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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Mesa State: AZ
ZIP: 85215 Country: USA
Latitude: 33.460793 Longitude: -111.724523
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 02/04/2020 *mm/dd/yyyy* Local Time: 1502
Time Zone: AZ - MST

Collision with Other Aircraft: ○ Midair ◉ On-ground ○ None

AIRCRAFT INFORMATION

Registration Number: N4400F
Manufacturer: Piper Aircraft Inc
Model: PA-28-181
Serial Number: 2881139
Year of Manufacture: 2019
Amateur-Built: ○ Yes ◉ No *If Yes:* ○ Kit/Plans ○ Original Design Make:

☑ **IFR-Equipped and Certified**
☐ **Commercial Space Flight**
☐ **Unmanned Aircraft**

Maximum Gross Weight: 2558 lbs
Weight at Time of Accident/Incident: 2396 lbs
Number of Seats: 4 Flight Crew Seats: 2
Cabin Crew Seats: 2 Passenger Seats: 2
Number of Engines: 1

Category of Aircraft
◉ Airplane
○ Balloon
○ Blimp/Dirigible
○ Glider
○ Gyroplane
○ Helicopter
○ Powered Lift
○ Rocket
○ Ultralight
○ Unknown

Type of Airworthiness Certificate *(Check all that apply)*

Standard	Special
☑ Normal	☐ Restricted
☐ Aerobatic	☐ Limited
☐ Balloon	☐ Provisional
☐ Commuter	☐ Special Flight
☐ Transport	☐ Experimental
☑ Utility	☐ Special Light-Sport
	☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear *(Check all that apply)*
☐ Retractable
☑ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System
☐ None ☐ Unknown

Engine Type *(Select one)*
◉ Reciprocating ○ Liquid Rocket
○ Turbo Shaft ○ Solid Rocket
○ Turbo Prop ○ Hybrid Rocket
○ Turbo Jet ○ None
○ Turbo Fan ○ Unknown
○ Electric

Fuel System Type *(Reciprocating)*
◉ Carburetor ○ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. *mm/dd/yyyy*	Rated Power ◉ Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	Lycoming	O-360 A4M	L-43394-36E	02/19/2019	180	1313.4	25.4	na
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
○ 100-Hour ○ Continuous Airworthiness
◉ AAIP ○ Conditional Inspection
○ Annual ○ Unknown

Date Last Inspection: 01/30/2020 *mm/dd/yyyy*
Airframe Total Time: 1313.4 hrs
hours measured at *(Select one)*
○ Last Inspection ◉ Time of Accident/Incident

Type of Maintenance Program *(Select one)*
○ Annual
○ Conditional (Amateur-built only)
○ Manufacturer's Inspection Program
◉ Other Approved Inspection Program (AAIP)
○ Continuous Airworthiness
○ Other, specify:

Description of Fire Extinguishing System
◉ None
○ Specify:

Propeller 1 ◉ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer: sensenich
Model: 76EM8S14-0-62

Propeller 2 ○ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer:
Model:

ELT Installed: ◉ Yes ○ No
If Yes:
ELT Manufacturer: Airtex
Model or Part No.: 1000
TSO No.: ○ C91 (121.5 MHz) ○ C91a (121.5 MHz) ◉ C126 (406 MHz)
Was ELT still mounted in aircraft? ◉ Yes ○ No
Was ELT still connected to antenna? ◉ Yes ○ No
Did ELT Activate? ○ Yes ◉ No
If activated:
Did ELT Aid in Locating Aircraft: ○ Yes ◉ No
If not activated:
Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown

Additional Equipment *(Check all that apply)*
☑ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☑ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☑ Electronic Multifunction Display
☑ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☑ Stall Warning System
☐ Video Recording Device
☐ Other, Specify:

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: CAE Oxford Aviation Academy Phoenix, INC

Fractional Ownership Aircraft: ○ Yes ◉ No

City: Mesa

State: AZ ZIP: 85215-2546

Country: USA

Operator of Aircraft ☑ *Same As Registered Owner* ☑ *Same Address as Registered Owner*

Name:

Doing Business As:

Air Carrier/Operator Designator (4 Character Code):

City:

State: ZIP:

Country:

Operating Certificates Held *(Check all that apply)*

- ☐ 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)
- ☐ On-Demand Air Taxi (FAR 135)
- ☐ Commercial Air Tour (FAR 136)
- ☐ Agricultural Aircraft (FAR 137)
- ☑ Pilot School (FAR 141)
- ☐ Certificate of Authorization or Waiver (COA)
- ☐ Commercial Space Transportation Experimental Permit
- ☐ Commercial Space Transportation License
- ☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ◉ FAR 91 ○ FAR 129 ○ FAR 415
- ○ FAR 103 ○ FAR 133 ○ FAR 431
- ○ FAR 121 ○ FAR 135 ○ FAR 435
- ○ FAR 125 ○ FAR 137 ○ FAR 437

- ○ FAR 91 Special Flight
- ○ Non-US, Commercial
- ○ Non-US, Non-commercial

- ○ Public Aircraft *(Select one)*
  - ○ Armed Forces
  - ○ Federal
  - ○ State
  - ○ Local
- ○ Unknown

Revenue Operation for FAR 121, 125, 129, 135 *(Select one for each group)*

- ○ Scheduled or Commuter ○ Domestic
- ○ Non-Scheduled or Air Taxi ○ International

- ○ Passenger
- ○ Cargo
- ○ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137 *(Select one)*

- ○ Aerial Application ○ Firefighting ○ Unknown
- ○ Aerial Observation ○ Flight Test
- ○ Air Drop ○ Glider Tow
- ○ Air Race/Show ◉ Instructional
- ○ Banner Tow ○ Other Work Use
- ○ Business ○ Personal
- ○ Executive/Corporate ○ Positioning
- ○ External Load ○ Skydiving
- ○ Ferry

Revenue Sightseeing Flight

○ Yes ◉ No

Air Medical Flight

○ Yes ◉ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: Falcon Field Airport

Airport Identifier: KFFZ

Proximity to Airport: ○ Off Airport/Airstrip ◉ On Airport/Airstrip ○ N/A

Distance From Airport Center: 0.2 sm

Direction From Airport: 092 degrees true

Airport Elevation: 1394 ft. msl

Runway Information

Runway ID: 22L (L/R/C) Length: 5100 ft Width: 100 ft

Runway/Landing Surface *(Check all that apply)*

- ☑ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
- ☐ Concrete ☐ Gravel ☐ Metal/Wood
- ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

Condition of Runway/Landing Surface *(Check all that apply)*

- ☑ Dry ☐ Snow-Compacted ☐ Water-Calm
- ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
- ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
- ☐ Rough ☐ Snow-Wet ☐ Wet
- ☐ Rubber Deposits ☐ Soft
- ☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment *(Select one)*

- ○ Taxi ○ VFR Departure ○ On Instrument Approach ○ Downwind ○ Low Approach
- ◉ Takeoff ○ IFR Departure Procedure/Clearance ○ Landing ○ Base ○ Go Around
- ○ Initial Climb ○ Final ○ Aborted Landing (after touchdown)
- ○ Crosswind ○ Unknown

IFR Approach *(Check all that apply)*

☑ None

- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
- ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
- ☐ VOR/TVOR ☐ ILS ☐ ASR
- ☐ VOR/DME ☐ Localizer Only ☐ Visual
- ☐ TACAN ☐ LOC-back course ☐ Contact
- ☐ RNAV ☐ Circling
- ☐ Unknown

VFR Approach *(Check all that apply)*

☑ None

- ☐ Traffic Pattern ☐ Stop and Go
- ☐ Straight-In ☐ Touch and Go
- ☐ Valley/Terrain Following ☐ Simulated Forced Landing
- ☐ Go Around ☐ Forced Landing
- ☐ Full Stop ☐ Precautionary Landing
- ☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

(●) Pilot ( ) Co-Pilot ( ) Student Pilot ( ) Flight Instructor ( ) Check Pilot ( ) Flight Engineer ( ) Other Flight Crew

"Flight Crewmember 1" was pilot flying ☐ Yes ☑ No

"Flight Crewmember 1" Identification

First Name: Joy

Middle Initial: M

Last Name: Appelbaum

City of Residence: Scottsdale

State: AZ ZIP: 85257

Country: USA

Age at time of Accident/Incident: 26 Date of Birth: [redacted] *mm/dd/yyyy*

Certificate Number: [redacted]

Degree of Injury

(●) None ( ) Fatal ( ) Minor ( ) Unknown ( ) Serious

Seat Occupied

( ) Left ( ) Front ( ) Unknown (●) Right ( ) Rear ( ) Center ( ) Single

Restraint Type

Available	Used
( ) None	( ) None
( ) Lap only	( ) Lap only
(●) 3-point	(●) 3-point
( ) 4-point	( ) 4-point
( ) 5-point	( ) 5-point
( ) Unknown	( ) Unknown

Inflatable Restraints

☐ Not Installed ☑ Installed ☑ Not Deployed ☐ Deployed ☐ Unknown

Pilot Certificate(s) *(Check all that apply)*

☐ None ☑ Flight Instructor ☑ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation

(●) Pilot ( ) Other ( ) Unknown

Medical Certificate

( ) None ( ) Class 3 (●) Class 1 ( ) Driver's License (Sport Pilot only) ( ) Class 2 ( ) Unknown

Medical Certificate Validity

(●) Without limitations/waivers ( ) Unknown ( ) With limitations/waivers ( ) N/A ( ) Special Issuance

Date of Last Medical

12/14/2019 *mm/dd/yyyy*

Medical Certificate Limitations

None

Medical Certificate Special Issuance

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 07/21/2019 *mm/dd/yyyy*

Flight Review Aircraft

Make: Diamond

Model: DA40

Airplane Rating(s) *(Check all that apply)*

☐ None ☑ Single-Engine Land ☐ Single-Engine Sea ☑ Multiengine Land ☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*

☑ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*

☐ None ☑ Airplane ☐ Helicopter ☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*

☐ None ☑ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☑ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings

Student Endorsements *(Include dates)*

Flight Time *(Enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	679.4	49.6	631.8	47.6	89.4	3.4	74.4			
Pilot in Command (PIC)	584.4	49.6	561.8	29.9	8	3.4				
Time as Instructor	375.7	40	375.7							
This Make/Model										
Last 90 Days	115.9	49.6	115.9		23.1					
Last 30 Days	42.4	23.7	42.4							
Last 24 Hours	8.1	8.1	8.1							

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

○ Pilot ○ Co-Pilot ◉ Student Pilot ○ Flight Instructor ○ Check Pilot ○ Flight Engineer ○ Other Flight Crew

"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No

"Flight Crewmember 2" Identification

First Name: Seiya

Middle Initial: _____

Last Name: Suzuki

City of Residence: Mesa

State: AZ ZIP: 85215

Country: USA

Age at time of Accident/Incident: 23 Date of Birth: [redacted] *mm/dd/yyyy*

Certificate Number: _____

Degree of Injury
◉ None ○ Fatal
○ Minor ○ Unknown
○ Serious

Seat Occupied
◉ Left ○ Front ○ Unknown
○ Right ○ Rear
○ Center ○ Single

Restraint Type

Available	Used
○ None	○ None
○ Lap only	○ Lap only
◉ 3-point	◉ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Inflatable Restraints
☐ Not Installed
☑ Installed
☑ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) *(Check all that apply)*
☑ None ☐ Flight Instructor ☐ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation
◉ Pilot
○ Other
○ Unknown

Medical Certificate
○ None ○ Class 3
◉ Class 1 ○ Driver's License (Sport Pilot only)
○ Class 2 ○ Unknown

Medical Certificate Validity
◉ Without limitations/waivers ○ Unknown
○ With limitations/waivers ○ N/A
○ Special Issuance

Date of Last Medical
10/25/2019
mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Issuance

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ *mm/dd/yyyy*

Flight Review Aircraft
Make: _____
Model: _____

Airplane Rating(s) *(Check all that apply)*
☑ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☑ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☑ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☑ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings

Student Endorsements *(Include dates)*

Flight Time *(Enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	13	13	13							
Pilot in Command (PIC)	0	0	0							
Time as Instructor	0	0	0							
This Make/Model										
Last 90 Days	13	13	13							
Last 30 Days	13	13	13							
Last 24 Hours	2	2	2							

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address

First Name: Yoshiteru | City of Residence: Mesa
Middle Initial: ________ | State: AZ | ZIP: 85215
Last Name: Taniguchi | Country: USA

Seat Occupied
○ Left ○ Center ○ Right
○ Front ◉ Rear ○ Single ○ Unknown

Injury
◉ None ○ Minor ○ Serious ○ Fatal ○ Unknown

Pilot Certificate(s) *(Check all that apply)*
☑ None ☐ Private ☐ Student
☐ Flight Instructor ☐ Recreational ☐ Sport
☐ Commercial ☐ Airline Transport ☐ Flight Engineer
☐ US Military ☐ Foreign

Restraint Type:
Available: ○ None ○ Lap Only ◉ 3-point ○ 4-point ○ 5-point ○ Unknown
Used: ○ None ○ Lap Only ◉ 3-point ○ 4-point ○ 5-point ○ Unknown

Inflatable Restraints
☑ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☑ No

Total Flight Time at the Time of this Accident/Incident: 14 hrs

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Crew Name and Address

First Name: ____________ | City of Residence: ____________
Middle Initial: ________ | State: ________ | ZIP: ________
Last Name: ____________ | Country: ____________

Seat Occupied
○ Left ○ Center ○ Right
○ Front ○ Rear ○ Single ○ Unknown

Injury
○ None ○ Minor ○ Serious ○ Fatal ○ Unknown

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Private ☐ Student
☐ Flight Instructor ☐ Recreational ☐ Sport
☐ Commercial ☐ Airline Transport ☐ Flight Engineer
☐ US Military ☐ Foreign

Restraint Type:
Available: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown
Used: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown

Inflatable Restraints
☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ________ hrs

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: ________ City: ________ Middle Initial: ________ State: ____ ZIP: ________ Last Name: ________ Country: ________ ○ Crew ○ Passenger ◉ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available**: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown **Used**: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ________ City: ________ Middle Initial: ________ State: ____ ZIP: ________ Last Name: ________ Country: ________ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available**: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown **Used**: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ________ City: ________ Middle Initial: ________ State: ____ ZIP: ________ Last Name: ________ Country: ________ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available**: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown **Used**: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ________ City: ________ Middle Initial: ________ State: ____ ZIP: ________ Last Name: ________ Country: ________ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available**: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown **Used**: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: KFFZ
City: Mesa
State: AZ
Country: USA

Time of Departure
Time: 1502
Time Zone: AZ MST

Destination
Airport ID: KFFZ
City: Mesa
State: AZ
Country: USA

Type Flight Plan Filed
(●) None ( ) VFR/IFR
( ) Company VFR ( ) IFR
( ) Military VFR ( ) Unknown
( ) VFR
Activated? ( ) Yes ( ) No ( ) Unknown

Type of ATC Clearance/Service *(Check all that apply)*
☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☑ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred *(Check all that apply)*
☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☑ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence: 1395 ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information *(Check all that apply)*
☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ None
☐ Commercial Weather Service (DUATS) ☐ Unknown
☐ On-Board Weather

Weather Observation Facility
Facility ID: KFFZ
Observation Time: 2245
Time Zone: UTC
Distance from Accident Site: 0 nm
Direction from Accident Site: 0.2 degrees true

Basic Conditions
(●) VMC
( ) IMC
( ) Unknown

Light Condition
( ) Dawn ( ) Dusk ( ) Dark Night ( ) Unknown
(●) Day ( ) Night ( ) Bright Night

Sky/Lowest Cloud Condition
(●) Clear ( ) Thin Broken
( ) Few ( ) Thin Overcast
( ) Partial Obscuration ( ) Unknown
( ) Scattered

Lowest Cloud Condition Height
_____ ft agl

Ceiling
(●) None (Clear) ( ) Obscured
( ) Broken ( ) Indefinite
( ) Overcast ( ) Unknown

Ceiling Height
_____ ft agl

Temperature: 11 (C) or _____ (F)
Dew Point: M13 (C) or _____ (F)
Altimeter Setting: 2994 in. Hg
or _____ MB

Wind Direction
☐ Variable
-or-
Direction: 240 degrees true

Wind Speed
☐ Calm
☐ Light and Variable
-or-
Speed: 6 kts

Wind Gusts
☑ Not Gusting
-or-
Speed: _____ kts

Visibility 10 miles
RVR: _____ feet
RVV: _____ miles
Density Altitude: 1180 ft

Intensity of Precipitation
( ) Light
( ) Moderate
( ) Heavy
(●) N/A
( ) Unknown

Type of Precipitation *(Check all that apply)*
☑ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility *(Check all that apply)*
☑ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

Amount	Type
(●) None	(●) N/A
( ) Trace	( ) Rime
( ) Light	( ) Clear
( ) Moderate	( ) Mixed
( ) Severe	( ) Unknown
( ) Unknown	

Icing Actual

Amount	Type
(●) None	(●) N/A
( ) Trace	( ) Rime
( ) Light	( ) Clear
( ) Moderate	( ) Mixed
( ) Severe	( ) Unknown
( ) Unknown	

Turbulence

Type *(Check all that apply)*	Severity
☑ None	☐ Light
☐ Clear Air	☐ Moderate
☐ Terrain-Induced	☐ Severe
☐ Convective Turbulence	☐ Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:
Nothing which was a factor.

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
○ None	◉ Substantial	◉ None	○ Both Ground and In-Flight	◉ None	○ Both Ground and In-Flight
○ Minor	○ Destroyed	○ In-Flight	○ Fire at Unknown Time	○ In-Flight	○ Explosion at Unknown Time
	○ Unknown	○ On-Ground	○ Unknown	○ On-Ground	○ Unknown

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

N4400F experienced a runway excursion and its right wing collided with N4403L's right wing. N4403L was parked on the ramp, tied down, and unoccupied. N4400F received substantial damage to the right wing and fuselage at the wing mount. The right wing of N4400F was nearly completely torn away from the aircraft. N4403L's right wing received substantial damage. After the impact, N4403L was knocked backwards and spun around approx 200 degrees from its original position in a clockwise manner. N4403L's left wing collided (slid under) the left wing of a DA40 which was parked behind N4403L. This DA40 was N967DS which was occupied by a student solo, and was about to taxi out for a flight (engine running). N967DS's left wing received minor damage to the pitot static mount assembly and some scratching to under-wing components.

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.

Data collected from safety office:
The instructor was proficient in soft field takeoff technique and had recently demoed and performed the maneuver several times, including that morning with another student pilot.
The student and instructor briefed the soft field takeoff in a previous briefing as well as while holding short in line for takeoff just before the occurrence.
The instructor had to correct the students inability to listen to and correctly read back ATC instructions multiple times before the takeoff.
A soft field takeoff technique was used following Company AFM procedures utilizing a Flaps 10 setting.
The student was at the controls during the takeoff with the instructor poised to take control. As the aircraft rolled onto the runway, the student held in back pressure and then was pressure was released as soon as powered was applied.
The pitch attitude of the aircraft increased from 5 to 8 degrees during the roll, which then suddenly popped up to 12 degrees.
At this point the aircraft was 10 feet left of runway centerline.
The instructor took over controls when it became apparent the aircraft was deviating left of centerline and applied opposite right rudder with no effect.
The instructor added full right aileron along with the right rudder input.
Power was taken out when the aircraft was 20 feet left of runway centerline, but was added back in by the instructor a second later.
The aircraft departed the runway, airborne, and began to roll left.
The stall warning came on as the left wing stalled, dragging on the dirt and the aircraft settled onto taxiway Delta with a 40 degree skid with nose left of track.
The aircraft entered the non-movement area.
Power was reduced by the instructor to idle.
N4400F's right wing impacted N4403L's right wing, breaking N4403L free of its tiedowns at the wing anchors and spinning it around into N967DS which had its engine on and a student solo in the cockpit.
N4400F spun around to the right coming to rest 2 feet from propeller to propeller in front of N967DS.
Both aircraft were shut down and vacated.
No injuries occurred.

From the instructors perspective:
As we were holding short, number two in line, the student and I briefed once more the procedure for a soft field take off. The student then put in flaps 10° as described in the CAE maneuver profiles. The tower gave us clearance to line up and wait on RWY 22L, the student read back a take off clearance, I corrected and read back the correct clearance. As we were rolling on to line up and wait, the tower cleared us for takeoff, the student didn't recognize that it was for us. I read back the take off clearance. We were aligned with center line, full power was applied, aft pressure of the yoke was released. During the roll, I lost sight of the runway for a moment, when I could see the runway again, we were heading far left of the runway. I applied full right rudder, but we just kept going left. I started applying full right aileron as well, I pulled power for a moment because that was the right thing to do if you lose directional control on the runway. When I pulled power though, I saw that we had just become airborne so I put the power back in because I thought that I would be able to make it back to the runway. However, that was not the case, no matter the right inputs I had in, directional control was not going to be regained. We rolled to the left, the stall horn came on and then we touched down in the taxiway, I cut power and applied full brakes, the aircraft struck a parked aircraft (4403L) on the ramp, which then swung us to the right, stopping right in front of a started DA40.

I felt as if I was faced with two options: First being, abort takeoff and have an accident. Second being, continue the takeoff because I thought we were airborne and get back aligned with the runway. The decision to abort takeoff would have led to an accident, colliding with

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

- Utilizing a 25 degree flap setting on a soft field reduces excessive pitch up tendency of the aircraft during a soft field takeoff. While the manufacturer does not supply any guidance regarding a recommended soft field maneuver configuration, a flaps 25 degree takeoff will be used moving forward rather than 10 degrees.

- Student foot position during this occurrence cannot be verified, however, greater emphasis will be added to verifying proper student foot position in the cockpit, as it is possible the students foot may have been high on the pedal and added left brake when the instructor attempted to correct with right pedal (left pedal would have traveled rearward into the students foot, impacting toe first).

- Full right aileron as a corrective action at high angle of attack may have caused the left wing to stall due to sudden increase of angle of attack from the downward-deflected left aileron. This factor can be added to training as common error to watch out for.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☐ Yes ☑ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

~30 Gallons

Fuel Type

○ 80/87	○ 115/145	○ Jet B	○ Other, specify _____
◉ 100 Low Lead	○ Jet A	○ JP8	
○ 100/130	○ Jet A-1	○ Automotive	

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☑ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

All three occupants of N4400F exited through the cabin door on right side of fuselage onto right wing and then to ramp surface. The occupant of N967DS exited by opening the canopy and climbing out in a normal fashion.

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for *other* aircraft)

Aircraft Registration Number

N4403L

Manufacturer: Piper

Model: PA-28-181

Damage to Other Aircraft

☐ Destroyed ☐ Minor ☑ Substantial ☐ None

Registered Owner of Other Aircraft

Name: CAE Oxford Aviation Academy Phoenix, INC
City: Mes
State: AZ ZIP: 85215
Country: USA

Pilot of Other Aircraft

Name: None - Aircraft was unoccupied (parked).
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
02/12/2020
mm/dd/yyyy

Name of Pilot/Operator: _____

Signature: _____

-- or -- ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: Brent Crow **Title:** Flight Safety Officer

Signature: _____

-- or -- ☑ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
WPR20CA088	WPR - Federal Way	S. Stein	February 12, 2020