

**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: Van Nuys Airport State: CA
 ZIP: 91406 Country: USA
 Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time
 Date: 04/03/2022 Local Time: _____
mm/dd/yyyy Time Zone: _____
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: _____
Manufacturer: Cessna
Model: C172
Serial Number: _____
Year of Manufacture: _____
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: 4 Flight Crew Seats: 2
 Cabin Crew Seats: _____ Passenger Seats: 2
Number of Engines: 1

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------------|-----------------|----------------|--|------------|-----------|---------|---------|-------------|----------|----------------|-----------|--------------|---------|---------------------|--|--------------------------|---|--|--|
| Category of Aircraft <input checked="" type="checkbox"/> Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown | Type of Airworthiness Certificate <i>(Check all that apply)</i> <table border="0"> <tr> <td>Standard</td> <td>Special</td> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td>Restricted</td> </tr> <tr> <td>Aerobatic</td> <td>Limited</td> </tr> <tr> <td>Balloon</td> <td>Provisional</td> </tr> <tr> <td>Commuter</td> <td>Special Flight</td> </tr> <tr> <td>Transport</td> <td>Experimental</td> </tr> <tr> <td>Utility</td> <td>Special Light-Sport</td> </tr> <tr> <td></td> <td>Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) None Unknown | | Standard | Special | <input checked="" type="checkbox"/> Normal | Restricted | Aerobatic | Limited | Balloon | Provisional | Commuter | Special Flight | Transport | Experimental | Utility | Special Light-Sport | | Experimental Light-Sport | Landing Gear <i>(Check all that apply)</i> Retractable <input checked="" type="checkbox"/> Tricycle Tailwheel Amphibian High Skid Emergency Float Skid Float Ski Hull Ski/Wheel Other Launch/Recovery System None Unknown | | Engine Type <i>(Select one)</i> <input checked="" type="checkbox"/> Reciprocating Liquid Rocket Turbo Shaft Solid Rocket Turbo Prop Hybrid Rocket Turbo Jet None Turbo Fan Unknown Electric Fuel System Type <i>(Reciprocating)</i> <input checked="" type="checkbox"/> Carburetor Fuel-Injected |
| | Standard | Special | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Normal | Restricted | | | | | | | | | | | | | | | | | | | | |
| Aerobatic | Limited | | | | | | | | | | | | | | | | | | | | |
| Balloon | Provisional | | | | | | | | | | | | | | | | | | | | |
| Commuter | Special Flight | | | | | | | | | | | | | | | | | | | | |
| Transport | Experimental | | | | | | | | | | | | | | | | | | | | |
| Utility | Special Light-Sport | | | | | | | | | | | | | | | | | | | | |
| | Experimental Light-Sport | | | | | | | | | | | | | | | | | | | | |

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. <i>mm/dd/yyyy</i> | Rated Power Horsepower or lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|--------------------------------|---|-----------------------|--------------------------------------|---------------------|
| Eng 1 | | | | | | | | |
| Eng 2 | | | | | | | | |
| Eng 3 | | | | | | | | |
| Eng 4 | | | | | | | | |

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown
Date Last Inspection: _____
mm/dd/yyyy
Airframe Total Time: _____ hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident
Type of Maintenance Program *(Select one)*
 Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____
Description of Fire Extinguishing System
 None
 Specify: _____

Propeller 1 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: _____
 Model: _____
ELT Installed: Yes No
If Yes
ELT Manufacturer: _____
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

Propeller 2 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: _____
 Model: _____
Additional Equipment *(Check all that apply)*
 ADS-B
 Airframe Parachute
 Angle of Attack Indicator
 Autopilot
 Data Recorder
 Electronic Flight Bag or Handheld Device
 Electronic Multifunction Display
 Electronic Primary Flight Display
 Handheld GPS
 Heads Up Display
 Onboard Weather
 Satellite Tracking Device
 Stall Warning System
 Video Recording Device
 Other, Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: oleksiy zayika City: _____
 State: _____ ZIP: _____
 Fractional Ownership Aircraft: Yes No Country: _____

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

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 415
 FAR 103 FAR 133 FAR 431
 FAR 121 FAR 135 FAR 435
 FAR 125 FAR 137 FAR 437
 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 Firefighting Unknown
 Aerial Observation Flight Test
 Air Drop Glider Tow
 Air Race/Show Instructional
 Banner Tow Other Work Use
 Business Personal
 Executive/Corporate Positioning
 External Load Skydiving
 Ferry

Revenue Sightseeing Flight
 Yes 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: Van Nuys
Airport Identifier: KVNY
Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: _____ sm
Direction From Airport: _____ degrees true
Airport Elevation: _____ ft. msl

Runway Information
 Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

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

Runway/Landing Surface *(Check all that apply)*
 Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood
 Dirt Ice Snow Unknown

Dry Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Rubber Deposits Soft
 Slush-Covered Vegetation Unknown

Approach/Departure Segment *(Select one)*
 Taxi VFR Departure On Instrument Approach Downwind Low Approach
 Takeoff IFR Departure Procedure/Clearance Landing Base Go Around
 Initial Climb Final Aborted Landing (after touchdown)
 Crosswind Unknown

IFR Approach *(Check all that apply)*
 None
 ADF/NDB PAR MLS Practice
 SDF Sidestep LDA GPS
 VOR/TVOR ILS ASR
 VOR/DME Localizer Only Visual
 TACAN LOC-back course Contact
 RNAV Circling
 Unknown

VFR Approach *(Check all that apply)*
 None
 Traffic Pattern Stop and Go
 Straight-In Touch and Go
 Valley/Terrain Following Simulated Forced Landing
 Go Around Forced Landing
 Full Stop 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: Fady City of Residence: San Diego
 Middle Initial: _____ State: CA ZIP: 92101
 Last Name: Elhabashy Country: USA
 Age at time of Accident/Incident: 31 Date of Birth: ____/____/1990 mm/dd/yyyy
 Certificate Number: ____

| | | | | | | |
|--|--|---|--|---|--|---|
| Degree of Injury <input checked="" type="checkbox"/> None Fatal Minor Unknown Serious | | Seat Occupied Left Front Unknown <input checked="" type="checkbox"/> Right Rear Center Single | | Restraint Type Available Used None None <input checked="" type="checkbox"/> Lap only <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer | | | | | | |

| | | | |
|--|--|--|--|
| Principal Occupation Pilot Other Unknown | Medical Certificate None Class 3 <input checked="" type="checkbox"/> Class 1 Driver's License (Sport Pilot only) Class 2 Unknown | Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance | Date of Last Medical <u>12/12/2019</u> mm/dd/yyyy |
|--|--|--|--|

Medical Certificate Limitations
 None

Medical Certificate Special Issuance

| | |
|--|--|
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>04/28/2021</u> mm/dd/yyyy | Flight Review Aircraft Make: <u>Cessna</u> Model: <u>C172</u> |
|--|--|

| | | | | |
|--|---|--|--|---|
| Airplane Rating(s) (Check all that apply) None <input checked="" type="checkbox"/> Single-Engine Land Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land Multiengine Sea | Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None Airship Balloon Glider Gyroplane Helicopter Powered Lift | Instrument Rating(s) (Check all that apply) None <input checked="" type="checkbox"/> Airplane Helicopter Powered Lift | Instructor Rating(s) (Check all that apply) None <input checked="" type="checkbox"/> Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift | <input checked="" type="checkbox"/> Instrument Airplane Instrument Helicopter Helicopter Glider 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 | | Rotorcraft | Glider | Lighter Than Air |
|---|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
| | | | | | | Actual | Simulated | | | |
| Total Time | 1300 | 1270 | | 28 | 100 | 15 | 100 | | | |
| Pilot in Command (PIC) | 1100 | | 1270 | | | | | | | |
| Time as Instructor | 1000 | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | 300 | | | | | | | | | |
| Last 30 Days | 100 | | | | | | | | | |
| Last 24 Hours | | | | | | | | | | |

"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: Sarang City of Residence: New York
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: Zambare Country: _____
 Age at time of Accident/Incident: 27 Date of Birth: ████████ 995 *mm/dd/yyyy*
 Certificate Number: Pending

| | | | | | | |
|---|--|---|--|---|--|---|
| Degree of Injury <input checked="" type="checkbox"/> None Fatal Minor Unknown Serious | | Seat Occupied <input checked="" type="checkbox"/> Left Front Unknown Right Rear Center Single | | Restraint Type Available Used None None <input checked="" type="checkbox"/> Lap only <input checked="" type="checkbox"/> 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) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign <input checked="" type="checkbox"/> Student Sport Flight Engineer | | | | | | |

| | | | |
|--|--|--|---|
| Principal Occupation Pilot Other Unknown | Medical Certificate None <input checked="" type="checkbox"/> 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 <u>02/07/2022</u> <i>mm/dd/yyyy</i> |
|--|--|--|---|

Medical Certificate Limitations
 Must wear corrective lenses

Medical Certificate Special Issuance

| | |
|---|--|
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i> | Flight Review Aircraft Make: _____ Model: _____ |
|---|--|

| | | | |
|---|--|---|--|
| Airplane Rating(s) <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea | Other Aircraft Rating(s) <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None Airship Balloon Glider Gyroplane Helicopter Powered Lift | Instrument Rating(s) <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None Airplane Helicopter Powered Lift | Instructor Rating(s) <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport |
|---|--|---|--|

| | |
|---------------------|--|
| Type Ratings | Student Endorsements <i>(Include dates)</i> |
|---------------------|--|

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

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

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

FLIGHT ITINERARY INFORMATION

| | | | | | | | | | | | |
|---|---|--|--|------|---------|-------------|-----|--------------|---------|-----|--|
| Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____ | Time of Departure Time: _____ Time Zone: _____ | Destination Airport ID: _____ City: _____ State: _____ Country: _____ | Type Flight Plan Filed <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">None</td> <td style="width: 50%;">VFR/IFR</td> </tr> <tr> <td>Company VFR</td> <td>IFR</td> </tr> <tr> <td>Military VFR</td> <td>Unknown</td> </tr> <tr> <td>VFR</td> <td></td> </tr> </table> Activated? Yes No Unknown | None | VFR/IFR | Company VFR | IFR | Military VFR | Unknown | VFR | |
| None | VFR/IFR | | | | | | | | | | |
| Company VFR | IFR | | | | | | | | | | |
| Military VFR | Unknown | | | | | | | | | | |
| VFR | | | | | | | | | | | |

| | | | | |
|--|--------------------|---------------------------|--|------------------------|
| Type of ATC Clearance/Service <i>(Check all that apply)</i> | | | | |
| None VFR | Special VFR IFR | Special IFR VFR On Top | VFR Flight Following Traffic Advisory | Cruise Unknown / NA |

| | | | | |
|--|-----------------|--------------------------------|--------------------------|--|
| Airspace where the accident/incident occurred <i>(Check all that apply)</i> | | | | Altitude of In-Flight Occurrence: _____ ft msl |
| Class A | Class G | Military Operations Area (MOA) | Special | |
| Class B | Demo Area | Airport Advisory Area | Air Traffic Control Area | |
| Class C | Warning Area | Jet Training Area | Unknown | |
| Class D | Prohibited Area | TRSA | | |
| Class E | Restricted Area | FAR 93 | | |

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

| | | | | | | | | | | | | | |
|--|--------------------------|---------|------------------------|----------|----------|----------|------------------|------|------------------------------------|---------|------------------|--|---|
| Source of Pilot Weather Information <i>(Check all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">National Weather Service</td> <td style="width: 50%;">Company</td> </tr> <tr> <td>Flight Service Station</td> <td>Military</td> </tr> <tr> <td>TV/Radio</td> <td>Internet</td> </tr> <tr> <td>Automated Report</td> <td>None</td> </tr> <tr> <td>Commercial Weather Service (DUATS)</td> <td>Unknown</td> </tr> <tr> <td>On-Board Weather</td> <td></td> </tr> </table> | National Weather Service | Company | Flight Service Station | Military | TV/Radio | Internet | Automated Report | None | Commercial Weather Service (DUATS) | Unknown | On-Board Weather | | Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true |
| National Weather Service | Company | | | | | | | | | | | | |
| Flight Service Station | Military | | | | | | | | | | | | |
| TV/Radio | Internet | | | | | | | | | | | | |
| Automated Report | None | | | | | | | | | | | | |
| Commercial Weather Service (DUATS) | Unknown | | | | | | | | | | | | |
| On-Board Weather | | | | | | | | | | | | | |

| | | | | | | | | | |
|--|--|--------------|---------|------------|---------|-----|-------|--------------|--|
| Basic Conditions VMC IMC Unknown | Light Condition <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Dawn</td> <td style="width: 25%;">Dusk</td> <td style="width: 25%;">Dark Night</td> <td style="width: 25%;">Unknown</td> </tr> <tr> <td>Day</td> <td>Night</td> <td>Bright Night</td> <td></td> </tr> </table> | Dawn | Dusk | Dark Night | Unknown | Day | Night | Bright Night | |
| Dawn | Dusk | Dark Night | Unknown | | | | | | |
| Day | Night | Bright Night | | | | | | | |

| | | | | | | | | | | | | | | | | |
|---|---------------------------------------|-------------|-----|---------------|---------------------|---------|-----------|--|---|--------------|----------|--------|------------|----------|---------|--|
| Sky/Lowest Cloud Condition <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Clear</td> <td style="width: 50%;">Thin Broken</td> </tr> <tr> <td>Few</td> <td>Thin Overcast</td> </tr> <tr> <td>Partial Obscuration</td> <td>Unknown</td> </tr> <tr> <td>Scattered</td> <td></td> </tr> </table> | Clear | Thin Broken | Few | Thin Overcast | Partial Obscuration | Unknown | Scattered | | Ceiling <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">None (Clear)</td> <td style="width: 50%;">Obscured</td> </tr> <tr> <td>Broken</td> <td>Indefinite</td> </tr> <tr> <td>Overcast</td> <td>Unknown</td> </tr> </table> | None (Clear) | Obscured | Broken | Indefinite | Overcast | Unknown | Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in Hg or _____ MB |
| Clear | Thin Broken | | | | | | | | | | | | | | | |
| Few | Thin Overcast | | | | | | | | | | | | | | | |
| Partial Obscuration | Unknown | | | | | | | | | | | | | | | |
| Scattered | | | | | | | | | | | | | | | | |
| None (Clear) | Obscured | | | | | | | | | | | | | | | |
| Broken | Indefinite | | | | | | | | | | | | | | | |
| Overcast | Unknown | | | | | | | | | | | | | | | |
| Lowest Cloud Condition Height _____ ft agl | Ceiling Height _____ ft agl | | | | | | | | | | | | | | | |

| | | | |
|--|---|--|---|
| Wind Direction Variable -or- Direction: _____ degrees true | Wind Speed Calm Light and Variable -or- Speed: _____ kts | Wind Gusts Not Gusting -or- Speed: _____ kts | Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft |
|--|---|--|---|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------|---------|---------------|------|-------------|-------------|------|--------------|--------------------|------|-------------|------------------|--------------|--------------|--|--|------|-----|--------------|------------|--------------|------|--------------|---------|---------------|-------|------|---------|
| Intensity of Precipitation Light Moderate Heavy N/A Unknown | Type of Precipitation <i>(Check all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">None</td> <td style="width: 25%;">Drizzle</td> <td style="width: 25%;">Freezing Rain</td> </tr> <tr> <td>Rain</td> <td>Ice Pellets</td> <td>Snow Shower</td> </tr> <tr> <td>Snow</td> <td>Snow Pellets</td> <td>Ice Pellets Shower</td> </tr> <tr> <td>Hail</td> <td>Snow Grains</td> <td>Freezing Drizzle</td> </tr> <tr> <td>Rain Showers</td> <td>Ice Crystals</td> <td></td> </tr> </table> | None | Drizzle | Freezing Rain | Rain | Ice Pellets | Snow Shower | Snow | Snow Pellets | Ice Pellets Shower | Hail | Snow Grains | Freezing Drizzle | Rain Showers | Ice Crystals | | Restriction to Visibility <i>(Check all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">None</td> <td style="width: 50%;">Fog</td> </tr> <tr> <td>Blowing Dust</td> <td>Ground Fog</td> </tr> <tr> <td>Blowing Sand</td> <td>Haze</td> </tr> <tr> <td>Blowing Snow</td> <td>Ice Fog</td> </tr> <tr> <td>Blowing Spray</td> <td>Smoke</td> </tr> <tr> <td>Dust</td> <td>Unknown</td> </tr> </table> | None | Fog | Blowing Dust | Ground Fog | Blowing Sand | Haze | Blowing Snow | Ice Fog | Blowing Spray | Smoke | Dust | Unknown |
| None | Drizzle | Freezing Rain | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rain | Ice Pellets | Snow Shower | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Snow | Snow Pellets | Ice Pellets Shower | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hail | Snow Grains | Freezing Drizzle | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rain Showers | Ice Crystals | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | Fog | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blowing Dust | Ground Fog | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blowing Sand | Haze | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blowing Snow | Ice Fog | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blowing Spray | Smoke | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dust | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------|-------------|------|-----|-------|------|-------|-------|----------|-------|--------|---------|---------|--|--|---------------|-------------|------|-----|-------|------|-------|-------|----------|-------|--------|---------|---------|--|---|
| Icing Forecast <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Amount</td> <td style="width: 50%;">Type</td> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table> | Amount | Type | None | N/A | Trace | Rime | Light | Clear | Moderate | Mixed | Severe | Unknown | Unknown | | Icing Actual <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Amount</td> <td style="width: 50%;">Type</td> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table> | Amount | Type | None | N/A | Trace | Rime | Light | Clear | Moderate | Mixed | Severe | Unknown | Unknown | | Turbulence Type <i>(Check all that apply)</i> Severity None Light Clear Air Moderate Terrain-Induced Severe Convective Turbulence Extreme |
| Amount | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trace | Rime | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Light | Clear | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Moderate | Mixed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Severe | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trace | Rime | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Light | Clear | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Moderate | Mixed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Severe | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

| Aircraft Damage | | Aircraft Fire | | Aircraft Explosion | |
|-----------------|---|--|---------------------------|--|---------------------------|
| None | <input checked="" type="checkbox"/> Substantial | <input checked="" type="checkbox"/> None | Both Ground and In-Flight | <input checked="" type="checkbox"/> None | Both Ground and In-Flight |
| Minor | Destroyed | In-Flight | Fire at Unknown Time | In-Flight | Explosion at Unknown Time |
| | Unknown | On-Ground | Unknown | On-Ground | Unknown |

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

Propeller & last 1/8th size of the wing

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.

On Sunday Apr 2nd 2022; approximate 02:50pm PST

My student was practicing with me and was in a closed traffic flow stop taxi backs.

We got clearance to taxi and runway 16R.

Then the student taxied out on taxiway K to clear the runway.

The student cleared the runway on taxiway K to clear the runway while holding short of taxiway Alpha then the tower instructed to switch to ground frequency 121.7

The student switched to ground frequency then did the after and engine check list then contacted ground control and advised that we cleared runway 16R at K and requested taxi back to the runway.

The ground control instructed us to taxi to runway 16R via Alpha and Charlie taxi ways.

The student repeated the verbal clearance then proceeded to join taxiway Alpha then proceeding on the taxiway with slow speed and eyes a look out on taxiways and on other traffic on the ground as we .

At the end of Alpha taxi way there were multiple jet planes behind each other waiting for release.

The student proceeded slowly on Alpha taxi way then we passed Delta taxi way then stopped to keep safe distance far from the jet ahead of us.

The jet ahead of the one ahead of us got clearance and departed.

The jet plane ahead of us proceeded forward on Alpha taxi way then we proceeded slowly forward by keeping the same safe distance that didn't impact us controlling the aircraft and we didn't feel any jet blast or heat coming out of the jet engines at this point.

The jet plane ahead of us started turning from Alpha taxi way into Charlie taxi way but with extremely excessive power that caused there to be a loud racket at us with excessive jet blast hitting our aircraft, we felt the heat and the blast that hit our aircraft as a result of the excessive forward throttle they added on the turn from taxiway Alpha to taxiway Charlie.

Once I felt this jet blast I had to take safety precautions so I cut off the mixture and retarded throttle to idle and deflected the ailerons into the jet blast but it didn't help because of how excessive the forward throttle they added to turn just from taxiway Alpha into Charlie between our airplane on its left side.

I held my student's arm to protect him from hitting the door.

Our left wing and the propeller hit the ground then the airplane went up back on its own and engine gear again.

I made sure that we were fine and that we had no injuries.

I saw the jet plane that blew us on the runway lined up for few seconds looked like they were saw us while we were still on Alpha taxi way but they departed right away.

I contacted the ground control and advised them that the jet ahead of us blew us on our side while they were turning from Alpha taxi way into Charlie taxi way.

The ground control replied I'm so sorry and he sounded like he didn't see it happen.

The ground control asked if we were okay and if there were any injuries, I replied no injuries we are okay. The ground control asked if we require any assistance from the ground ops.

This is the first time something like this happens to me so of course I replied that we would need assistance. Assistance we needed was to push the aircraft back out of taxiway Alpha so we don't block the taxiway.

Waited outside the aircraft ground ops arrived and they asked if we were fine and I replied that we were fine with no injuries.

The ground ops said that we can get out of the aircraft.

We got out and stayed out of the taxiway and called for the airplane to be towed.

The ground ops stayed with us until the airplane was towed. Then we left with the airplane.

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

Operator/Owner Safety Recommendation

Ground contro or tower contro shou d not fy jet a rcrafts that there are sma er a rcrafts beh nd them so they dont use excess ve power on turns or on tax ways to prevent the smae nc dent from happen ng aga n.

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.)

Propeller

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)

38 Gallons

Fuel Type

80/87 115/145 Jet B Other, specify _____
 X100 Low Lead Jet A JP8
 100/130 Jet A-1 Automotive

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

Both occupants Ex ted through a rcraft doors after ask ng for perm ss on from the ground operat ons persone .

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft

Model: _____

Destroyed Minor
 Substantial None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____


Country: _____

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 <u>04/12/2022</u> <i>mm/dd/yyyy</i> | Name of Pilot/Operator: <u>Fady E Habashy</u> Signature:  -- or -- <input checked="" type="checkbox"/> 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. WPR22LA143 | Reviewed by NTSB Regional Office WPR | Name of Investigator Eleazar Nepomuceno | Date Report Received 4/12/2022 |