

NATIONAL TRANSPORTATION SAFETY BOARD

PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT

This form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

Location

Nearest City/Place, State, Zip Code

McAllen City/ International Airport
TX 78501

Date of Accident

01/03/2003

Local Time

(24 HOUR CLOCK)

18:15

Zone

Central

Elevation At Accident Site

107 Feet MSL

Feet MSL

If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information

Proximity To Airport It happened at the airport.

1. ☐ On Approach3. ☐ Within 1/2 Mile5. ☐ Within 1 Mile7. ☐ Within 3 Miles2. ☒ Within 1/4 Mile4. ☐ Within 3/4 Mile6. ☐ Within 2 Miles8. ☐ Beyond 3 Miles

Airport Name

Miller International

Airport Ident

MFE

Runway/Landing Surface Conditions:

1. ☐ Direction: 134° 3. ☐ Width: 100' 5. ☐ Condition: Dry
2. ☐ Length: 7120' 4. ☐ Surface: asphalt

Phase Of Operation:

1. ☐ Standing3. ☐ Takeoff5. ☐ Cruise7. ☐ Approach9. ☐ Hover/Maneuver2. ☐ Taxi4. ☐ Climb6. ☐ Descent8. ☒ Landing10. ☐ Altitude Of In-Flight Occurrence _____ Feet MSL

Aircraft Information

Registration Mark

N968JW

Aircraft Manufacturer

Cessna

Aircraft Type/Model

C-401

Serial Number

401-0296

Cert Max Gross WT

6300 Lbs.

Type Of Aircraft

1. ☐ Airplane5. ☐ Blimp/Dirigible2. ☐ Helicopter6. ☐ Ultralight3. ☐ Glider7. ☐ Gyroplane4. ☐ Balloon8. ☐ Specify _____

Type Of Airworthiness Certificate

1. ☒ Normal5. ☐ Restricted2. ☐ Utility6. ☐ Limited3. ☐ Acrobatic7. ☐ Experimental4. ☐ Transport8. ☐ Specify _____

Amateur Built

1. ☐ Yes2. ☒ No

Landing Gear

1. ☐ Tricycle—Fixed4. ☐ Tailwheel—Retractable7. ☐ Skid2. ☒ Tricycle—Retractable5. ☐ Tailwheel—Retractable Mains8. ☐ Limited3. ☐ Tailwheel—Fixed6. ☐ Amphibian9. ☐ Specify _____

No. Of Seats

Flight/Cabin

Crew 1

Pax 0

Stall Warning System Installed

1. ☐ Yes2. ☒ No

IFR Equipped

1. ☒ Yes2. ☐ No

Engine Type

1. ☐ Reciprocating—Carburetor3. ☐ Turbo Prop5. ☐ Turbo Fan2. ☒ Reciprocating—Fuel Injected4. ☐ Turbo Jet6. ☐ Turbo Shaft

Engine Manufacturer

Continental

Engine Model/Series

TSIO520EB-9B

Engine Rated Power

1. 300 Horsepower
2. _____ Lbs ThrustType Of Fire Extinguishing
System Used1. None NONE
2. Specify _____

Engine(s)

Date of Mfg.

Mfg. Serial No.

Total Time

Time Since Inspection

Time Since Overhaul

Engine No. 1

09/23/1997

271486-R

880.0

Hours

10.3 Hours

831.3 Hours

Engine No. 2

05/17/2001

271081R

100.0

Hours

10.3 Hours

100.0 Hours

Engine No. 3

Hours

Hours

Hours

Engine No. 4

Hours

Hours

Hours

Type Of Maintenance Program

1. ☒ Annual2. ☐ Manufacturer's Inspection Program3. ☐ Other Approved Inspection Program(AAIP)4. ☐ Continuous Airworthiness5. ☐ Specify _____

Type Of Last Inspection

1. ☒ Annual2. ☐ 100 Hours3. ☐ AAIP4. ☐ Continuous Airworthiness

Date Last Inspection Performed

12/03/02

Time Since Last Inspection

10.3

Airframe Total Time

11519.6

(M/D/Y)

Hours

Hours

Emergency
Locator
Transmitter
(ELT)

ELT Manufacturer

Merl Inc.

Model/Series

ELT 10

Serial Number

30972

Battery Date
(M/D/Y) Sep. '03Switch
1. ☐ On 2. ☐ Off 3. ☒ Armed

Operated

1. ☐ Yes 2. ☒ No

Aided In Accident Location

1. ☐ Yes 2. ☒ No

Registered Aircraft Owner

Craftech Enterprises Inc.

Address

McAllen TX 78502-3598

Operator Of Aircraft

1. ☐ Same As Registered Owner

2. Name International Air Services

3. DBS:

Address

1. ☐ Same As Registered Owner

2. _____

Edinburg, TX 78539

Owner / Operator Information (cont.)

Operator (Certificate Number) HKQA 709E	Operator Designator (4 Letter Designator) HKQA
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Purpose Of Flight And Type Of Operation

Regulation Flight Conductor Under 1. <input type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 5. <input type="checkbox"/> FAR 125 8. <input checked="" type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137			Operator Authority FAR121 1. <input type="checkbox"/> Domestic FAR 133 2. <input type="checkbox"/> Flag 6. <input type="checkbox"/> Rotorcraft 3. <input type="checkbox"/> Supplemental External Load FAR 135 4. <input checked="" type="checkbox"/> On Demand FAR125 5. <input type="checkbox"/> Commuter 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign		FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____
Purpose of Flight 1. <input checked="" type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Educational 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning					

Pilot Information

Pilot Name Tomas Perez Jr.	Pilot Certificate No.	Address Mission, TX 78573	Nationality US
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Certificate (s)

1. <input type="checkbox"/> Student	3. <input checked="" type="checkbox"/> Commercial	5. <input checked="" type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Military	9. <input type="checkbox"/> None
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. <input type="checkbox"/> Foreign	10. Specify _____

Rating (s)

1. <input type="checkbox"/> None	6. <input type="checkbox"/> Helicopter	Instrument Rating (s)	Instructor Rating (s)	6. <input checked="" type="checkbox"/> Instrument Airplane
2. <input checked="" type="checkbox"/> Single Engine Land	7. <input type="checkbox"/> Glider	1. <input type="checkbox"/> None	1. <input type="checkbox"/> None	7. <input type="checkbox"/> Instrument Helicopter
3. <input type="checkbox"/> Single Engine Sea	8. <input type="checkbox"/> Free Balloon	2. <input checked="" type="checkbox"/> Airplane	2. <input checked="" type="checkbox"/> Airplane S.E.	8. <input type="checkbox"/> Ground Instructor
4. <input checked="" type="checkbox"/> Multiengine Land	9. <input type="checkbox"/> Airship	3. <input type="checkbox"/> Helicopter	3. <input type="checkbox"/> Airplane M.E.	9. <input type="checkbox"/> Specify _____
5. <input type="checkbox"/> Multiengine Sea	10. <input type="checkbox"/> Gyroplane		4. <input type="checkbox"/> Helicopter	
			5. <input type="checkbox"/> Glider	

Type Ratings/Student Endorsements

DC-3	Date Of Biennial Flight Review or Equivalent (M/D/Y) 11/21/2002	BFR Aircraft 1. Make Douglas 2. Model DC-3
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Medical Certificate

1. <input type="checkbox"/> None	3. <input type="checkbox"/> Class 2	Date Of Last Medical (M/D/Y) 02/20/2002	Limitations NONE	Date Of Birth (M/D/Y) [REDACTED]
2. <input checked="" type="checkbox"/> Class 1	4. <input type="checkbox"/> Class 3		Waivers NONE	

Degree Of Injury

1. <input checked="" type="checkbox"/> None	1. <input checked="" type="checkbox"/> Left	4. <input type="checkbox"/> Front	Person At Controls At Time Of Accident	Seat Belt Available
2. <input type="checkbox"/> Minor	2. <input type="checkbox"/> Right	5. <input type="checkbox"/> Rear	1. <input checked="" type="checkbox"/> Pilot In Control	1. <input checked="" type="checkbox"/> Yes
3. <input type="checkbox"/> Serious	3. <input type="checkbox"/> Center		2. <input type="checkbox"/> Second Pilot	2. <input type="checkbox"/> No
4. <input type="checkbox"/> Fatal			3. <input type="checkbox"/> Both Pilots	
			4. <input type="checkbox"/> Non-Pilot	
			5. <input type="checkbox"/> No One	

Seat Belt Used

1. <input checked="" type="checkbox"/> Yes	Shoulder Harness Available	Shoulder Harness Used	Source Of Pilot Flight Time Information
2. <input type="checkbox"/> No	1. <input checked="" type="checkbox"/> Yes	1. <input checked="" type="checkbox"/> Yes	1. <input checked="" type="checkbox"/> Pilot Logbook
	2. <input type="checkbox"/> No	2. <input type="checkbox"/> No	2. <input type="checkbox"/> Operators Estimate
			3. <input type="checkbox"/> FAA Records
			4. <input checked="" type="checkbox"/> Company
			5. <input type="checkbox"/> Specify _____

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	2461.8	50.0	1575.9	885.9	509.1	131.3	50.0			
Pilot In Command (PIC)	1731.0	50.0	1385.5	348.9	248.3	50.5	0.0			
Instructor	1185.5	0.0	1185.5	0.0	92.4	25.5				
This Make & Model					6.4	1.1	0.2			
Last 90 Days	112.7	15.8	1.6	111.1	45.1	10.8				
Last 30 Days	38.2	12.2	1.6	36.6	13.3	1.1				
Last 24 Hours	0	0	0	0	0	0	0			

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident 1. <input type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)				
Pilot Name	Pilot Certificate No.	Address	Nationality	
Certificate (s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____				

Second Pilot Information (cont.)

Rating (s) <input 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		Instrument Rating (s) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter		Instructor Rating (s) <input type="checkbox"/> None <input type="checkbox"/> Airplane S.E. <input type="checkbox"/> Airplane M.E. <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider		<input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Specify _____	
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Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 1		Date Of Last Medical (M/D/Y) <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3		Date Of Biennial Flight Review or Equivalent (M/D/Y)		BFR Aircraft 1. Make _____ 2. Model _____	
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Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 1		Date Of Last Medical (M/D/Y) <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3		Limitations _____ Waivers _____		Date Of Birth (M/D/Y) _____	
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Degree Of Injury <input type="checkbox"/> None <input type="checkbox"/> Minor		<input type="checkbox"/> Serious <input type="checkbox"/> Fatal		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Right			<input type="checkbox"/> Center <input type="checkbox"/> Front			<input type="checkbox"/> Rear			Seat Belt Available <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Available <input type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pilot Logbook <input type="checkbox"/> Operators Estimate <input type="checkbox"/> FAA Records		<input type="checkbox"/> Company <input type="checkbox"/> Specify _____	
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Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
As Pilot In Command (PIC)										
As Instructor										
As Pilot Make & Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Other Personnel											
Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor	None

Flight Itinerary Information							
Last Departure Point Airport ID <u>MMPB</u> City/Place <u>Puebla</u> State <u>Puebla, MX</u>		Time Of Departure 1. Time <u>22:00Z</u> 2. Time Zone _____		Destination 1. Airport ID <u>MFE</u> 2. City/Place <u>McAllen</u> 3. State <u>TX</u>		Flight Plan Filed <input type="checkbox"/> None <input checked="" type="checkbox"/> VFR (DVFR) <input type="checkbox"/> IFR	
						<input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company (VFR) <input type="checkbox"/> Military (VFR)	

If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished

An Outlook weather briefing was obtained for the entire day from the San Angelo FSS.

Fuel On Board At Last Takeoff <u>140</u> Gallons or _____ Pounds		Fuel Type <input type="checkbox"/> 80/87 <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> 100/130		<input type="checkbox"/> 115/145 <input type="checkbox"/> Jet A <input type="checkbox"/> Automotive		7. Specify _____	
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Other Services, If Any, Prior to Departure

NONE

Weather Information At The Accident Site							
Source Of Weather Information Pilot/Operator, Weather Observation No electrical power for the radios to check ATIS.		Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Bright Night <input type="checkbox"/> Dark Night		Visibility <u>10+</u> Miles		Temp (°F) In the <u>60's.</u>	

Weather Information At The Accident Site (cont.)					
Day/Time UNKNOWN (In the 60's) (°F)	Altitude Setting UNKNOWN Hg	Sky/Lowest Cloud Condition <div style="display: flex; justify-content: space-between;"> <div> 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL </div> <div> 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured </div> </div>			
Wind Information 1. Direction <u>SE</u> 2. Velocity <u>07</u> Kts 3. Gusts <u>None</u> Kts		Restriction To Visibility NONE	Type Precipitation NONE	Intensity Of Precipitation <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate </div> <div> 3. <input type="checkbox"/> Heavy 4. Specify _____ </div> </div>	
Turbulence (Multiple Entry) 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clean Air 7. <input type="checkbox"/> In Clouds					
Damage To Aircraft And Other Property					
Degree Of Aircraft Damage 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input checked="" type="checkbox"/> Substantial 4. <input type="checkbox"/> Destroyed				Fire 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> In-Flight 4. <input type="checkbox"/> On Ground	
Description Of Damage To Aircraft And Other Property Right propeller strike, Left propeller strike, Left wing leading edge punctured by a runway sign, Left main tank punctured by a runway sign, Radio antennas broken under the airplane.					
Mechanical Malfunction Failure					
1. <input type="checkbox"/> No 2. <input checked="" type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure Electrical System			Total Time		
			On Part _____ Hours	At Overhaul _____ Hours	
Collision Accident					
If Collision Accident Occurred, Complete The Information For Other Aircraft					
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed 2. <input type="checkbox"/> Substantial 3. <input type="checkbox"/> Minor 4. <input type="checkbox"/> None		
Registered Aircraft Owner			Address		
Pilot Name		Address		Pilot Certificate No.	
Evacuation Of Aircraft					
Assistance Received <div style="display: flex; justify-content: space-between;"> <div> 1. <input checked="" type="checkbox"/> Outside Person (s) 2. <input type="checkbox"/> Auxiliary Lighting </div> <div> 3. <input type="checkbox"/> Slide 4. <input type="checkbox"/> Rope </div> <div> 5. <input type="checkbox"/> Ladder 6. <input type="checkbox"/> Specify _____ </div> </div>					
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following) 1. Main Door <u>*</u> 2. Auxiliary Door _____ 3. Emergency Exit _____					
Recommendation (How Could This Accident Have Been Prevented)					
Operator/Owner Safety Recommendation (Optional Entry) We still don't know the cause of the electrical system failure.					

Additional Flight Crew Members

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

No Additional Flight Crew Members.

Name	FAA Certificate No.	Address	Title
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Certificate(s)

1. ☐ Student
2. ☐ Private

3. ☐ Commercial
4. ☐ Airline Transport

5. ☐ Flight Instructor
6. ☐ Flight Engineer

7. ☐ Foreign
8. Specify

Ratings/Endorsements

Total Flight Time

Flight Time This Accident

Name	FAA Certificate No.	Address	Title
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Certificate(s)

1. ☐ Student
2. ☐ Private

3. ☐ Commercial
4. ☐ Airline Transport

5. ☐ Flight Instructor
6. ☐ Flight Engineer

7. ☐ Foreign
8. Specify

Ratings/Endorsements

Total Flight Time

Flight Time This Accident

Name	FAA Certificate No.	Address	Title
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Certificate(s)

1. ☐ Student
2. ☐ Private

3. ☐ Commercial
4. ☐ Airline Transport

5. ☐ Flight Instructor
6. ☐ Flight Engineer

7. ☐ Foreign
8. Specify

Ratings/Endorsements

Total Flight Time

Flight Time This Accident

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain And Include A Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

To Whom It May Concern:

On January 3rd, 2003, I, Tomas Perez Jr., was flying back from Puebla Mexico in the C-401, N968JW, and as it was getting dark I turned-on the position and anticollision lights. I noticed my communication and navigation radio panel lights dimmed down, then turning to my volts meter I saw the volts were down to 17 volts. At this time I was 34 miles south of the Reynosa VOR station and already communicating with Reynosa Approach. Thinking about what was going to happen at my destination I asked Reynosa Approach to relay a message to McAllen Tower. I asked this controller at Reynosa to tell McAllen Tower that I was coming in and I may not be able to talk to them when I got there due to my electrical problem and low volts in my battery. When I was almost over the city of Reynosa tried to extend the landing gear electrically, I almost knew it wasn't going to extend but I wanted to try anyways. When Reynosa transferred me to the McAllen Tower controller, the controller figured I couldn't transmit back to him, so he asked me: "N968JW if you are over the city of Reynosa and if you can hear this transmission click the mike twice." I clicked the mike twice. Then the controller transmitted, but very brokenly, I could hardly tell what he was instructing me, "N968JW set up for a right-downwind for runway 13." At this time, at about 7 miles south of the McAllen airport, I brought the gear down manually, I got worried when I couldn't confirm with my three green gear down warning lights. My communications were completely down by this time and I couldn't talk or hear anything from anyone. On the downwind leg of the traffic pattern the controller beamed a steady green atc light gun signal at me, so I knew I had to make a decision, land! I knew I couldn't ask the tower if they could see a fully extended landing gear, because there was no communications from me to the controller. I went ahead and landed, I told myself I have to do as smooth landing as I possibly can land this airplane. I landed smoothly and the airplane rolled on the mains for about 2000 feet, then I felt the right landing gear collapsed and the right propeller struck the ground, I cut the mixtures quickly to the idle position and I knew I was still fast so I gave it aerodynamic lift by defecting the ailerons, the right wing came airborne and the right gear extended again, it was on the left main for about two or three seconds and then the left gear collapsed. At this point and time I couldn't do anything else, the airplane skidded on its left side and it veered of the runway to the left, it caught a runway sign and made it spun 180 degrees coming to a full rest facing back to the northwest. I thank my God because that airplane didn't explode on impact against that runway sign. As I came out of that airplane I saw the fuel pouring out of that left main tank, I quickly got away from the aircraft and by this time the fire fighters were already at the crash site.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

01/21/03

Signature Of Pilot/Operator

Tomas Perez Jr.

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

For NTSB Use Only

NTSB Accident No.

FTW03LA075

Reviewed By NTSB Office Located At

Arlington, Texas

Name Of Investigator

James H. S.

Date Report Received

1.22.03

NTSB Form 6120.1/2
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT

Forms may be obtained from the National Transportation Safety Board Field Offices and the Federal Aviation Administration. Flight Standards District Offices.

Rules pertaining to aircraft accident, accidents, overdue aircraft, and safety investigation are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operations.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Field Office of the National Transportation Safety Board nearest the accident or incident. The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when after seven (7) days an overdue aircraft is still missing.

The Pilot/Operator Aircraft Accident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that ALL questions be answered completely and accurately to serve the above purposes.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight until such time as all such persons have disembarked, and in which any person suffers death, or serious

injury as a result of being in or upon the aircraft or by direct contact with the aircraft or anything attached thereto, or in which the aircraft receives substantial damage.

2. "Substantial Damage" means damage or structural failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure (damage limited to an engine), bent fairing or cowlings, dented skin, small punctured holes in the skin or fabric, ground damage to rotor or propeller blades, damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Demolished" includes destruction by fire

4. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

5. "Fatal Injury" means any injury which results in death within thirty (30) days of the accident.

6. "Serious Injury" means any injury which (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of finger, toes, or nose); (3) involves lacerations which cause severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

Item 1. Location: Use the name of the nearest community that has a Post Office in the state where the accident occurred. *Date & Time:* Indicate if daylight saving or standard time.

Elevation: Provide elevation of the accident site.

Airport Identification: Provide 3 or 4 character identifier. *Runway:* Direction—heading being used; Surface—composition, i.e., concrete asphalt, grass, etc.; Condition—wet, slick, soft, etc.

Phase of Operation: During what Phase of Operation did the accident occur. Note: If the accident occurred in flight, state the altitude of the occurrence.

Item 2. Aircraft Data: Make and Model—enter as shown on aircraft registration certificate; Engine—enter make and model as shown on engine nameplate.

Certificated Max Gross Weight: Indicate the certificated max gross weight for the aircraft involved in the occurrence.

Type of Fire Extinguishing system: Include hand type extinguishers, if fire was involved, and extinguisher was used.

Item 3. Purpose of Flight and Type of Operation: More than one selection may be made to indicate the type of operation that was being conducted at the time of the occurrence.

Item 4. Pilot Information — Pilot-in-Command (PIC) Includes solo flight time. Instructor—indicate all dual flight instructor given.

Item 5. Second Pilot Information—Indicate the capacity in which the second pilot was acting at the time of the accident.

Item 6. Self-Explanatory.

Item 7. Self-Explanatory.

Item 8. Weather Information at the Accident Site. Indicate the weather conditions at the accident site at the time of occurrence.

Sky/Lowest Cloud Condition: If cloud condition was scattered, broken or overcast, include height of clouds above ground level.

Restriction to Visibility: Haze, dust, smoke, fog, etc.

Type Precipitation: Rain, snow, hail, etc.

Item 9. Collision Accident. This includes collision with parked aircraft. *Item 10-14.* Are self-explanatory.

Item 15. Additional Flight Crew Members. This page should be completed if there are more than two required flight crew members on the aircraft. This also includes a check airman performing official duties. For aircraft requiring two flight crew members or less, are there were not other required flight crew members involved, separate this page.