

**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: Las Vegas State: NV  
 ZIP: 89032 Country: United States of America  
 Latitude: 36.210399 Longitude: -115.195568  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**

Date: 06/03/2020 Local Time: 09:45  
*mm/dd/yyyy* Time Zone: PST

**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N478ER  
**Manufacturer:** Cessna  
**Model:** C-172R/S  
**Serial Number:** 17280623  
**Year of Manufacture:** 1998  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design *Make:* \_\_\_\_\_

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft

**Maximum Gross Weight:** 2550 lbs  
**Weight at Time of Accident/Incident:** 2322.3 lbs  
**Number of Seats:** 4 Flight Crew Seats: 2  
 Cabin Crew Seats: 0 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)*

- |   |   |
|---|---|
| <b>Standard</b>   | <b>Special</b>                                    |
| <input checked="" type="checkbox"/> Normal                            | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic                                    | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon                                      | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter                                     | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport                                    | <input type="checkbox"/> Experimental             |
| <input checked="" type="checkbox"/> Utility                           | <input type="checkbox"/> Special Light-Sport      |
| <input type="checkbox"/> Certificate of Authorization or Waiver (COA) | <input type="checkbox"/> Experimental Light-Sport |
| <input type="checkbox"/> None   | <input type="checkbox"/> 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)**

- |  |                                     |
|--|-------------------------------------|
| <input checked="" type="radio"/> Reciprocating | <input type="radio"/> Liquid Rocket |
| <input type="radio"/> Turbo Shaft              | <input type="radio"/> Solid Rocket  |
| <input type="radio"/> Turbo Prop               | <input type="radio"/> Hybrid Rocket |
| <input type="radio"/> Turbo Jet                | <input type="radio"/> None          |
| <input type="radio"/> Turbo Fan                | <input type="radio"/> Unknown       |
| <input type="radio"/> 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 <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	D-360-L2A	RL-14138-51E	N/a	180	4784.6	83.7	845.6
Eng. 2								
Eng. 3								
Eng. 4								

**Last Inspection Type**

- 100-Hour  Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown

**Date Last Inspection:** 05/01/2020  
*mm/dd/yyyy*

**Airframe Total Time:** 15699.2 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: McCauley  
 Model: 1A170E/JHA7660

**ELT Installed:**  Yes  No

*If Yes:*  
**ELT Manufacturer:** Artex ME-406  
**Model or Part No.:** 453-6603  
 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

**Propeller 2**

- Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable

Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

**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: Hillsboro Aero Academy City: Hillsboro  
 State: OR ZIP: 97124  
 Fractional Ownership Aircraft:  Yes  No Country: United States of America

**Operator of Aircraft**  Same As Registered Owner  Same Address as Registered Owner  
 Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_ Country: \_\_\_\_\_

<b>Operating Certificates Held</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input checked="" type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	<b>Regulation Flight Conducted Under</b> <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437  <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial  <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown	<b>Revenue Operation for FAR 121, 125, 129, 135</b> <i>(Select one for each group)</i>  <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International  <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only
	<b>Purpose of Flight for FAR 91, 103, 133, 137</b> <i>(Select one)</i> <input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Unknown <input type="radio"/> Aerial Observation <input type="radio"/> Flight Test <input type="radio"/> Air Drop <input type="radio"/> Glider Tow <input type="radio"/> Air Race/Show <input checked="" type="radio"/> Instructional <input type="radio"/> Banner Tow <input type="radio"/> Other Work Use <input type="radio"/> Business <input type="radio"/> Personal <input type="radio"/> Executive/Corporate <input type="radio"/> Positioning <input type="radio"/> External Load <input type="radio"/> Skydiving <input type="radio"/> Ferry	
<b>Revenue Sightseeing Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Air Medical Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	

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

**Airport Name:** North Las Vegas Airport **Distance From Airport Center:** 0 sm  
**Airport Identifier:** KVGT **Direction From Airport:** 300 degrees true  
**Proximity to Airport:**  Off Airport/Airstrip     On Airport/Airstrip     N/A **Airport Elevation:** 2205 ft. msl

<b>Runway Information</b> Runway ID: <u>30L</u> (L/R/C) Length: <u>5000</u> ft Width: <u>75</u> ft	<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> 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

<b>IFR Approach</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown	<b>VFR Approach</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown
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"FLIGHT CREWMEMBER" INFORMATION													
<b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b>													
<input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input checked="" type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew													
<b>"Flight Crewmember 1" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
<b>"Flight Crewmember 1" Identification</b>													
First Name: <u>Hyungsoo</u>				City of Residence: <u>Las Vegas</u>									
Middle Initial: _____				State: <u>Nevada</u>			ZIP: <u>89129</u>						
Last Name: <u>Park</u>				Country: <u>USA</u>									
Age at time of Accident/Incident: <u>36</u>				Date of Birth: _____ mm/dd/yyyy									
Certificate Number: _____													
<b>Degree of Injury</b>		<b>Seat Occupied</b>			<b>Restraint Type</b>			<b>Inflatable Restraints</b>					
<input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input checked="" type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			<input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		
<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i>													
<input type="checkbox"/> None <input checked="" type="checkbox"/> Private <input type="checkbox"/> Student		<input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport		<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer		<input type="checkbox"/> US Military <input type="checkbox"/> Foreign							
<b>Principal Occupation</b>		<b>Medical Certificate</b>			<b>Medical Certificate Validity</b>			<b>Date of Last Medical</b>					
<input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<input type="radio"/> None <input checked="" type="radio"/> Class 1 <input type="radio"/> Class 2			<input type="radio"/> Class 3 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Unknown			<input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance			<u>11/06/09/2016</u> mm/dd/yyyy		
<b>Medical Certificate Limitations</b>													
<b>Medical Certificate Special Issuance</b>													
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b>				<b>Flight Review Aircraft</b>									
<u>09/20/2019</u> mm/dd/yyyy				Make: <u>Cessna</u> Model: <u>C-172S</u>									
<b>Airplane Rating(s)</b> <i>(Check all that apply)</i>		<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i>		<b>Instrument Rating(s)</b> <i>(Check all that apply)</i>			<b>Instructor Rating(s)</b> <i>(Check all that apply)</i>						
<input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift				<input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport		
<b>Type Ratings</b>						<b>Student Endorsements</b> <i>(Include dates)</i>							
<b>Flight Time</b> <i>(Enter appropriate number of hours in each box)</i>		<b>All Aircraft</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>		
		Actual	Simulated										
Total Time		595	306	573	21	44	5	53	0	0	0		
Pilot in Command (PIC)		533	306	531	2	38	5	52	0	0	0		
Time as Instructor		341	294	322	0	26	0	0	0	0	0		
This Make/Model						22	0	7					
Last 90 Days		173	163	173	0	14	0	0	0	0	0		
Last 30 Days		77	77	77	0	0	0	0	0	0	0		
Last 24 Hours		4	4	4	0	0	0	0	0	0	0		

"FLIGHT CREWMEMBER 2" INFORMATION												
<b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b> <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input checked="" type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew												
<b>"Flight Crewmember 2" was pilot flying</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
<b>"Flight Crewmember 2" Identification</b> First Name: <u>Hyung Joo</u> City of Residence: <u>Las Vegas</u> Middle Initial: _____    State: <u>Nevada</u> ZIP: <u>89117</u> Last Name: <u>Yoo</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>29</u> Date of Birth: _____ mm/dd/yyyy Certificate Number: _____												
<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			<b>Restraint Type</b> <b>Available</b> <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown				<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown			
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input checked="" type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer												
<b>Principal Occupation</b> <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input checked="" type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown			<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance		<b>Date of Last Medical</b> <u>09/19/2019</u> mm/dd/yyyy					
<b>Medical Certificate Limitations</b> Must wear corrective lenses												
<b>Medical Certificate Special Issuance</b>												
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> mm/dd/yyyy				<b>Flight Review Aircraft</b> Make: _____ Model: _____								
<b>Airplane Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<b>Other Aircraft Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<b>Instructor Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport					
<b>Type Ratings</b>							<b>Student Endorsements (Include dates)</b> 61.35(a)(1), 61.103(d), 61.105 04/03/2020 61.87(b) 02/17/2020 61.87(c) 02/17/2020 61.87(n) 02/17/2020 61.93(c) 05/01/2020 61.93(c)(3) 05/01/2020 05/15/2020 05/08/2020					
<b>Flight Time (Enter appropriate number of hours in each box)</b>		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	
Total Time		71	71	71	0	3	0	4	0	0	0	
Pilot in Command (PIC)		8	8	8	0	0	0	0	0	0	0	
Time as Instructor		0	0	0	0	0	0	0	0	0	0	
This Make/Model						3	0	4				
Last 90 Days		32	32	32	0	2	0	2	0	0	0	
Last 30 Days		19	19	19	0	0	0	1	0	0	0	
Last 24 Hours		0	0	0	0	0	0	0	0	0	0	

**ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin crew, complete the following information)**

<b>Crew Name and Address</b>		<b>Seat Occupied</b>	<b>Injury</b>
First Name: _____	City of Residence: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown	
Last Name: _____	Country: _____		
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Restraint Type:</b>	<b>Inflatable Restraints</b>
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<b>Available</b>	<input type="checkbox"/> Not Installed
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Installed
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<b>Used</b>	<input type="checkbox"/> Not Deployed
	<input type="checkbox"/> Commercial	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Deployed
	<input type="checkbox"/> Airline Transport		<input type="checkbox"/> Unknown
	<input type="checkbox"/> US Military		
	<input type="checkbox"/> Foreign		
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

<b>Crew Name and Address</b>		<b>Seat Occupied</b>	<b>Injury</b>
First Name: _____	City of Residence: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown	
Last Name: _____	Country: _____		
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Restraint Type:</b>	<b>Inflatable Restraints</b>
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<b>Available</b>	<input type="checkbox"/> Not Installed
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Installed
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<b>Used</b>	<input type="checkbox"/> Not Deployed
	<input type="checkbox"/> Commercial	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Deployed
	<input type="checkbox"/> Airline Transport		<input type="checkbox"/> Unknown
	<input type="checkbox"/> US Military		
	<input type="checkbox"/> Foreign		
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ 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: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION			
<b>Last Departure Point</b> Airport ID: <u>KVGT</u> City: <u>Las Vegas</u> State: <u>Nevada</u> Country: <u>USA</u>		<b>Time of Departure</b> Time: <u>09:45</u> Time Zone: <u>PST</u>	
<b>Destination</b> Airport ID: <u>KVGT</u> City: <u>Las Vegas</u> State: <u>Nevada</u> Country: <u>USA</u>		<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	
<b>Type of ATC Clearance/Service (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
<b>Airspace where the accident/incident occurred (Check all that apply)</b> <input type="checkbox"/> Class A <input type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA <input type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93			<b>Altitude of In-Flight Occurrence:</b> <u>2215</u> ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
<b>Source of Pilot Weather Information (Check all that apply)</b> <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input checked="" type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather		<b>Weather Observation Facility</b> Facility ID: <u>KVGT ATIS</u> Observation Time: <u>08:53</u> Time Zone: <u>PST</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>N/a</u> degrees true	
<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown		<b>Light Condition</b> <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night	
<b>Sky/Lowest Cloud Condition</b> <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered <b>Lowest Cloud Condition Height</b> _____ ft agl		<b>Ceiling</b> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown <b>Ceiling Height</b> _____ ft agl	
<b>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction: _____ degrees true		<b>Wind Speed</b> <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	
<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts		<b>Visibility</b> <u>10</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> <u>5,112</u> ft	
<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown		<b>Type of Precipitation (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	
<b>Icing Forecast</b> <b>Amount</b> <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown <b>Type</b> <input checked="" type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown		<b>Icing Actual</b> <b>Amount</b> <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown <b>Type</b> <input checked="" type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	
<b>Turbulence</b> <b>Type (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence <b>Severity</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme			
<b>NOTAMs (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:</b> [Active as of incident, Expired] !VGT 06/002 VGT RWY 07/25 CLSD 2006031000-2006031730 !VGT 06/006 VGT RWY 12L PAP U/S 2006022110-2006042359 !VGT 06/007 VGT AD AP SELF SERVE 100LL FUEL NOT AVBL 2006022114-2006032359 !VGT 06/008 VGT NAV ILS RWY 12L U/S 2006031630-2006032230			

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

<b>Aircraft Damage</b> <input type="radio"/> None <input checked="" type="radio"/> Substantial <input type="radio"/> Minor <input type="radio"/> Destroyed <input type="radio"/> <input checked="" type="radio"/> Unknown	<b>Aircraft Fire</b> <input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown	<b>Aircraft Explosion</b> <input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown
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**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

Damage to left hand wing tip, Left aileron, upper skin of left wing.  
 Damage to right wing tip fairing.  
 Damage to rear horizontal stab/levator  
 Damage to rear empennage/tail strike

**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.

**Before Takeoff**

Student and instructor were cleared for takeoff runway 30L and entered runway with performing line up checklists. Attempted to practice soft field takeoff, student applied back pressure to reduce nose gear loads. Instructor told him to maintain the opposite end of runway to be visible and not to be hidden by engine cowling to prevent tail strike and ensure the aircraft is on the centerline.

**Takeoff**

The aircraft was aligned well and instructor crosschecked the opposite end of runway is on the center. Accelerated with maintaining moderate nose up attitude, lifted off at about 55kt which methods are proved safe for soft field takeoff rotation to get into ground effect and prevent left turn tendency. Instructor put hands ready below yoke to have control instantly in case any assistance in need. Also, put feet on rudders to feel how student manipulate them. Student applied light right rudder to compensate for left turn tendency. However, shortly aircraft's all gears lifted off, it suddenly started turning to the left drastically. Student told he cannot control the aircraft, so instructor tried the aircraft to realign centerline by controlling aileron and rudder to re-touch down on the runway and abort takeoff rather than continue takeoff. This is because the aircraft was not accelerated to minimum safe climb out airspeed Vx 62kt at that moment. However, the aircraft continued moving and turning toward left regardless of opposite control inputs, left the runway toward left side almost immediately after lifted off.

Since control surfaces were deflected and aircraft was not properly coordinated in order to counteract left veer off, it seemed drag was increased and lift was decreased. It might result in the aircraft not to accelerate nor climb properly, hit gravel area once or more. Tail strike and left wing damage seem to have been happened at this moment. Left wing damage might be related to aircraft's left ongoing attitude. Although, tried to stay airborne until find out safe zone to stop the plane because a number of signage and obstacles are ahead of us, and expected hitting them might worsen the control of aircraft. Aircraft continued turning to the left for ramp, terminal, fuel station and other parked aircraft on there. Tried the aircraft to avoid rushing into them and searched for empty area to stop the aircraft safely. Found a vacant area at 1 o'clock near taxiway C between taxiway B and runway 30L, and managed to steer aircraft to the area. We stopped the airplane at there,

contact tower to request shut down the aircraft to avoid further dangerousness including switches, radios off and flaps up.

Both student and instructor were not injured. Aircraft experienced tail strike and left wing damage which hit the ground after veered off the runway. During preflight, the control surfaces, yoke and rudder were moving well.

-Hyungsoo Park

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

Operator/Owner Safety Recommendation

Possible reaction to prevent the same incident

Since the aircraft veered off the runway within seconds, prompt reaction and judgment for faster abortion of takeoff would have been helpful at the situation. Aircraft began veering off after gears lifted off, re-touching down the gears might increase effectiveness of direction control. To be able this, establishing an emergency procedure of control loss during takeoff might be useful.

-Hyungsoo Park

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

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)	<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles
	<b>Time Since This Part Inspected/Overhauled</b> _____ Hours

**FUEL & SERVICES INFORMATION**

<b>Fuel on Board at Last Takeoff</b> (Convert from pounds, as necessary) 53 _____ Gallons	<b>Fuel Type</b> <input type="radio"/> 80/87 <input type="radio"/> 115/145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____ <input checked="" type="radio"/> 100 Low Lead <input type="radio"/> Jet A <input type="radio"/> JP8 <input type="radio"/> 100/130 <input type="radio"/> Jet A-1 <input type="radio"/> Automotive
<b>Other Services, if Any, Prior to Departure</b> _____	

**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

\_\_\_\_\_

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

Aircraft Registration Number: _____	Manufacturer: _____ Model: _____	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b> Name: _____ City: _____ State: _____ ZIP: _____ Country: _____	<b>Pilot of Other Aircraft</b> Name: _____ 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 06/05/2020 Name of Pilot/Operator: Hyungsoo Park  
*mm/dd/yyyy* Signature: \_\_\_\_\_  
-- or --  Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report  
Name: Christian Yao Title: KAU Program Manager  
Signature: \_\_\_\_\_  
-- or --  Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No. <u>WPR20CA167</u>	Reviewed by NTSB Regional Office <u>WPR Federal Way, WA</u>	Name of Investigator <u>Tom Little</u>	Date Report Received <u>6-16-2020</u>
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