

**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: Mojave State: CA
 ZIP: 93501 Country: USA
 Latitude: 35.0568° N Longitude: 118.1578° W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 12/31/2021 Local Time: Around 2pm
mm/dd/yyyy Time Zone: PST
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N89084
Manufacturer: Cessna
Model: 152
Serial Number: 15282623
Year of Manufacture: 1978
Amateur-Built: Yes If Yes: Kit/Plans Make: _____
 No Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: _____ lbs
Weight at Time of Accident/Incident: _____ lbs
Number of Seats: 2 Flight Crew Seats: 1
 Cabin Crew Seats: _____ Passenger Seats: 1
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)
Standard Normal Aerobatic Balloon Commuter Transport Utility
Special Restricted Limited Provisional Special Flight Experimental Special Light-Sport Experimental Light-Sport
 Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear
(Check all that apply)
 Tricycle Tailwheel
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Other Launch/Recovery System
 None Unknown

Engine Type *(Select one)*
 Reciprocating Liquid Rocket
 Turbo Shaft Solid Rocket
 Turbo Prop Hybrid Rocket
 Turbo Jet None
 Turbo Fan Unknown
 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 Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>O-235-L2C</u>	<u>L-22867-15</u>	<u>10/14</u>	<u>115 hp</u>	<u>8308.4</u>	<u>60</u>	<u>2828</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown
Date Last Inspection: 07/08/2021
mm/dd/yyyy
Airframe Total Time: 14,416.6 hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident

Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable
 Manufacturer: Sensenich
 Model: 72CK 56-0-54

Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable
 Manufacturer: _____
 Model: _____

Type of Maintenance Program *(Select one)*
 Annual Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

ELT Installed: Yes No
If Yes:
ELT Manufacturer: unknown
Model or Part No.: _____
 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

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: _____

Description of Fire Extinguishing System
 None
 Specify: Fire extinguisher mounted behind right seat

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Aero Association of Caltech Inc.City: PasadenaState: CA ZIP: 91176-7022Fractional Ownership Aircraft: Yes No Country: USA**Operator of Aircraft***Same As Registered Owner**Same Address as Registered Owner*Name: Simon AnuszczykCity: Pasadena

Doing Business As: _____

State: CA ZIP: 91106

Air Carrier/Operator Designator (4 Character Code): _____

Country: USA**Operating Certificates Held***(Check all that apply)* None
 Flag Carrier Operating Certificate (FAR 121)
 Supplemental
 Air Cargo
 Foreign Air Carriers (FAR 129)
 Rotorcraft External Load (FAR 133)
 Commuter Air Carrier (FAR 135)
 On-Demand Air Taxi (FAR 135)
 Commercial Air Tour (FAR 136)
 Agricultural Aircraft (FAR 137)
 Pilot School (FAR 141)
 Certificate of Authorization or Waiver (COA)
 Commercial Space Transportation
 Experimental Permit
 Commercial Space Transportation License
 Other Operator of Large Aircraft
Regulation Flight Conducted Under FAR 91
 FAR 129
 FAR 133
 FAR 135
 FAR 137

 FAR 91 Special Flight
 Non-US, Commercial
 Non-US, Non-commercial
Public Aircraft *(Select one)*
 Armed Forces
 Federal
 State
 Local
 Unknown**Revenue Operation for FAR 121, 125, 129, 135***(Select one for each group)*
 Scheduled or Commuter Domestic
 Non-Scheduled or Air Taxi International

 Passenger
 Cargo
 Mail Contract Only
Purpose of Flight for FAR 91, 103, 133, 137*(Select one)*
 Aerial Application
 Aerial Observation
 Air Drop
 Air Race/Show
 Banner Tow
 Business
 Executive/Corporate
 External Load
 Ferry
 Firefighting
 Flight Test
 Glider Tow
 Instructional
 Other Work Use
 Personal
 Positioning
 Skydiving
 Unknown
Revenue Sightseeing FlightYes No **Air Medical Flight**Yes No **AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Mojave air and Space PortDistance From Airport Center: 0 smAirport Identifier: KMHVDirection From Airport: 0 degrees trueProximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/AAirport Elevation: 2735 ft. msl**Runway Information**Runway ID: 26 (L/R/C) Length: 7049 ft Width: 100 ft**Runway/Landing Surface (Check all that apply)**
 Asphalt
 Concrete
 Dirt
 Grass/Turf
 Gravel
 Ice
 Macadam
 Metal/Wood
 Snow
 Water
 Unknown
Condition of Runway/Landing Surface (Check all that apply)
 Dry
 Holes
 Ice Covered
 Rough
 Rubber Deposits
 Slush-Covered
 Snow-Compacted
 Snow-Crusted
 Snow-Dry
 Snow-Wet
 Soft
 Vegetation
 Water-Calm
 Water-Choppy
 Water-Glassy
 Wet
 Unknown
Approach/Departure Segment (Select one)
 Taxi
 Takeoff
 Initial Climb
 VFR Departure
 IFR Departure Procedure/Clearance
 On Instrument Approach
 Landing
 Downwind
 Base
 Final
 Crosswind
 Low Approach
 Go Around
 Aborted Landing (after touchdown)
 Unknown
IFR Approach (Check all that apply) None
 ADF/NDB
 SDF
 VOR/TVOR
 VOR/DME
 TACAN
 PAR
 Sidestep
 ILS
 Localizer Only
 LOC-back course
 RNAV
 MLS
 LDA
 ASR
 Visual
 Contact
 Circling
 Practice
 GPS
 Unknown
VFR Approach (Check all that apply) None
 Traffic Pattern
 Straight-In
 Valley/Terrain Following
 Go Around
 Full Stop
 Stop and Go
 Touch and Go
 Simulated Forced Landing
 Forced Landing
 Precautionary Landing
 Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: Simon City of Residence: Pasadena
 Middle Initial: R State: CA ZIP: 91106
 Last Name: Anuszczyk Country: USA
 Age at time of Accident/Incident: 24 Date of Birth: mm/dd/yyyy
 Certificate Number:

Degree of Injury None <input checked="" type="radio"/> Minor Serious	Fatal Unknown	Seat Occupied <input checked="" type="radio"/> Left Right Center	Front Rear Single	Unknown	Restraint Type Available None Lap only <input checked="" type="radio"/> 3-point 4-point 5-point Unknown	Used None Lap only <input checked="" type="radio"/> 3-point 4-point 5-point Unknown	Inflatable Restraints <input checked="" type="radio"/> Not Installed Installed Not Deployed Deployed Unknown
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Pilot Certificate(s) (Check all that apply)

None <input checked="" type="radio"/> Private Student	Flight Instructor Recreational Sport	Commercial Airline Transport Flight Engineer	US Military Foreign
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Principal Occupation Pilot <input checked="" type="radio"/> Other Unknown	Medical Certificate None Class 1 Class 2	<input checked="" type="radio"/> Class 3 Driver's License (Sport Pilot only) Unknown	Medical Certificate Validity <input checked="" type="radio"/> Without limitations/waivers With limitations/waivers Special Issuance	Unknown N/A	Date of Last Medical <u>03/05/2021</u> mm/dd/yyyy
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Medical Certificate Limitations

None

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/01/21</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Cessna</u> Model: <u>150</u>
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Airplane Rating(s) (Check all that apply) None <input checked="" type="radio"/> Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input checked="" type="radio"/> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) <input checked="" type="radio"/> None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="radio"/> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings <u>na</u>	Student Endorsements (Include dates)
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Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	63.4	61.6	63.4	—	3.6	—	3			
Pilot in Command (PIC)	18.9	18.9	18.9	—	—	—	0			
Time as Instructor	—	—	—	—	—	—	—			
This Make/Model										
Last 90 Days	4.5	4.5	4.5	—	—	—	—			
Last 30 Days	1.0	1.0	1.0	—	—	—	—			
Last 24 Hours	1.0	1.0	1.0	—	—	—	—			

“FLIGHT CREWMEMBER 2” INFORMATION

“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident

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

“Flight Crewmember 2” was pilot flying Yes No

“Flight Crewmember 2” Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ 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			Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer							

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 Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical _____ mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
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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 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 Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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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		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

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

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

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: _____ Crew Passenger Other	Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KMHV</u> City: <u>Mojave</u> State: <u>CA</u> Country: <u>USA</u>	Time of Departure Time: <u>~2pm</u> Time Zone: <u>PST</u>	Destination Airport ID: <u>KEMT</u> City: <u>El Monte</u> State: <u>CA</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> Company VFR <input type="checkbox"/> Military VFR <input type="checkbox"/> VFR VFR/IFR IFR Unknown Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)

<input checked="" type="checkbox"/> None VFR	<input type="checkbox"/> Special VFR IFR	<input type="checkbox"/> Special IFR VFR On Top	<input type="checkbox"/> VFR Flight Following Traffic Advisory	<input type="checkbox"/> Cruise Unknown / NA
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Airspace where the accident/incident occurred (Check all that apply)

<input checked="" type="checkbox"/> Class C	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	Altitude of In-Flight Occurrence: _____ ft msl
<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 D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Class E	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: <u>KMHV</u> Observation Time: <u>~2pm</u> Time Zone: <u>PST</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>0</u> degrees true
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Basic Conditions <input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown	Light Condition <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"/> Unknown
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Sky/Lowest Cloud Condition <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 Lowest Cloud Condition Height _____ ft agl	Ceiling <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 Ceiling Height _____ ft agl	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
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Wind Direction Variable -or- Direction: <u>250</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>24</u> kts	Wind Gusts Not Gusting -or- Speed: <u>32</u> kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Heavy <input type="checkbox"/> N/A <input type="checkbox"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <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"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	Restriction to Visibility (Check all that apply) <input checked="" 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
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Icing Forecast Amount: <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown Type: N/A <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown	Icing Actual Amount: <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown Type: N/A <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown	Turbulence Type (Check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity: Light Moderate Severe Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

NA

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

Buckled wing, bent tail, bent prop

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 location, services obtained, and intended destination. Provide as much detail as possible.

Before I left my apartment on Dec 31st 2021, I accessed a standard briefing covering my flight from KEMT to KMHV on 1800wxbrief.com. I also called 1800wxbrief to talk through a standard briefing with a weather briefer. The weather looked great except that the briefer was unable to access a METAR for MHV and recommended using the EDW METAR instead. As I was nearing MHV, I was unable to pick up a signal on the AWOS frequency and used the California City L71 AWOS since it was the closest alternate. I checked the wind sock in the pattern and landed without incident on runway 26.

After landing, I parked in the transient parking and went inside, ate, and spoke with another pilot. The winds had picked up while I was eating so I decided to wait a few minutes for them to die down. Once they did, I headed out to depart.

I did my preflight, started the airplane, and checked the AWOS again. The winds were 24 gusting to 32 at 250 so I decided to stick with runway 26 as planned. This is a crosswind component of 4-5.5 kts which is significantly less than the demonstrated crosswind in N89084 of 12 kts. The transient parking at MHV is such that in order to taxi to 26 one must make a 180 degree turn onto taxiway C. I made my radio calls on the CTAF since the tower was closed for the holiday and began to taxi. While applying the crosswind correction, I taxied around 100 ft along taxiway C before a massive gust hit me and almost wrenched the yoke out of my hands. I fought with it but was immediately lifted up and over the nose as the airplane flipped lengthwise coming to a rest upside down looking backwards along taxiway C. I paused for a moment upside down and then braced myself on the roof and undid my seatbelt and climbed out. I shut off the ignition, removed the key, and shut off the fuel and avionics master. Someone saw me and came out to make sure I was okay. I'm just over 6' and my head hit the ceiling as I flipped and was bleeding along with my shin.

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

Operator/Owner Safety Recommendation

While I have flown a C150 in higher crosswinds of 8-9 kts, I was not prepared for the gust that flipped me. This incident could have been prevented by waiting until the wind calmed down and there was more of a safety buffer to leave room for wind speeds to increase while taxiing.

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

Was there Mechanical Malfunction/Failure? Yes No
 (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

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**

(Convert from pounds, as necessary)

18 Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

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

After flipping, I braced myself against the roof and undid the seatbelt. I then opened the left door and crawled out onto the upside down wing.

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

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

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

01/06/2022
mm/dd/yyyy

Name of Pilot/Operator: Simon Anuszzyk

Signature: 

-- or -- Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ **Title:** _____

Signature: _____

-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. WPR22LA070	Reviewed by NTSB Regional Office WPR	Name of Investigator James Bledsoe	Date Report Received 1/8/2022
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