NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

BASI	C INFORMA	TION											
Accider	nt/Incident Loc	ation					Accident/Incident Date/Time						
Nearest (City/Place: EVE	RGLADES	CITY		State: F	L	Dat	e: 02/	26/2020	Lo	cal Time:	13;00	
ZIP:	(Country: USA	4					mm/d	d/yyyy	m:	7	+5	
Latitude:	25.85 N		Longitude: 81.3	9 W						111	me Zone:	-5	
	(Enter in decimal degrees or degrees:minutes:seconds)						Co	llision with	Other Air	eraft: C) Midair	OOn-groun	d O None
AIRC	RAFT INFO	RMATIO	N										
Registr	ation Number:	N291RP						☑ IFR-Equip □ Commerce					
	cturer: CESS	NA						Unmanne		gut			
Model:								aximum Gi					
	lumber: 17274						W	eight at Tir	ne of Accid	ent/Inci	dent: 23	10	_lbs
Year of	Manufacture:	1982					Nu	umber of Se	ats: 4		Flight Cr	ew Seats: 1	
Amateu			Kit/Plans Mal	ke:							Passenger	r Seats: 3	
	⊙No		Original Design					imber of E	igines: 1				
	ry of Aircraft	Type of A (Check all to	irworthiness Ce	rtificate		Check all that		mh:l			Type (Se		d Rocket
O Airpla O Ballo		Standar	5.5 5.6					actable			procating o Shaft	_	Rocket
OBlimp	/Dirigible	☑ Norma				Tricycle		П	ailwheel	O Turb			id Rocket
O Glide		☐ Aerob				Amphibia		П	ligh Skid	O Turb		O None O Unkn	
OHelic		Comm				Emergenc			-	OElec		0	
OPowe		Transp				Float	□Ski						
O Rocks O Ultral	25,124	Utility		Light-Spo mental Ligh	tal Light-Sport					-			
OUnkn		□ Certificate		or Waiver (COA)			inch/	Recovery Sy	stem	⊙ Carb	uretor	O Fuel-	Injected
		None		Unknown	(0011)	☐ None		D.	Inknown				
			Engine		Manuf	a atuman'a		Date of Mfg.	Rated Pow Horsen		Total Time	Time Inspection	Since:
Engine	Engine Manufa	cturer	Model/Series	Manufacturer's Serial Number				mm/dd/yyyy O lbs of Thrust (hours) (hours)			(hours)		
Eng. I	LYCOMING		O-320D2J	L-10861-39A NA			NA	160		8564.2	15.7	564.2	
Eng. 2							\dashv						
Eng. 3							+						
Eng. 4				Propell	er 1	●Fixed P	itch		Prope	ller 2	0	Fixed Pitch	
	spection Type			Tropen			lable Pitch OControllable P						
O AAIP		inuous Airwo litional Inspec		Manufac	turer: A	O Ground IcCAULEY	Adjustable OGround Adjustable Manufacturer:				stable		
OAnnua						CTM7557			Mode	-			
Date La	ast Inspection:			ELT In			No	1			apply)		
Airfran	ne Total Time:	nım/dd/yy	hrs	If Yes:					☑ AD:				
	s measured at (S					er: ARTEX			1	rame Para	chute ck Indicato	r	
			ccident/Incident	Model or			Aco.	(121.53.0)	ПАшь		en marcure	2	
TSO No.: OC91 (121.5 MHz) Type of Maintenance Program (Select one) TSO No.: OC91 (121.5 MHz) OC126 (406 MHz)					JC9]	1a (121.5 MH	- Dau	Recorde		Handheld De	vice		
⊙ Annual Was FI T still mounted in ai					ft?	OVes ON			ltifunction		VICC		
O Conditional (Amateur-built only) Was ELT still mounted in an analysis of the Manufacturer's Inspection Program Was ELT still connected to a manufacturer's Inspection Program							Elec		mary Fligh	t Display			
O Other Approved Inspection Program (AAIP)				? OYes Of	No			dheld GPS ds Up Dis					
O Continuous Airworthiness If activated:						011 011	□Onb	oard Wea					
	, specify:					ocating Aircra	it: (OYES ON	Lisauc		cing Device	е	
	tion of Fire Ex	tinguishing	System	If not ac		Пт				Warning eo Record	System ing Device		
O None				and/cate	ecason:	☐ Impact Dar ☐ Fire Damas	-			er, Specify	-		
	nan					☐ Battery Exp		l/Damaged					
						Unknown							

OWNER/OPERATOR INFORMA	ATION					
Registered Aircraft Owner		City:				
Name: RAMAR SUPPLIERS INC		State: FLORIDA ZI	P: 33196			
Fractional Ownership Aircraft: O Yes O	No	Country: USA				
Operator of Aircraft Same As Re	gistered Owner	☑ Same Address as Registered Owner				
Name:		City:				
Doing Business As:		State: ZI	P:			
Air Carrier/Operator Designator (4 Character	er Code):	Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
☑ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133)	ØFAR 91 ØFAR 129 ØFAR ØFAR 103 ØFAR 133 ØFAR ØFAR 121 ØFAR 135 ØFAR ØFAR 125 ØFAR 137 ØFAR ØFAR 91 Special Flight ØFAR ØFAR	431 O Non-Scheduled or Air Taxi 435	O Domestic O International			
Commuter Air Carrier (FAR 135)	O Non-US, Commercial O Non-US, Non-commercial	O Mail Contract Only				
□ 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	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91, 103, (Select one) O Aerial Application O Airal Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O External Load O Skydiving	g OUnknown t w nal rk Use			
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry				
O Yes O No	O Yes ● No					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or withi	n 3 miles of an airport)			
Airport Name: EVERGLADES AIRPAR		Distance From Airport Center:				
Airport Identifier: X01	W.					
Proximity to Airport: O Off Airport/Airstrip	On Airport/Airstrip ON/A	Airport Elevation: 5 degrees true ft, msl				
Runway Information		Condition of Runway/Landing Surface	(Check all that apply)			
Runway ID: 15 (L/R/C) Length: 24	00 ft Width: 60 ft	☑ Dry ☐ Snow-Compacted	☐ Water-Calm			
Runway/Landing Surface (Check all that at Asphalt Grass/Turf Maca Concrete Gravel Snow	dam Water	☐ 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)						
OTaxi OVFR Departure OTakeoff OIFR Departure Proce OInitial Climb	OOn Instrument Appelure/Clearance OLanding	OBase OGo Around	ach nding (after touchdown)			
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)				
None		□None				
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling	□ Straight-In □ To □ Valley/Terrain Following □ Sin □ Go Around □ Fo □ Full Stop □ Pro	op and Go such and Go mulated Forced Landing reed Landing recautionary Landing			
	Unknown	□ Ur	known			

"FLIGHT CREWMEM										Ser Philip
"Flight Crewmember 1" Res	ponsibilities at O Student Pilot	the Time of OFlight		Check Pilot	O Flight	t Engineer	O Other 1	Flight Crew		
"Flight Crewmember 1" was	pilot flying	☑Yes □	No							
"Flight Crewmember 1" Idea First Name: RAMON	ntification			C	ity of Res	idence: TI	UCUPITA			
							CONTROL OF THE	ZID: 6401		
Middle Initial: F						TA AMA		ZIP: 6401		
Last Name: PINEDA				_	ountry:	VENEZU				
Age at time of A	Accident/Incide		_ Date of B			m	m/dd/yyyy			
	Ta		ertificate Num		in the			Ι,	Inflatable F	antun la ta
Degree of Injury None O Fatal	Seat Occup	O Front	O Unknov	1200	traint Ty			1.	initatable r	testraints
O Minor O Unknown O Right O Rear O None O None Not In:							☐ Not Inst	Commence of the Commence of th		
Pilot Certificate(s) (Check all	that apply)				⊙ 3-point		⊙3-point	´	Not Dep	oloyed
None ☐ Flight In ☑ Private ☐ Recreati ☐ Student ☐ Sport	structor onal	Commercial Airline Transp Flight Engine		3 1	O 4-point O 5-point O Unkno	t	O 4-point O 5-point O Unknov	vn	☐ Deploye	
Principal Occupation M	ledical Certific	ate		Med	lical Cert	ificate Va	lidity	1	Date of Las	t Medical
		Class 3				itations/wai		inknown		
,		Driver's Lice Unknown	ense (Sport Pilot	omy,	ith limitati pecial Issu	ions/waiven	s ON	i/A	mm/dd/yy	ינעי
O Unknown C Medical Certificate Limitation		Oliknowii		0.5	peerus 1334					
MUST WEAR CORRECTIVE LE		S LASSES F	OR NEAR/INT	ERMEDIATE	VISION					
Medical Certificate Special I	ssuance									
Date of Last Flight Review			t Review Airc	craft						
or Equivalent, Including FAR 121/135 Checks:	11/23/2019	Make	: CESSNA							
Tractarios careas:	mm/dd/yyyy	Mode	1: 172P							
Airplane Rating(s)	Other Aircraf	ft Rating(s)	Instrum	ent Rating(s)		Instructo	r Rating(s)			
(Check all that apply)	(Check all that a	ipply)	Paramone and	I that apply)		(Check all	that apply)	_		
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea	☐ None ☐ Airship ☐ Balloon		☑ None ☐ Airpla ☐ Helico			☐ None ☐ Airplan ☐ Airplan	e Single-Eng e Multi-Engi	ine	Instrument	
✓ Multiengine Land ☐ Multiengine Sea	☐ Glider ☐ Gyroplane		☐ Power	red Lift		☐ Gyropia			Glider Sport	
	☑ Helicopter									
Type Detings	☐ Powered Lift					Student E	ndorsemen	nts (Include a	dates)	
Type Ratings						Student E	auorsemei	its (metude i	uites)	
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instr	rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	7,498	256	276	573	324			6,522		
Pilot in Command (PIC)	6,555	256	256	550	225	1,650		5,498		
Time as Instructor										
This Make/Model					85					
Last 90 Days	143	10	10	135	14	_		0		
Last 30 Days	55	5	5	50	0			0		
T 24 II	1 1	1	1	0	0	0		0		

"FLIGHT CREWMEN	"FLIGHT CREWMEMBER 2" INFORMATION									
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew										
"Flight Crewmember 2" was pilot flying Yes No										
"Flight Crewmember 2" Id										
First Name:						sidence:				
Middle Initial: State: ZIP:										
Last Name: Country:										
Age at time of	Accident/Incident: _		Date of Bir			mn	v/dd/yyyyv			
Degree of Injury	Sout Occupied	Certii	iicate Numb		straint T	*****			I-di-t-bl- T	
O None O Fatal	Seat Occupied OLeft	OFront	OUnknow					1	Inflatable F	testraints
O Minor O Unknown O Serious	ORight	ORear OSingle	Chanow		O None O Lap	2	O None O Lap onl		□ Not Ins	200000000000000000000000000000000000000
Pilot Certificate(s) (Check a	ll that apply)				O 3-po		O 3-point	, I	□ Not De	72 24
□ None □ Flight	Instructor	mercial	☐ US Mil	litary	O 4-poi		O 4-point		Deploy	
☐ Private ☐ Recrea ☐ Student ☐ Sport		ne Transport at Engineer	☐ Foreign	1	O 5-poi O Unkr		O 5-point O Unknow	vn	Unknov	vn
Principal Occupation	Medical Certificate			M	dical Ce	rtificate Va	lidity		Date of Las	t Medical
	O None O Cla	ss 3				mitations/waiv		nknown		
O Other			(Sport Pilot			ations/waivers	ON	/A	mm/dd/yy	nni nni
	O Class 2 O Unl	known		10	Special Iss	suance				,,,
Medical Certificate Limitat	ions									
Medical Certificate Special	Issuance									
Date of Last Flight Review		Flight R	eview Airci	raft						
or Equivalent, Including										
FAR 121/135 Checks:	/11/	Model:								_
11-1- Thursday	mm/dd/yyyy Other Aircraft Ra		T	- + D - +2(-	, 1	T	Dating(a)			
Airplane Rating(s) (Check all that apply)	(Check all that apply)		(Check all	ent Rating(9	(Check all th	-			
☐ None	None		None	mui uppiyy		None	ui uppin		Instrument A	irplane
Single-Engine Land	☐ Airship		Airplan			☐ Airplane			Instrument H	elicopter
☐ Single-Engine Sea☐ Multiengine Land	☐ Balloon ☐ Glider		☐ Helicop ☐ Powere			☐ Airplane ☐ Gyroplan			Helicopter Glider	
☐ Multiengine Sea	☐ Gyroplane			4 2011		☐ Powered			Sport	
	☐ Helicopter ☐ Powered Lift									
Type Ratings	- rowered Ent					Student Er	idorsement	S (Include de	ates)	
,) p B -										
					,					
Flight Time (Enter appropriate number of hours in each box)		s Make Model	Airplane Single Engine	Airplane Multiengine	Night	Actual	ument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model		10 P	MEST							
Last 90 Days					-					
Last 30 Days					-					

ADDITIONAL FLIGHT CREWMEMBER	S (Exclusiv	e of cabin cr	ew, complete	the followin	g information)		
Crew Name and Address					Seat Occupie	ed	Injury
	City of Resider				O Left O Center O Right	O Front O Rear O Single	O None O Minor O Serious
Last Name:	Last Name: Country:						O Fatal O Unknown
☐ Student ☐ Sport ☐	US Military sport Foreign			Restraint Ty Available O None O Lap Only O 3-point O 4-point	Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed	
Type Rating/Endorsement for Accident/Incident Aircraft?		light Time at	t the Time ident:	hrs	O 5-point O Unknown	O 5-point O Unknown	Unknown
Crew Name and Address					Seat Occupie	ed	Injury
Middle Initial:	City of Resider State: Country:		ZIP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Scrious O Fatal O Unknown
☐ Student ☐ Sport ☐ Type Rating/Endorsement for	oort For	t the Time		Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point	Used O None C Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	
Accident/Incident Aircraft?			dent:		OUnknown	O Unknown	Chkhown
PASSENGER(S) / OTHER PERSONNE	L (Include c	abin crew; c	ontinue on se	eparate sheet	if necessary)	Inflatable	
Name and Address		Seat	Injury	Restraint T	ype	Restraints	Age
First Name: HUMBERTO City : MIAMI Middle Initial: J State: FL ZIP: 3 Last Name: FIGUERA Country: USA OCrew OPassenger OPassenger OPassenger		OLeft OCenter ORight OUnknown Row: 1	None Minor Serious Fatal Unknown	Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
First Name: MARIELA Middle Initial: J State: FL ZIP: 3 Last Name: MARTINEZ OCrew OPassenger OPassenger	3196 Other	OLett OCenter ORight OUnknown Row: 2	O None O Minor O Serious O Fatal O Unknown	Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
First Name: ERNESTO City : MIAMI Middle Initial: State: FL ZIP: 3 Last Name: OROZCO Country: USA OCrew OPassenger O	3128 Other	OLeft OCenter ORight OUnknown Row: 2	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
First Name:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used ONone Clap Only 3-point 4-point 5-point Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Under 5 years If Under 5,

FLIGHT ITINERARY I	NEODMATIO	M								
Last Departure Point		e of Departure	Destinati	on		Type Fligh	t Plan Ett	ed		
	1100	e of Departure			Type Flight Plan Filed		O VFR/IFR			
Airport ID: KTMB	Time	: 17:30 Z		Airport ID: X01 City: EVERGLADES		O None O VFR/O Company VFR O IFR				
City: MIAMI		7 12:30				O Military V	VFR (O Unknown		
State: FL	Time	me Zone: 12:30 State: FL					OV	N 011-1		
Country: USA			Country: L	ISA		Activated?	OYes (No OUnknown		
Type of ATC Clearance/Ser										
	Special VFR IFR		cial IFR R On Top		☐ VFR Flight Folk ☐ Traffic Advisory		☐ Cruise ☐ Unkno			
☐ Class B ☐ Class C ☐ Class D ☐	l/incident occurred Class G Demo Area Warning Area Prohibited Area Restricted Area	☐ Mil	itary Operations port Advisory A Training Area SA		□Special □Air Traffic Contr □Unknown	ol Area	Altitude Occurre	e of In-Flight ence: ft msl		
WEATHER INFORMA	TION AT THE	ACCIDEN	T/INCIDEN	TSITE						
Source of Pilot Weather Info					servation Facility					
(Check all that apply)	WA ARREST VIEW			Facility ID: K						
National Weather Service	Com			Observation T						
☐ Flight Service Station ☐ TV/Radio	☐ Milit			Time Zone: +						
☐ Automated Report	□ None			_			nm			
☐ Commercial Weather Service ☐ On-Board Weather	(DUATS) Unki	nown				Accident Site: 53 nm Accident Site: 279 degrees true				
Basic Conditions		Light Conditi	a D	Direction from	Accident Site. 275		_ degrees ii	ue		
O VMC O IMC O Unknown		ODawn ODay	ODusk ONight		k Night OUn	known				
Sky/Lowest Cloud Condition	n	Ceiling			Temperature:		(C) or	(F)		
⊙ Clear C	Thin Broken	None (Clear)		Obscured						
	Thin Overcast Unknown	O Broken O Overcast		Indefinite	Dew Point: (C) or(F)					
O Scattered	Chkhown	Overcast	O	Unknown Altimeter Sett		etting: in. Hg				
Lowest Cloud Condition He	eight	Ceiling Height				orMB				
	ft agl			ft agl						
Wind Direction	W:-1 C1		W:- 1 Ct-		371-13-1314	10				
	Wind Speed		Wind Gusts		Visibility	10	miles			
☑ Variable	☐ Calm ☐ Light and Varia	ble	☐ Not Gustin	ng	RVR:	:feet				
-01-	-or-		-or-		RVV:	V:miles				
Direction:degrees true	Speed: 5	kts	Speed: UNK	NOW_kts	Density Altitude:ft					
Intensity of Precipitation	Type of Precipita	ation (Check all t	hat apply)		Restriction to \	Visibility (C	heck all tha	(apply)		
OLight	None	☐ Drizzle	☐ Freezin		☑ None	□ F				
O Moderate O Heavy	Rain Snow	☐ Ice Pellets ☐ Snow Pellet	Snow S		☐ Blowing Du		round Fog			
O N/A	☐ Hail	Snow Grain			☐ Blowing Sno	ow 🔲 Io	e Fog			
OUnknown	☐ Rain Showers	☐ Ice Crystals			☐ Blowing Spr		moke Inknown			
					+		IIKIIOWII			
Amount Type		Icing Actual Amount	Туре		Turbulence Type (Check al.	l that apply)	Seven	rity		
None		None	⊙ N/A		None		Lig	ght		
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		☐ Clear Air ☐ Terrain-Indu	ced	□Mo	oderate		
O Light O Clear O Moderate O Mixed		O Moderate	O Mixe		Convective T			treme		
O Severe O Unknow	n	O Severe	O Unkn							
O Unknown		O Unknown								
NOTAMs (D and FDC), A	IRMETs, SIGM	ETs, PIREPS	in effect at	the time of th	ne accident/incid	ent:				

DAMAGE TO AIRCRAFT AND OTHER PROPERTY									
Aircraft Da	mage	Aircraft Fire		Aircraft Explosio	on				
O None	O Substantial	None	O Both Ground and In-Flight	None	O Both Ground and In-Flight				
Minor	O Destroyed	O In-Flight	O Fire at Unknown Time	O In-Flight	O Explosion at Unknown Time				
	O Unknown	On-Ground	O Unknown	On-Ground	O Unknown				
Description	of Damage to Aircra	oft and Other Property	(Use additional sheet if necessary)						
I FET IAMALO	TID								

LEFT WING TIP LEFT WING

LEFT HORIZONTAL STAB TIP

NARRATIVE HISTORY OF FLIGHT (Please type or print in lnk)

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, Ramón Pineda reported that on February 26, 2020 at 12:30 p.m. Local time, after reviewing the weather conditions of my proposed route, I took off with my plane Cessna 172 Tail Number N291RP from KTMB to X01 (Everglades Airpark). I was a pilot and my companions were my wife Mariela Martínez, her uncle. Humberto Figuera and our friend Ernesto Orosco, On the route, there were broken clouds between 3000 and 4000 feet and scattered rains, at the destination airport the wind came from 170 degrees with 5 variable knots and unlimited visibility. At 10 miles east of X01, I reported on 123.075 my intentions of flying over the runway with 1000 feet to join the right leg wind of runway 15. No traffic answered in the local frequency. Upon arriving at Everglades Air Park, I flew over the runway with 1000 feet and verified the windsock confirming direction and intensity. I joined the right leg wind for runway 15 and made a normal pattern and approach. Once on the runway in the last phase of the approach at approximately 55 knots of airspeed making the parallel and at a height of about 3 to 4 feet, I received a strong gust cross wind from the rightside that generated a sudden turn of the plane to the left causing the left wing hit the runway and turned the plane out off the runway toward the turf. I immediately reduced all the power of the plane and tried to control it until I took it to the runway and then to the ramp at approximately 13:15 local time.

RECOMMENDATION (Hov	v could this	accident/incident ha	ave been pre	vented?)			网络罗斯斯斯姆
Operator/Owner Safety Recomn	nendation						
s							
MECHANICAL MALFUI			e space is n	eeded, co	ntinue on separ	rate sheet)	
Was there Mechanical Malfun (If yes, list the name of the part, man			scrihe the failu	re.)			Total Time/Cycles On Part
							Hours
							Cycles
							Time Since This Part
							Inspected/Overhauled
							Hours
FUEL & SERVICES INF	ORMATI	ON				18 SE 19 SE	
Fuel on Board at Last Takeoff		Fuel Type					
(Convert from pounds, as necessary)		O 80/87	0 115/145		O Jet B	O Other, specify _	
30	Gallons	O 100 Low Lead ⊙ 100/130	O Jet A O Jet A-1		O JP8 O Automotive		
Other Services, if Any, Prior to	Departure						
EVACUATION OF AIRC	DAET						
				I HOUSE			
Was an emergency evacuation			☐ Yes	☑ No			
Method of Exit - Describe how	the occupan	is exited and how ma	ny occupants	evacuate	d each location		
OTHER AIRCRAFT - C	OLLISIO	(If air or ground o	collision occ	urred, cor	nplete this sect	ion for other aircra	aft)
Aircraft Registration Number	Manufacti	irer:					mage to Other Aircraft
							Destroyed Minor Substantial None
Registered Owner of Other Air					Other Aircraft	, .	- I TTOLK
Name:				Name:			
City:				City:			
State: ZIP: Country:				State: Country:		_ZIP:	
willing.				Country.			

ADDITIONAL INF	ORMATI	ON (Please type or print in ink)			
Use this space if add	itional spac	e is needed for any answers.			
I HEREBY CERTIF	Y THAT T	HE ABOVE INFORMATION IS COMPLI	TE AND ACCURA	ATE TO THE BEST OF	MY KNOWLEDGE
Date of this Report	Name of	Pilot/Operator: RAMON F PINEDA			
03/04/2020		e:			
mm/dd/yyyy	- or -		locument		
			iocument .		
		erator is Filing Report			
Name:		/ '		Title:	
Signature:					
- or - □C	heck here to	electronically sign this document			
			lam attend		
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NTSB Accident/Incid	lent No.	Reviewed by NTSB Regional Office	Name of Investiga		Date Report Received