

**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		Date of Accident		Local Time (24 HOUR CLOCK)		Zone		Elevation At Accident Site	
Nearest City/Place, State, Zip Code ANAHEIM CA		24 MAY 02		1545		PDT		Feet MSL 500 Feet MSL	
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information									
Proximity To Airport									
1. <input type="checkbox"/> On Approach		3. <input type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile		7. <input type="checkbox"/> Within 3 Miles			
2. <input type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles		8. <input checked="" type="checkbox"/> Beyond 3 Miles			
Airport Name		Airport Ident		Runway/Landing Surface Conditions:					
				1. <input type="checkbox"/> Direction:		3. <input type="checkbox"/> Width:		5. <input type="checkbox"/> Condition:	
				2. <input type="checkbox"/> Length:		4. <input type="checkbox"/> Surface:			
Phase Of Operation:									
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input checked="" type="checkbox"/> Cruise		7. <input type="checkbox"/> Approach		9. <input type="checkbox"/> Hover/Maneuver	
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent		8. <input type="checkbox"/> Landing		10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL	
Aircraft Information									
Registration Mark		Aircraft Manufacturer		Aircraft Type/Model		Serial Number		Cert Max Gross WT	
N6713E		CESSNA		CESSNA 175		56213		2450	
Type Of Aircraft				Type Of Airworthiness Certificate				Amateur Built	
1. <input checked="" type="checkbox"/> Airplane		5. <input type="checkbox"/> Blimp/Dirigible		1. <input checked="" type="checkbox"/> Normal		5. <input type="checkbox"/> Restricted		1. <input type="checkbox"/> Yes	
2. <input type="checkbox"/> Helicopter		6. <input type="checkbox"/> Ultralight		2. <input type="checkbox"/> Utility		6. <input type="checkbox"/> Limited		2. <input checked="" type="checkbox"/> No	
3. <input type="checkbox"/> Glider		7. <input type="checkbox"/> Gyroplane		3. <input type="checkbox"/> Acrobatic		7. <input type="checkbox"/> Experimental			
4. <input type="checkbox"/> Balloon		8. <input type="checkbox"/> Specify _____		4. <input type="checkbox"/> Transport		8. <input type="checkbox"/> Specify _____			
Landing Gear								No. Of Seats	
1. <input checked="" type="checkbox"/> Tricycle—Fixed		4. <input type="checkbox"/> Tailwheel—Retractable		7. <input type="checkbox"/> Skid				Flight/Cabin	
2. <input type="checkbox"/> Tricycle—Retractable		5. <input type="checkbox"/> Tailwheel—Retractable Mains		8. <input type="checkbox"/> Limited				Crew 2	
3. <input type="checkbox"/> Tailwheel—Fixed		6. <input type="checkbox"/> Amphibian		9. <input type="checkbox"/> Specify _____				Pax _____	
Stall Warning System Installed		IFR Equipped		Engine Type					
1. <input checked="" type="checkbox"/> Yes		1. <input type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Reciprocating—Carburetor		3. <input type="checkbox"/> Turbo Prop		5. <input type="checkbox"/> Turbo Fan	
2. <input checked="" type="checkbox"/> No		2. <input checked="" type="checkbox"/> No		2. <input type="checkbox"/> Reciprocating—Fuel Injected		4. <input type="checkbox"/> Turbo Jet		6. <input type="checkbox"/> Turbo Shaft	
Engine Manufacturer		Engine Model/Series		Engine Rated Power		Type Of Fire Extinguishing System Used			
CONTINENTAL		O-470-R		1. 230 Horsepower		1. <input checked="" type="checkbox"/> None			
				2. _____ Lbs Thrust		2. <input type="checkbox"/> Specify _____			
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul				
Engine No. 1	1975	212103-71-R	2548.9 Hours	2.7 Hours	24818 Hours				
Engine No. 2			Hours	Hours	Hours				
Engine No. 3			Hours	Hours	Hours				
Engine No. 4			Hours	Hours	Hours				
Type Of Maintenance Program			Type Of Last Inspection			Date Last Inspection Performed			
1. <input checked="" type="checkbox"/> Annual			1. <input checked="" type="checkbox"/> Annual			05-07-02 (MDM)			
2. <input type="checkbox"/> Manufacturer's Inspection Program			2. <input type="checkbox"/> 100 Hours			Time Since Last Inspection 2.7 Hours			
3. <input type="checkbox"/> Other Approved Inspection Program (AAIP)			3. <input type="checkbox"/> AAIP			Airframe Total Time 6671.77 Hours			
4. <input type="checkbox"/> Continuous Airworthiness			4. <input type="checkbox"/> Continuous Airworthiness						
5. <input type="checkbox"/> Specify _____									
Emergency Locator Transmitter (ELT)		ELT Manufacturer		Model/Series		Serial Number		Battery Date	
		Emergency Beacon		ABC 67		Not legible		(MDM) 5-2004	
Switch		1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input checked="" type="checkbox"/> Removed		Operated		1. <input checked="" type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		Aided In Accident Location	
								1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No	
Registered Aircraft Owner				Address					
TOMMY L. KING				Chino CA 91710					
Operator Of Aircraft				Address					
1. <input checked="" type="checkbox"/> Same As Registered Owner				1. <input checked="" type="checkbox"/> Same As Registered Owner					
2. Name				2. _____					
3. DBS:									

Owner / Operator Information (cont.)

Operator (Certificate Number) Operator Designator (4 Letter Designator)

Purpose Of Flight And Type Of Operation

Regulation Flight Conductor Under

1. ☒ FAR91 (only) 4. ☐ FAR 121 7. ☐ FAR 133
 2. ☐ FAR91D 5. ☐ FAR 125 8. ☐ FAR 135
 3. ☐ FAR 103 6. ☐ FAR 129 9. ☐ FAR 137

Operator Authority

FAR121
 1. ☐ Domestic
 2. ☐ Flag
 3. ☐ Supplemental

FAR 133
 6. ☐ Rotorcraft
 External Load

FAR 121, 125, 127, 129, 135

Revenue Operations

1. ☐ Scheduled
 2. ☐ Non Scheduled
 3. ☐ Domestic
 4. ☐ International
 5. ☐ Passenger
 6. ☐ Cargo
 7. Specify _____

Purpose of Flight

1. ☐ Personal 6. ☐ Aerial Observation
 2. ☒ Business 7. ☒ Other Work Use
 3. ☐ Educational 8. ☐ Public Use
 4. ☐ Executive/Corporate 9. ☐ Ferry
 5. ☐ Aerial Application 10. ☐ Positioning

FAR 135
 4. ☐ On Demand
 5. ☐ Commuter

FAR125
 7. ☐ Large Aircraft
 FAR 129
 8. ☐ Foreign

Pilot Information

Pilot Name LEE LATONA Pilot Certificate No. [REDACTED] Address ALTA LOMA CA 91701 Nationality US

Certificate (s)

1. ☐ Student 3. ☒ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. ☐ None
 2. ☐ Private 4. ☐ Airline Transport 6. ☒ Flight Engineer 8. ☐ Foreign 10. Specify _____

Rating (s)

1. ☐ None 6. ☒ Helicopter
 2. ☒ Single Engine Land 7. ☐ Glider
 3. ☐ Single Engine Sea 8. ☐ Free Balloon
 4. ☐ Multiengine Land 9. ☐ Airship
 5. ☐ Multiengine Sea 10. ☐ Gyroplane

Instrument Rating (s)

1. ☐ None
 2. ☒ Airplane
 3. ☐ Helicopter

Instructor Rating (s)

1. ☒ None 6. ☐ Instrument Airplane
 2. ☐ Airplane S.E. 7. ☐ Instrument Helicopter
 3. ☐ Airplane M.E. 8. ☐ Ground Instructor
 4. ☐ Helicopter 9. ☐ Specify _____
 5. ☐ Glider

Type Ratings/Student Endorsements

Date Of Biennial Flight Review or Equivalent (M/D/Y)

AUG 12 01

BFR Aircraft

1. Make CESSNA
 2. Model 150

Medical Certificate

1. ☐ None 3. ☒ Class 2
 2. ☐ Class 1 4. ☐ Class 3

Date Of Last Medical (M/D/Y)

JUL 23 01

Limitations

Waivers _____

Date Of Birth (M/D/Y)

[REDACTED]

Degree Of Injury

1. ☒ None
 2. ☐ Minor
 3. ☐ Serious
 4. ☐ Fatal

Seat Occupied

1. ☒ Left 4. ☐ Front
 2. ☐ Right 5. ☐ Rear
 3. ☐ Center

Person At Controls At Time Of Accident

1. ☒ Pilot In Control 4. ☐ Non-Pilot
 2. ☐ Second Pilot 5. ☐ No One
 3. ☐ Both Pilots

Seat Belt Available

1. ☒ Yes
 2. ☐ No

Seat Belt Used

1. ☒ Yes
 2. ☐ No

Shoulder Harness Available

1. ☐ Yes
 2. ☒ No

Shoulder Harness Used

1. ☐ Yes
 2. ☒ No

Source Of Pilot Flight Time Information

1. ☒ Pilot Logbook 4. ☐ Company
 2. ☐ Operators Estimate 5. ☐ Specify _____
 3. ☐ FAA Records

Flight Time

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	2300	1200	1200		75	2.8	60	200		
Pilot In Command (PIC)	1400									
Instructor										
This Make & Model										
Last 90 Days	80	13								
Last 30 Days	60	9								
Last 24 Hours	4	4								

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident

1. ☐ Co-Pilot 2. ☐ Dual Student 3. ☐ Safety Pilot 4. ☐ Check Pilot 5. ☒ None (Pilot-Rated Passenger)

Pilot Name

Pilot Certificate No.

Address

Nationality

Certificate (s)

1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. ☐ None
 2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify _____

Second Pilot Information (cont.)																			
Rating (s)				Instrument Rating (s)				Instructor Rating (s)											
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea				6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane				1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter				1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider							
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)				BFR Aircraft 1. Make _____ 2. Model _____											
Medical Certificate 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3				Date Of Last Medical (M/D/Y)				Limitations				Date Of Birth (M/D/Y)							
				Waivers															
Degree Of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal				Seat Occupied 1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear				Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No											
Seat Belt Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input 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	
Total Time												Actual		Simulated					
Pilot In Command (PIC)																			
Instructor																			
This 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	
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
Flight Itinerary Information																			
Last Departure Point				Time Of Departure				Destination				Flight Plan Filed							
1. Airport ID _____				1. Time _____				1. Airport ID _____				1. <input type="checkbox"/> None							
2. City/Place _____				2. Time Zone _____				2. City/Place _____				2. <input type="checkbox"/> VFR							
3. State _____								3. State _____				3. <input type="checkbox"/> IFR							
												4. <input type="checkbox"/> VFR/IFR							
												5. <input type="checkbox"/> Company (VFR)							
												6. <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																			
Fuel On Board At Last Takeoff 48.50 Gallons or Pounds										Fuel Type 1. <input type="checkbox"/> 80/87 2. <input checked="" type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive 7. Specify _____									
Other Services, If Any, Prior to Departure																			
Weather Information At The Accident Site																			
Source Of Weather Information (Pilot/Operator, Weather Observation)						Light Condition 1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night						Visibility 10 Miles				Temp (°F) 80			

Weather Information At The Accident Site (cont.)					
Dew Point (°F)	Altimeter Setting "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 _____ 2. Velocity _____ Kts 3. Gusts _____ Kts		Restriction To Visibility	Type Precipitation	Intensity Of Precipitation 1. <input type="checkbox"/> Light 3. <input type="checkbox"/> Heavy 2. <input type="checkbox"/> Moderate 4. Specify _____	
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 3. <input type="checkbox"/> In-Flight 2. <input checked="" type="checkbox"/> No 4. <input type="checkbox"/> On Ground	
Description Of Damage To Aircraft And Other Property LANDING GEAR AND ENGINE DAMAGED					
Mechanical Malfunction Failure					
1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure			<div style="text-align: center;">Total Time</div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">On Part ____ Hours</div> <div style="text-align: center;">At Overhaul ____ Hours</div> </div>		
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 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None		
Registered Aircraft Owner			Address		
Pilot Name	Address		Pilot Certificate No.		
Evacuation Of Aircraft					
Assistance Received 1. <input type="checkbox"/> Outside Person (s) 3. <input type="checkbox"/> Slide 5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting 4. <input type="checkbox"/> Rope 6. <input type="checkbox"/> Specify _____					
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following 1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____					
Recommendation (How Could This Accident Have Been Prevented)					
Operator/Owner Safety Recommendation (Optional Entry)					

Additional Flight Crew Members			
For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information			
Name NIKOLAJ, MYHRE	FAA Certificate No. Pending	Address [REDACTED] DENMARK 2200V	Title
Certificate(s) 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private 3. <input checked="" type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport 5. <input type="checkbox"/> Flight Instructor 6. <input type="checkbox"/> Flight Engineer 7. <input type="checkbox"/> Foreign 8. Specify OBSERVER			
Ratings/Endorsements		Total Flight Time 675.45	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private 3. <input type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport 5. <input type="checkbox"/> Flight Instructor 6. <input type="checkbox"/> Flight Engineer 7. <input type="checkbox"/> Foreign 8. Specify			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private 3. <input type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport 5. <input type="checkbox"/> Flight Instructor 6. <input type="checkbox"/> Flight Engineer 7. <input type="checkbox"/> 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.

AIRCRAFT DEPARTED CHINO CALIF (CNO) FOR A BANNER
TOW/PILOT ORIENTATION FLIGHT. ^{PRIOR TO FLIGHT} AIRCRAFT WAS SERVICED WITH
FUEL AND FUEL GAUGES INDICATED FULL. WEATHER WAS VFR
THROUGHOUT ALL PHASES OF THE FLIGHT. THREE HOURS INTO
THE FLIGHT AND APPROX 15 MINUTES FROM ARRIVING AT HOME
AIRPORT (CNO) THE ENGINE QUIT OPERATION AND AN EMERGENCY
LANDING WAS PERFORMED
AIRCRAFT DEPARTED ^{CNO} AT APPROX 1245 LOCAL TIME (PDT)
WITH FOUR HOURS OF GAS ON BOARD ENGINE FAILURE
OCCURED AT APPROX 1545 (PDT) & AIRCRAFT WAS
LANDED IN A PARKING LOT AND IMPACTED A BLOCK
WALL AFTER LANDING.

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

Date Of This Report

JUNE 3 2002

Signature Of Pilot/Operator



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.

LAX02LA174

Reviewed By NTSB Office Located At

LAX - SWR

Name Of Investigator

GEORGE PETERSON

Date Report Received

JUN 15 02