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 INFORMA	ATION	or the feet of the	Mary Miles	707				950 5		aciita	
Accident/Incident Loc Nearest City/Place: ZIP: <u>8573</u> Latitude: <u>72-08-3</u>	Country:	150 N 15 V Longitude: 111	-10-28		*2		dent Date/Ti 3 / 2020 Id/yyyy	_ Lo	cal Time:	12:15	<u> </u>
		degrees:minutes:se				Collision with	Other Aircr	raft: C) Midair	OOn-groun	nd None
AIRCRAFT INFO	RMATIO	N						Maria da	artificial property		
Registration Number: Manufacturer:	NIS	156				☐ Commerci ☐ Unmannec		ht			11-0-
Model:	1	972			1	Maximum Gr Weight at Tin Number of Se	ne of Accident eats:	nt/Incid	dent:	300 ew Seats:	_lbs
Amateur-Built: OYes		OKit/Plans Ma Original Design	ake: n			Cabin Crew Sear	ts:	1	Passenger	r Seats:	2
Category of Aircraft Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Type of A (Check all t Standar Norm Aerob Balloo Comn Trans Utility	Airworthiness C that apply) rd Special hal Restriction Provise muter Special sport Experity Experite of Authorization	Certificate icted ed sional al Flight rimental al Light-Spo	ort ht-Sport	Landing Gear (Check all that the control of the con	<i>apply)</i> etractable ☐ Ta ☐ H: Float ☐ Si ☐ Si ☐ Si Ch/Recovery Sys	ailwheel iigh Skid kid ki ki/Wheel I stem	Recip O Turbo O Turbo O Turbo O Electr Fuel Syst	o Prop o Jet o Fan ric tem Type	O Liqui O Solid O Hybr O None O Unkr	nown
Engine Engine Manufa Eng. 1 Eng. 2		Engine Model/Series O-360—	AYA	Serial N	acturer's Number 7175-364	Date of Mfg. mm/pd/ytyy	Rated Power O Horsepov O lbs of The	wer or	Total Time (hours)	Time Inspection (hours)	Since: Overhaul (hours)
Eng. 3 Eng. 4	Children Stranton	Marie Communica	and from the						AT - 18-1-1		
Last Inspection Type O100-Hour OCont	tinuous Airwo ditional Inspec nown	orthiness ction	Propelle Manufact Model:	turer:	OFixed Pitc OControllal OGround A SENSEN EM 855-	ble Pitch djustable VICH	Model:	cturer: _	0	 Fixed Pitch Controllable Ground Adju	stable
Airframe Total Time: hours measured at (Se	OTime of A	hrs hrs	Model or	nufacture Part No.:	er: Garrett 1	Mfet. LTD	ADS-I	B me Parac of Attac	chute k Indicato	Check all tha	t apply)
Typs of Maintenance P O Annual O Conditional (Amateur-b O Manufacturer's Inspecti O Other Approved Inspect O Continuous Airworthine O other, specify:	ouilt only) ion Program tion Program (of sales second in at at the sales of the	Was ELT Was ELT Did ELT	OC126 I still mou I still cont Activate?	(406 MHz) unted in aircraft? nected to antenn? OYes Ocating Aircraft:	? OYes ONo	Electro Electro Handh Heads	onic Flig onic Mul onic Prin neld GPS Up Disp ard Weath	tht Bag or liftunction nary Flight	t Display	vice
Description of Fire Ext None Specify:	inguishing	System	If not act Indicate R		☐ Impact Dama ☐ Fire Damage ☐ Battery Expir ☐ Unknown		Stall W	Warning S Recordin	System ng Device		

OWNER/OPERATOR INFORMA	ATION	
Danietana J. L. C. C.		City: Redlands State: CA ZIP: 97373
Name: Glant Gus	Jarosen	State: CA 710. 97372
Fractional Ownership Aircraft: O Yes C	No	Country: USA
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 Characte	er Code):	Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	
☑None ☐Flag Carrier Operating Certificate (FAR 121) ☐Supplemental ☐Air Cargo	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR	431 O Non-Scheduled or Air Taxi O International 435 437
☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135)	O FAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	O Passenger O Cargo O Mail Contract Only
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137)	OPublic Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)
☐ 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 Federal O State O Local O Unknown	O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Aerial Observation O Firefighting O Unknown O Glider Tow O Glider Tow O Other Work O Personal O Positioning
Revenue Sightseeing Flight OYes No	Air Medical Flight O Yes O No	O External Load O Skydiving Ferry
AIRPORT INFORMATION (Fill In	If accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: Ryan Field		Distance From Airport Center:sm
Airport Identifier:	N	Direction From Airport: degrees true
Proximity to Airport: O Off Airport/Airstrip	On Airport/Airstrip ON/A	Airport Elevation:ft. msl
		it. msi
Runway Information Runway ID: 2/L (L/R/C) Length: 5 Runway/Landing Surface (Check all that a. Asphalt	pply) dam	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)		
OTaxi OVFR Departure OTakeoff OIFR Departure Proce	dure/Clearance Clanding	oroach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown
IFR Approach (Check all that apply) None		VFR Approach (Check all that apply) □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 □Unknown	☐ 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 CREWME	MBER 1" IN	FORMATI	ON		-					
"Flight Crewmember 1" R O Pilot O Co-Pilot	Student Pilo	at the Time of OFlight I		dent Check Pilot	OFI	tht Engineer	Other	Flight Crew		
"Flight Crewmember 1" w	as pilot flying	DYes D	No							
"Flight Crewmember 1" Io First Name: Mari Middle Initial: E Last Name: 7	dentification	Li); o Date of Bi	rth: _	City of R State:	esidence:	Mia 15 A	neafo	5 40 5 5 5 5	23
Degree of Injury O None O Fatal O Minor O Unknown O Serious	Seat Occu O Left O Right O Center		O Unknown	Res	Available O None	le	Used O None O Lap on		Inflatable Not in	Restraints
Pilot Certificate(s) (Check of None Flight Recre	Instructor Cational	Commercial Airline Transp Flight Enginee			OLap o O3-poi O4-poi O5-poi OUnkn	nt nt nt	O 3-point O 4-point O 5-point O Unknow		□ Not De □ Deploy □ Unkno	eployed yed
Principal Occupation O Pilot O Other O Unknown	O Class 1	OClass 3	ense (Sport Pilot o	only)	Without lir	rtificate Vanitations/wa ations/waive	ivers OL	Jnknown UA	Date of La	net Medical
Medical Certificate Special A Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	Issuance NA mm/dd/yyyy		t Review Aircr							
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircra (Check all that of the chart of	apply)	Instrumer (Check all to None Airplane Helicopt Powered	ter		(Check all None Airplan		ine C	Instrument Instrument Helicopter Glider Sport	Helicopter
Type Ratings						Student I		nts (Include	dates)	
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Inst	rument	Rotorcraft	Glider	Lighter Than Air
Total Time	37.5	30.1	37.5		_	_			-	_
Pilot in Command (PIC)				-		4				
Time as Instructor This Make/Model			1,000		-	-				
ast 90 Days	The same of the sa					-	-			
ast 30 Days						+		-		-
ast 24 Hours						1				-

"FLIGHT CREWMEMB	ER 2" INFOR	OLTAM	N			1 1 1 1 1 1 1 1				
"Flight Crewmember 2" Resp	Onsibilities at the 'O Student Pilot	Time of A OFlight Ins	accident/Inci	dent Check Pilot	OFlig	ght Engineer	OOther	Flight Crew	Non	ϵ
"Flight Crewmember 2" Iden	the same of the sa	es 🗖!.	Partire Charles					The second		F. 10
First Name:					City of Da	esidence:				
Middle Initial:						SELECT OF SECTION				100
					State:		Z	IP:		
Last Name:										
Age at time of Ac	ccident/Incident:		Date of Bir	th:		mr	n/dd/yyyy			
	144	Cert	ificate Numb	er:			and we store			
Degree of Injury	Seat Occupied			R	estraint T	ype			Inflatable !	Restraints
O None O Fatal O Minor O Unknown O Serious	ORight (OFront ORear OSingle	OUnknow	n	Availab O None	e	Used O None		□ Not Ins	
Pilot Certificate(s) (Check all t			des established		O Lap		O Lap onl		☐ Installe	
□ None □ Flight Ins □ Private □ Recreation	structor	nercial ne Transpor t Engineer	US Mil		O 4-po O 5-po O Unki	int int	O 4-point O 5-point O Unknov		□ Deploy □ Unkno	red
Principal Occupation M	edical Certificate			М	edical Ce	ertificate Va	lidity	1927	Date of La	st Medica
	None OCla	ss 3				mitations/wai		nknown		Ta 51
O Other O	Class 1 O Dri		se (Sport Pilot	only) C	With limit	ations/waiver			(11)	60.00
O Unknown	Class 2 O Unl	cnown			Special Iss	suance		St. Stephen Co.	mm/dd/y	ууу
Date of Last Flight Review or Equivalent, Including	at he brage		Review Airci			e ne zame ne tak		Na Sa		
FAR 121/135 Checks:	mm/dd/yyyy		william Park		7.5 %			4.0		The second
Airplane Rating(s)	Other Aircraft Ra	A LONG		nt Rating	(e)	Instructor	Dating(s)	80.00		
(Check all that apply)	(Check all that apply)		Control of the contro	that apply)	(8)	(Check all th				
□ None	☐ None		None			□ None	The state of the state of	X. FAE	Instrument A	Airolane
Single-Engine Land	Airship		Airplan		tion the state of		Single-Engir	ne 🗀	Instrument I	Helicopter
☐ Single-Engine Sea ☐ Multiengine Land	☐ Balloon ☐ Glider		☐ Helicop			☐ Airplane ☐ Gyroplan	Multi-Engin		Helicopter Glider	
Multiengine Sea	☐ Gyroplane		Drowere	a Liit		D Powered			Sport	
	☐ Helicopter ☐ Powered Lift					Sea 1 1/				
Type Ratings	☐ Powered Lift			-2000s.		Student F	ndorsemen	to (7, 1, 1,	1	
A STATE OF THE STA	Property Commencer									
Flight Time (Enter appropriate	All Th	is Make	Airplane	Afuulana		Inst	rument	F.	T	L
number of hours in each box)	1 2 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Model	Single Engine	Airplane Multiengin		t Actual	Simulated	Rotorcraft	Glider	Lighter Than Al
Total Time					100		4	16g -	1 10 8	34
Pilot in Command (PIC)				7	Art Single	M. Styles		S 27		6.
Time as Instructor	Jane Wall	10000			3 1 to 180				1 1 1	1
This Make/Model						15.7				
Last 90 Days	and the second	No. of the	1000		19 X W		- T	- 14		
Last 30 Days					عديك	1			6 - 1	
Last 24 Hours					1 - 3 -	· A wat				

FLIGHT ITINERARY Last Departure Point Airport ID:	Tin	e of Departure		ALC: UNDER THE RESERVE AND ADDRESS OF THE PARTY OF THE PA	14 6 2	Type Flig	ht Plan Filed
Airport ID: KRYN		e: 1130	Airport ID	KRY	IN	@ None	O VFR/IFR
City: TUCSON	Tim	e: 1100	City:	TUCSO	N	O Compai	y VFR O IFR
State: A2	Tim	e Zone: MT	State:	Action Co.	4.4.36.1.530	O Military O VFR	VFR O Unknown
Country: JSA		our end debender on	Country:				OYes ONo OUnknow
Type of ATC Clearance/Ser	miles (Clark - Hall de		Country.	<u> </u>		1 2 2 2	O. so O. so Ochiello.
	Special VFR	7 7 700	cial IFR		O VED EU-LA E-U-		Contract Con
		□ Spe	R On Top		☐ VFR Flight Follo ☐ Traffic Advisory	wing	☐ Cruise ☐ Unknown / NA
Airspace where the acciden		The second secon			The training was stony	Tak Mitters	AND THE RESERVE OF SERVER STORES
Class A	Class G	□Mil		Area (MOA)	Special		Altitude of In-Flight
Class B	Demo Area		port Advisory A		Air Traffic Contro	l Area	Occurrence:
Class C	Warning Area		Training Area		Unknown		Ground ft msl
	Prohibited Area Restricted Area	☐ TR:					
				IT OITE	ore a region come of the		e englande programme (programme de que
WEATHER INFORMA		EACCIDEN	INICIDEN				
Source of Pilot Weather Ini (Check all that apply)	ormation	Services tanders of		AND THE PERSON NAMED IN	servation Facility		
☐ National Weather Service	☐ Con	many		Facility ID:	of the distributed like the	1333	
☐ Flight Service Station	☐ Mil			Observation T	ime:	. Y 3 194	
☐ TV/Radio	☐ Inte			Time Zone:			
☐ Automated Report ☐ Commercial Weather Service	Nor			Distance from	Accident Site:		nm A A
On-Board Weather	(DUAIS) LI UNA	nown			Accident Site:		[교육][[[[[[] [] [] [] [] [] [] [] [] [] [] [
Basic Conditions		Light Conditi	on		10	N-	
ØVMC		ODawn	ODusk	ODarl	k Night OUnk	nown	
OIMC		O Day	ONight		tht Night		SALE WEST
O Unknown		Water Str					
Sky/Lowest Cloud Condition	n	Ceiling		Law of Sana	Temperature:	and the	(C) or 65 (F)
O Clear	Thin Broken	O None (Clear)	0	Obscured			
	Thin Overcast	Ø Broken		Indefinite	Dew Point:	((C) or(F)
O Partial Obscuration O Scattered	O Unknown	O Overcast	O	Unknown	Altimeter Settin	g:	in Ho
Lowest Cloud Condition H	alaht	Ceiling Heigh			Altimeter Settin	or	MB
4000	ft agl	400		ft agl			
	Republic Committee	# 14 L 4 CVK		they wanted	4 1.36 Y 1.51		
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles
Variable	☐ Çalm	market here	Not Gustin	ng	RVR:		feet
	Light and Vari	able					
-or-	-or-		-or-		RVV:	A TOWN THE PERSON NAMED IN	miles
Direction:degrees true	Speed:	kts	Speed:	kts	Density Altitud		<u>A</u> ft
Intensity of Precipitation	Type of Precipit	ation (Check all t)	hat apply)		Restriction to V	isibility (Check all that apply)
	None	☐ Drizzle	☐ Freezin		None		Fog
OLight			☐ Snow S	Company of the second	☐ Blowing Dus		Ground Fog
O Light O Moderate	Rain	☐ Ice Pellets					
O Light O Moderate O Heavy	Rain Snow	Snow Pellets	Ice Pell	ets Shower	☐ Blowing San	ı 🗇	
O Light O Moderate O Heavy O N/A	Rain Snow Hail	Snow Pellets Snow Grains	Ice Pell	ets Shower	☐ Blowing Sand	·	Ice Fog
O Light O Moderate O Heavy	Rain Snow	Snow Pellets	Ice Pell	ets Shower	☐ Blowing San	l	
O Light O Moderate O Heavy O N/A O Unknown	Rain Snow Hail	Snow Pellets Snow Grains Ice Crystals	Ice Pell	ets Shower	☐ Blowing Sand ☐ Blowing Sno ☐ Blowing Spra	l	Ice Fog Smoke
O Light O Moderate O Heavy O N/A O Unknown cing Forecast Amount Type	Rain Snow Hail	Snow Pellets Snow Grains Ice Crystals Icing Actual Amount	Ice Pell Freezin	ets Shower	☐ Blowing San ☐ Blowing Sno ☐ Blowing Spra ☐ Dust Turbulence Type (Check all	y	Ice Fog Smoke Unknown Severity
O Light O Moderate O Heavy O N/A O Unknown cing Forecast Amount O N/A O N/A	Rain Snow Hail	Snow Pellett Snow Grains Ice Crystals Icing Actual Amount None	Type O N/A	ets Shower g Drizzle	☐ Blowing Sand ☐ Blowing Snod ☐ Blowing Sprad ☐ Dust Turbulence Type (Check all ☐ None	y	Ice Fog Smoke Unknown Severity □Light
O Light O Moderate O Heavy O N/A O Unknown cing Forecast Amount O None O N/A O Trace O Rime	Rain Snow Hail	Snow Pellett Snow Grains Ice Crystals Icing Actual Amount None O Trace	Type O N/A O Rime	ets Shower g Drizzle	☐ Blowing Sand ☐ Blowing Sprad ☐ Blowing Sprad ☐ Dust Turbulence Type (Check all ☐ None ☐ Clear Air	that apply)	Cce Fog Smoke Unknown Severity Light Moderate
O Light O Moderate O Heavy O N/A O Unknown cing Forecast Amount O None O N/A O Trace O Light O Clear	Rain Snow Hail	Snow Pellett Snow Grains Ice Crystals Icing Actual Amount None O Trace O Light	Type O N/A O Rime O Clear	ets Shower g Drizzle	Blowing Sand Blowing Spra Blowing Spra Dust Turbulence Type (Check all None Clear Air Terrain-Induc	that apply)	Cce Fog Smoke Unknown Severity Light Moderate Severe
O Light O Moderate O Heavy O N/A O Unknown cing Forecast Amount O None O N/A O Trace O Rime	Rain Snow Hail Rain Showers	Snow Pellett Snow Grains Ice Crystals Icing Actual Amount None O Trace	Type O N/A O Rime	ets Shower g Drizzle d	☐ Blowing Sand ☐ Blowing Sprad ☐ Blowing Sprad ☐ Dust Turbulence Type (Check all ☐ None ☐ Clear Air	that apply)	Cce Fog Smoke Unknown Severity Light Moderate
O Light O Moderate O Heavy O N/A O Unknown cing Forecast Amount O None O N/A O Trace O Light O Moderate O Mixed	Rain Snow Hail Rain Showers	Snow Pellett Snow Grains Ice Crystals Icing Actual Amount None O Trace O Light O Moderate	Type O N/A O Rime O Clear O Mixe	ets Shower g Drizzle d	Blowing Sand Blowing Spra Blowing Spra Dust Turbulence Type (Check all None Clear Air Terrain-Induc	that apply)	Cce Fog Smoke Unknown Severity Light Moderate Severe
O Light O Moderate O Heavy O N/A O Unknown cing Forecast Amount O None O N/A O Trace O Light O Moderate O Moderate O Severe O Unknow	Rain Snow Hail Rain Showers	Icing Actual Amount None Trace Light O Moderate O Severe O Unknown	Type O N/A O Rime O Clear O Mixe O Unkr	ets Shower g Drizzle d d	Blowing Sand Blowing Snot Blowing Sprate Dust Turbulence Type (Check all None Clear Air Terrain-Induct Convective To	that apply)	Cce Fog Smoke Unknown Severity Light Moderate Severe

DAMAGE TO AIRCRAFT AND OTHER PROPERTY Aircraft Damage Aircraft Fire Aircraft Explosion O None **Substantial** O None O Both Ground and In-Flight O None O Both Ground and In-Flight O Minor O Destroyed O In-Flight O Explosion at Unknown Time O Fire at Unknown Time O In-Flight O Unknown O On-Ground **O** Unknown O On-Ground O Unknown Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) - Hit windsock with right - jumped ditch deviated to ris let - propstike Exited run wa Ground loop to full stop

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

Student had performed multiple satisfactory touch and gos, followed by rest. Upon returning to touch and gos, performed several additional indicating readings, to solo. She was instructed to proceed to solo while I remained at outside toxiway giving, advice over hand held radio. Student performed two acceptable touch and gos, On the third she veered slightly to right after touch down and overcompensated to left! She proceeded at an angle of approximately 30° left of wind sock, shearing extensus ming to wind sock, shearing extensus 18" of wing. She continued in same direction until she jumped over ditch causing propotrike. After ditch she did a ground loop to the right of about 200°, coming to rest about 30 feet from taxyway. Engine was shot off. I proceeded to the aircraf! Eletrical had been shot off. Student was shaken, but had no signs of physical injury. fire or fuel leak was noted to have occurred.

RECOMMENDATION (How could this	accident/incident ha	ave been prevente	d?)		
Operator/Owner Safety Recommendation	handa irakwatawa				
Operator/Owner Safety Recommendation Positive dire from runway n in runway	Lional	contro	for n	aild de	viations
, rositive arte	11	00 11, 1			Ul contro
from runway n	uidline.	maint	aining	airera	It center
in runway					
MECHANICAL MALEUNCTION	EAULIDE # 2			The second second second	
MECHANICAL MALFUNCTION/ Was there Mechanical Malfunction/Failur			i, continue on sepa	rate sneet)	Total Time/Cycles
(If yes, list the name of the part, manufacturer, par					On Part
					Hours
					Cycles
					The Factor of the State of the
					Time Since This Part Inspected/Overhauled
					Inspected/Overnamed
					Hours
FUEL & SERVICES INFORMATI	Control of the State of the Sta		and the state of the state of the		
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)	Fuel Type O 80/87	O 115/145	O Jet B	O Other, specify	
♂ 30 Gallons	O 100 Low Lead	O Jet A	O JP8	Odler, specify _	
	O 100/130	O Jet A-1	O Automotive		
Other Services, if Any, Prior to Departure					
NA					
EVACUATION OF AIRCRAFT					
Was an emergency evacuation of the aircr	aft performed?	√ Yes □ N	0		
Method of Exit - Describe how the occupan	ts exited and how ma	any occupants evac	uated each location	the transfer	
The state of the s	1-1				
Through single	exit dos	1			
Operation Product					
OTHER AIRCRAFT - COLLISIO	N (If air or ground	collision occurred	, complete this sec	tion for other aircra	aft)
	urer:				mage to Other Aircraft
				[U.	Destroyed
Registered Owner of Other Aircraft	Oka sind star iska same		t of Other Aircraft		Substantial None
Name:			ie:		and the second
City:		City		. 10	
State: ZIP:	Sk. 7 Edward		The section of		
A CONTRACTOR PORTE		Cou	ntrv:		

ADDITIONAL INF	ORMATI	ON (Please type or print in ink)			
Use this space if add	itional space	e is needed for any answers.		La Lange Waller	est y to the second
		alle and the property of the second			
			THE PARTY OF		
		his was to		Carry Barre	
		M. Andrews Bride			
	12. 3				
		the total troop	A. HA HE HE		
			de State 3		
				and Ever ear	
				化水流 医神经丛 化	
	Y THAT TI	HE ABOVE INFORMATION IS	COMPLETE AND ACC	URATE TO THE BEST	OF MY KNOWLEDGE
Date of this Report	100000	Pilot/Operator:			
5/7/ 2020 mm/lid/yyyy	Signatur				
	- or -	Check here to electronically	sign this document		
		Service A		flight	tructor
Name: Jo	10	Sur A		Title:	ructor
Signature:	heckh				
- <i>u</i> - ⊔c	neckt)		
NTSB Accident/Incid	dent No.	FOR Reviewed by NTSB Regional (NTSB USE ONLY Office Name of Inve	stigator	Date Report Received
WPR20CA138		AS-WPR	Tealeve Cor		Date Report Received

STUDENT NARRATIVE

DAMAGE	TO AIRCRAFT	AND OTHER P	ROPERTY	to Capania Company and the	The second second
Aircraft Dat O None O Minor	Substantial O Destroyed	Aircraft Fire None O in-Flight	O Both Ground and In-Flight O Fire at Unknown Time	Aircraft Explosion Nons O In-Flight O 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)

- Kight wing tip hit wing sock of the airport; there was no damage to the ulind sock. Wing tip came off.

- Proppeller hit the ground; bending caused demage to the mose of the aircraft.

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 positional describes the control of the wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. destination. Provide as much detail as possible.

I was ready to solo on the 13th, after many practices of touch ago with my instructor, I was ready to make them by myself. I took off for the solo flight from runway 241, and I have completed two of them successfully, following the pattern. That was around 11:30 and 12:00, there was partial Wind at that time but no visibility issues. On my third nound of doing touch & go, I was gettin close to the runway, as I was making my corrections to land, I've landed. However, I had too much pressure On the right rudder. I made a mistake when I overcorrected myself by stepping too aggressive on the left rudder. There was when I lost control of the aircraft, because I exit the runway and went on the soft field. I got scared and could no longer control the aircraft. While I was running on the soft field, I hit the tip of the wing on the wind sock, to finally cross a ditch and hit the propeller on the ground. After that I came for a full stop

ADDITIONAL IN	FORMA	TION (Please type or print	in ink)	Francisco de la Principa de la Companya del Companya de la Companya del Companya de la Companya	And the state of t
		pace is needed for any answer			
	4				
					[[[생각하다] [[[[[생 [[] [[] [[]
REBY CERTIF	Y THAT T	HE ABOVE INFORMATIO	N IS COMPL	ETE AND ACCURATE TO T	HE BEST OF MY KNOWLEDGE
of this Report		Pllot/Operator: Mario		nia Zilio	
a Country of the Base Print - 1949 A	The state of the state of				
5 108 12020 mm/dd/yyyy	Signatur	111111	cally sign this	document	
Person Other tha	n Pilot/O	perator is Filing Report			
	福祉 人名伊瓦			Title:	
Signature:					The second secon
	heck here t	to electronically sign this docu	iment		
and purposed the survey	. 1000-000-00-00-00-00-00-00-00-00-00-00-0	F	OR NTSB	USE ONLY	and the second of the second s
SB Accident/Incid	ent No.	Reviewed by NTSB Regio		Name of Investigator	Date Report Receive

DDITIONAL INFO	RMATI	ON (Please type or print in ink)	The later and to perfect the sales are	All was Registers of Asset Section 1995
o this mane if additi	onel ento	is needed for any answers.		And the second s
- Park it house	ouer efreci	as meeter for sul surveir.		
	1			
		전다 불명하면 얼굴이라고 살이 있다.		
	100			
	100			
	366			
	08. 3.			
	- test			
		2일 하늘 일이 보다. 바다 100		
HEREBY CERTIF	Y THAT T	HE ABOVE INFORMATION IS COMPI	ETE AND ACCURATE TO THE	BEST OF MY KNOWN FROM
ate of this Report	Name of	Pllot/Operator: Maria Evoc	nia Zilio	-TOT OF INT KNOWLEDGE
05 108 12020			4 .11y= .11	A Comment of the Comm
mm/dd/yyyy	-or-	2011	dogument	the discretion of the state of
- D Oct	L. Parl St.	The state of the s	Cocument	and the second state of th
		perator is Filing Report		9-14.
	-		Title:	I I SHI PER PARE
Signature:	-	Control of the second second	Service Course & Schoolsen	
-or- DC	heck here t	to electronically sign this document		
	-	FOR NTSB	USE ONLY	
TSB Accident/Incid	ent No.	Reviewed by NTSB Regional Office	Name of Investigator	The second second second second
WPR20CA138	1 63	AS-WPR	Tealeye Cornejo	Date Report Received

그 영화 등에 하기에 가는 1이 하셨다는 얼굴을 보냈다.	
	공업 선생님이 하는 아이에게 그렇게 그렇게 되었다.
	공연원 생활되었다. 그렇게 하고를 다 보다.
	요한 사람이 얼마를 잘 된 이 이 이다. 이번
	[24] 이렇게 가지 싫어되는데 어느 뭐 하니요? 하는데 이다.
the second second second second second	
A WARE THE RESIDENCE WAS	
	얼마남 전에서 하라고 있었다면서 하는데 되었다.
	A second to the second second
	action of the second
	the the comment of the same of the
	경우 마이 경험했다. 그들이 하였다고 그렇게 그 그 아이가 그를 하는데 하는데 살아 그는 것이 모고 있다고 하는 거리다고요.
The first of the party of the second	White the warmer and the
A Transfer of the Land of the	the star I come to 1973, seek
나타 열차 그는 사람이 되는 사람이 되어야 하는데 없다.	경기 없는 사람들은 사람들이 없다면 하는 것이다.
	The state of the s
경기를 가는 것이 없었다. [10] 공연 [16] 공연 [16] 공연 [16]	Control of the second of the second
	A Colombia of the State of the
스타일 하다가 되고 생생님에 가는 하다니다.	그러면 화가를 보이 되었다면 하는데 하는데 되었다.
그렇게 살아보는 그들은 얼마나 아니다 그렇게	
	의 경험에 있는데 그 왕이었는 그렇게 되었다.
THEREBY CERTIFY THAT THE ABOVE INFORMATION IS COM	PLETE AND ACCURATE TO THE BEST OF MY KNOW! SPOR
The second of th	- TOT WIT KNOWLEDGE
Date of this Report Name of Pilot/Operator:	
Date of this Report Name of Pilot/Operator:	
Date of this Report Name of Pilot/Operator: Signature:	
Date of this Report Name of Pilot/Operator: Signature: -or - Check here to electronically sign the	
Date of this Report Name of Pilot/Operator: Signature: -or - Check here to electronically sign the price of Pilot/Operator is Filing Report	his document Flight
Date of this Report Name of Pilot/Operator: Signature: -or - Check here to electronically sign the Person Other than Pilot/Operator is Filing Report Name: To lo Darrocce	his document
Date of this Report Signature: Check here to electronically sign the	his document Flight
Date of this Report Name of Pilot/Operator: Signature: -or - Check here to electronically sign the Person Other than Pilot/Operator is Filing Report Name: To lo Darrocce	his document Flight
Date of this Report Signature:	flight Title: instructor
Date of this Report Signature:	firght Title: instructor

٧.