐ On Ground

Description Of Damage To Aircraft And Other Property

UNKNOWN

Mechanical Malfunction Failure

1. ☐ No
2. ☐ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure

Total Time

On Part	At Overhaul
_____ Hours	_____ 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. ☐ Destroyed 3. ☐ Minor 2. ☐ Substantial 4. ☐ None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Evacuation Of Aircraft

Assistance Received
1. ☐ Outside Person (s) 3. ☐ Slide 5. ☐ Ladder
2. ☐ Auxiliary Lighting 4. ☐ Rope 6. ☐ 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)

THIS PAGE — UNKNOWN

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.☐ Student
2.☐ Private
3.☐ Commercial
4.☐ Airline Transport
5.☐ Flight Instructor
6.☐ Flight Engineer
7.☐ Foreign
8.Specify ______

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.☐ Student
2.☐ Private
3.☐ Commercial
4.☐ Airline Transport
5.☐ Flight Instructor
6.☐ Flight Engineer
7.☐ Foreign
8.Specify ______

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.☐ Student
2.☐ Private
3.☐ Commercial
4.☐ Airline Transport
5.☐ Flight Instructor
6.☐ Flight Engineer
7.☐ Foreign
8.Specify ______

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

This page - N/A.

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.

Private Pilot - Hubert Hollisia departed the Winter Haven Municipal Airport (GIF) at approx. 1:15 pm on Oct 27, 2000. He had mentioned that he would be flying in the local area. The A/C was full of fuel and the weather was almost perfect for flying. Mr Hollisia never returned to the airport.

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

Date Of This Report	Signature Of Pilot/Operator
11-7-00	

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature [redacted]
2. Type Or Print Name Richard E. Parish
3. Title Winter Haven Municipal Airport Manager

For NTSB Use Only

NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received
MIA01FAM51	Miami, Florida	John Lovell	11/09/2001

WINTER HAVEN
AIR SERVICES

FACSIMILE MESSAGE

FROM: Richard Parish

Winter Haven Air Services

TO: John Lovell

NTSB - Miami

Number of pages including this page 3

Our Fax No. is 863-293-2755.

HAVE A NICE DAY

Re: C-150 N11214 (missing 10-27-00)
Pilot: Hubert Hellgar

Aircraft checkout card w/ medical date -

Log book entries for last inspection (10-11-2000).

3000 21st St. N.W.
Winter Haven, FL 33881
Phone: ~~(813)~~ 293-2501
863

STUDENT CARD AIRCRAFT CHECKOUT C150 DATE 7/10/99

INSTRUCTOR Hill

NAME Hubert Hellgar

ADDRESS [redacted] CITY Kissimmee

STATE/COUNTRY ~~Lakeland~~ FL ~~33801~~ ZIP CODE 34741

PHONE # (H) [redacted] (W)

EMERGENCY CONTACT (#)

EMPLOYER

TEMPORARY WINTER HAVEN ADDRESS

DATE & CLASS OF FAA MEDICAL 10-09-98

CERTIFICATES & RATINGS Private Pilot SEL

DATE OF LAST BIENNIAL FLIGHT REVIEW (BFR) (ICC) 20 Mar 1999

REMARKS