

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

**BASIC INFORMATION**

<b>Accident/Incident Location</b> Nearest City/Place: <u>OCEANSIDE</u> State: <u>CA</u> ZIP: <u>92054</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>1/24/2009</u> Local Time: _____ mm/dd/yyyy Time Zone: _____	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b> <u>6,000</u> ft MSL

**AIRCRAFT INFORMATION**

Manufacturer: <u>CESSNA</u> Model: <u>172SP</u> Serial Number: <u>17259549</u> Registration Number: <u>NS62AD</u> Amateur-built: <input type="checkbox"/> Yes <input type="checkbox"/> No		Max Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
<b>Category of Aircraft</b> <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	<b>Type of Airworthiness Certificate</b> (Check all that apply) <b>Standard</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	<b>Number of Seats:</b> <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	<b>Landing Gear</b> <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown

<b>Type of Maintenance Program</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	<b>Last Inspection Type</b> <input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	<b>Date Last Inspection:</b> <u>1/23/2009</u> mm/dd/yyyy <b>Airframe Total Time:</b> _____ hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
<b>IFR Equipped</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None <input type="checkbox"/> Specify _____

<b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>ELT Manufacturer:</b> _____ <b>Model/Series:</b> _____ <b>Serial Number:</b> _____ <b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____
<b>ELT Aided in Locating Accident/Incident</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>Engine Type</b> <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected	<b>Propeller</b> <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	LYCOMING	I/O 360 L2A	L-31224-51A		180	3238	0	1090.8
Eng. 2								
Eng. 3								
Eng. 4								

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: FLYCFA IKFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: EL CAJONState: CA ZIP: 92020

Country: \_\_\_\_\_

**Operator of Aircraft** ☐ Same As Registered OwnerName: CALIFORNIA Flight Academy

Doing Business As: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

**Operator Address** ☒ Same As Registered Owner

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Regulation Flight Conducted Under**

- |                                  |                                  |   |  |
|----------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> FAR 91  | <input type="checkbox"/> FAR 129 | <input type="checkbox"/> FAR 91 Special Flight  | <input type="checkbox"/> Public Use (select type)  |
| <input type="checkbox"/> FAR 103 | <input type="checkbox"/> FAR 133 | <input type="checkbox"/> Non-US, Commercial     | <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local |
| <input type="checkbox"/> FAR 121 | <input type="checkbox"/> FAR 135 | <input type="checkbox"/> Non-US, Non-commercial | <input type="checkbox"/> Unknown   |
| <input type="checkbox"/> FAR 125 | <input type="checkbox"/> FAR 137 | <input type="checkbox"/> Armed Forces           |  |

**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**Purpose of Flight**

for FAR 91, 103, 133, 137 (Select one)

- ☒ Personal  
☐ Business  
☐ Executive/Corporate  
☐ Other Work Use  
☐ Instructional  
☐ Ferry  
☐ Positioning  
☐ Aerial Application  
☐ Aerial Observation  
☐ Air Drop  
☐ Air Race / Show  
☐ Flight Test  
☐ Public Use  
☐ Unknown

**Revenue Operation**

for FAR 121, 125, 129, 135 (Select one)

- ☐ Scheduled or Commuter  
☐ Non-Scheduled or Air Taxi

**Domestic or International**☒ Domestic ☐ International**Cargo Operation**

- ☐ Passenger/Cargo  
☐ Passenger \_\_\_\_\_ How many?  
☐ Cargo \_\_\_\_\_ lbs  
☐ Mail

**Type of Commercial Operating Certificate Held**

(Check all that apply)

- ☐ None  
☐ Flag Carrier Operating Certificate (121)  
☐ Supplemental  
☐ Air Cargo  
☐ Foreign Air Carriers (129)  
☐ Commuter Air Carrier (135)  
☐ On-Demand Air Taxi (135)  
☐ Large Helicopter (127)  
☐ Rotorcraft External Load (133)  
- or -  
☐ Agricultural Aircraft (137)  
☐ Other Operator of Large Aircraft

**OTHER AIRCRAFT - COLLISION** (If air or ground collision occurred, complete this section for other aircraft)**Aircraft Registration Number****Manufacturer:****Model:****Damage to Other Aircraft**

- ☐ Destroyed ☐ Minor  
☐ Substantial ☐ None

**Registered Owner of Other Aircraft**

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown

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

**Total Time/Cycles On Part**

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part Inspected/Overhauled**

\_\_\_\_\_ Hours

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- ☐ None ☐ Substantial  
☐ Minor ☒ Destroyed

**Aircraft Fire**

- ☒ None ☐ Both Ground and In-Flight  
☐ In-Flight ☐ Unknown Origin  
☐ On-Ground

**Aircraft Explosion**

- ☒ None ☐ Both Ground and In-Flight  
☐ In-Flight ☐ Unknown Origin  
☐ On-Ground

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

**AIRPORT INFORMATION** (if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KOCN

Distance From Airport Center: \_\_\_\_\_ SM

Airport Name: OCEANSIDE

Direction From Airport: EAST degrees MAG

Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Airport Elevation: \_\_\_\_\_ ft. MSL

**Approach Segment** (Select one)

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around  
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

**IFR Approach** (Check all that apply)

☐ None ☐ PAR ☐ MLS ☐ Practice  
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS  
☐ SDF ☐ ILS ☐ ASR ☐ Loran  
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown  
☐ VOR/DME ☐ LOC-back course ☐ Contact  
☐ TACAN ☐ RNAV ☐ Circling

**VFR Approach** (Check all that apply)

☐ None ☐ Stop and Go  
☐ Traffic Pattern ☐ Touch and Go  
☐ Straight-In ☐ Simulated Forced Landing  
☐ Valley/Terrain Following ☐ Forced Landing  
☐ Go Around ☐ Precautionary Landing  
☐ Full Stop ☐ Unknown

**Runway Information**

Runway ID: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

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

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

**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 ☐ Unknown  
☐ Slush Covered ☐ Vegetation

**FLIGHT ITINERARY INFORMATION**

**Last Departure Point**

Airport ID: KSEE  
 City: El Cajon  
 State: CA  
 Country: USA

**Time of Departure**

Time: \_\_\_\_\_  
 Time Zone: \_\_\_\_\_

**Destination**

Airport ID: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Country: \_\_\_\_\_

**Type Flight Plan Filed**

☐ None ☐ VFR/IFR  
☐ Company VFR ☐ IFR  
☐ Military VFR ☐ Unknown  
☐ VFR  
 Activated? ☐ Yes ☐ No

**Type of ATC Clearance/Service** (Check all that apply)

☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise  
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)

☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special  
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area  
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown  
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

**Aircraft Load Description** (Check all that apply)

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock  
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown  
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

**FUEL & SERVICES INFORMATION**

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

\_\_\_\_\_ Gallons

**Fuel Type**

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify \_\_\_\_\_  
☐ 100 Low Lead ☐ Jet A ☐ JP4  
☐ 100/130 ☐ Automotive ☐ JP5

**Other Services, if Any, Prior to Departure**

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☐ Yes ☐ No

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

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		<b>Source of Weather Information</b> (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown		<b>Method of Briefing</b> (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown	
<b>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent		<b>Light Condition</b> <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		<b>Visibility</b> _____ miles	
<b>Sky/Lowest Cloud Condition</b> <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown		<b>Ceiling</b> <input type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown		<b>Restriction to Visibility</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown	
<b>Lowest Cloud Condition Height</b> _____ ft AGL		<b>Ceiling Height</b> _____ ft AGL			
<b>Wind Direction</b> <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	<b>Type of Turbulence</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light		

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

<b>Temperature:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. HG or _____ MB <b>Density Altitude:</b> _____ ft <b>Dew Point:</b> _____ (C) or _____ (F)	<b>Icing Forecast</b> Amount <input type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	<b>Type of Precipitation</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle
	<b>Icing Actual</b> Amount <input type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	

**PILOT "A" INFORMATION****Pilot "A" Responsibilities at the Time of Accident/Incident**

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

**Pilot "A" Identification**

First Name: Amandeep  
Middle Initial: \_\_\_\_\_  
Last Name: SINGH

City: Mumbai  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: INDIA

Age at time of Accident/Incident: 24 Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

Certificate Number: \_\_\_\_\_

**Degree of Injury**

☐ None ☐ Fatal  
☐ Minor ☐ Unknown  
☒ Serious

**Seat Occupied**

☒ Left ☐ Front ☐ Unknown  
☐ Right ☐ Rear  
☐ Center ☐ Single

**Seat Belt**

Used ☒ Yes ☐ No  
Available ☐ Yes ☐ No

**Shoulder Harness**

Used ☒ Yes ☐ No  
Available ☐ Yes ☐ No

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

☐ None ☐ Student ☐ Recreational ☒ Commercial ☐ Flight Engineer ☐ Foreign  
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

**Principal Occupation**

☐ Pilot  
☐ Other  
☒ Unknown

**Medical Certificate**

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

**Medical Certificate Validity**

☒ Without limitations/waivers  
☐ With limitations/waivers  
☐ Unknown

**Date of Last Medical**

1/4/2007  
mm/dd/yyyy

**Medical Certificate Limitations****Medical Certificate Waivers****Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks:**

mm/dd/yyyy

**Flight Review Aircraft**

Make: \_\_\_\_\_  
Model: \_\_\_\_\_

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

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

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

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

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

☐ None  
☒ Airplane  
☐ Helicopter  
☐ Powered Lift

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

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

**Type Ratings****Student Endorsements (Include dates)****Flight Time (enter appropriate  
number of hours in each box)**

All  
Aircraft

This Make  
& Model

Airplane  
Single  
Engine

Airplane  
Multiengine

Night

**Instrument**

Actual

Simulated

Rotorcraft

Glider

Lighter  
Than Air

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

9

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

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown	
<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>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i>		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Left
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Right
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Front
	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military	<input type="checkbox"/> Rear
		<input type="checkbox"/> Foreign	<input type="checkbox"/> Single
<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>	<input type="checkbox"/> Center <input type="checkbox"/> Unknown
		_____ hrs	

<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<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 flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew Non- Revenue Revenue Non-Occupant FAA	Fatal Serious Injury Minor Injury No Injury Unknown
First Name: Harshdeep Singh Middle Initial: Last Name: Multani City: _____ State: _____ ZIP: _____ Country: India		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**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 time and point of departure, intended destination, and services obtained.

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

Operator/Owner Safety Recommendation



On 24 January 2009 , I went for flight to Torrance with Amandeep Singh Banga . We did preflight of 562AD[172SP] , everything was fine and fuel was 26gal. in each tank, and fuel indicators were also fine . It was IFR flight . We took off from Gillespie ,we climbed to 6000ft. He put plane into autopilot, when we were between Palomar and Oceanside airport Amandeep noticed that fuel indicators are showing fuel leakage . In our GPS we saw that we are near Oceanside airport, there was no overcast above Oceanside and I was able to see runway . When he tried to terminate autopilot, he was not able to do that, so he switched off avionics switch and restarted it . Then he squawked and told me to look out for traffic . When we tried to land on runway 24, we were too high and we were not able to make it so we missed it , then we came back and tried to land on runway 6 and we again missed and plane moved forward and hit pole and sewage valve.

Harshdeep Multani

**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****Signature and Name of Pilot/Operator**

mm/dd/yyyy

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

WPRO9 LA098

**Reviewed by NTSB Regional Office**

WPR

**Name of Investigator**

G. Struhsaker

**Date Report Received**

2-12-09