

# 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

<b>Accident/Incident Location</b> Nearest City/Place: <u>COMPTON</u> State: <u>CA</u> ZIP: <u>90220</u> Country: <u>USA</u> Latitude: <u>33°53'23.7"N</u> Longitude: <u>118°44'43.9"W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	<b>Accident/Incident Date/Time</b> Date: <u>03/13/2019</u> Local Time: <u>Around 6pm</u> <i>mm/dd/yyyy</i> Time Zone: <u>PDT</u> Collision with Other Aircraft: <input type="radio"/> Midair <input checked="" type="radio"/> On-ground <input type="radio"/> None
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## AIRCRAFT INFORMATION

<b>Registration Number:</b> <u>N48962</u> <b>Manufacturer:</b> <u>CESSNA</u> <b>Model:</b> <u>152</u> <b>Serial Number:</b> <u>152-81075</u> <b>Year of Manufacture:</b> <u>1978</u> <b>Amateur-Built:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: <u>N/A</u>	<input checked="" type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft <b>Maximum Gross Weight:</b> <u>1675</u> lbs <b>Weight at Time of Accident/Incident:</b> <u>1587</u> lbs <b>Number of Seats:</b> <u>2</u> Flight Crew Seats: <u>N/A</u> Cabin Crew Seats: <u>N/A</u> Passenger Seats: <u>N/A</u> <b>Number of Engines:</b> <u>1</u>
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<b>Category of Aircraft</b> <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input checked="" type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input checked="" type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	<b>Landing Gear</b> <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Engine Type</b> <i>(Select one)</i> <input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric <b>Fuel System Type</b> <i>(Reciprocating)</i> <input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected
Standard	Special																		
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input checked="" type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	LYCOMING	O-235-L2C	L-17048-15	Unknown	110	13834	68.3	231.4
Eng. 2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Eng. 3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Eng. 4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

<b>Last Inspection Type</b> <input checked="" type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input type="radio"/> Annual <input type="radio"/> Unknown <b>Date Last Inspection:</b> <u>02/20/2019</u> <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>20105.85</u> hrs hours measured at <i>(Select one)</i> <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident <b>Type of Maintenance Program</b> <i>(Select one)</i> <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____ <b>Description of Fire Extinguishing System</b> <input checked="" type="radio"/> None <input type="radio"/> Specify: _____	<b>Propeller 1</b> <input checked="" type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>Sensenich</u> Model: <u>PN-72CK56-0-56</u> <b>Propeller 2</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>N/A</u> Model: <u>N/A</u> <b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: <b>ELT Manufacturer:</b> <u>Dorne + Margolin</u> <b>Model or Part No.:</b> <u>H28-A2</u> <b>TSO No.:</b> <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input checked="" type="radio"/> C126 (406 MHz) <b>Was ELT still mounted in aircraft?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>Was ELT still connected to antenna?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>Did ELT Activate?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No If activated: <b>Did ELT Aid in Locating Aircraft:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No If not activated: <b>Indicate Reason:</b> <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown	<b>Additional Equipment</b> <i>(Check all that apply)</i> <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input checked="" type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input checked="" type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____
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**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Long Beach Flying ClubCity: Long BeachState: CA ZIP: 90806Fractional Ownership Aircraft:  Yes  NoCountry: USA**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: COMPTONDistance From Airport Center: 0 smAirport Identifier: KCPMDirection From Airport: N/A degrees trueProximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  N/AAirport Elevation: 99 ft. msl**Runway Information**Runway ID: 25L (L/R/C) Length: 3322 ft Width: 60 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 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: LUKAS

City of Residence: LONG BEACH

Middle Initial: M

State: CA

ZIP: 90805

Last Name: SWIDINSKI

Country: USA

Age at time of Accident/Incident: 40

Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

<b>Degree of Injury</b> <input type="radio"/> None <input checked="" type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single		<b>Restraint Type</b> <b>Available</b> <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input checked="" type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer						

<b>Principal Occupation</b> <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input checked="" type="radio"/> Unknown	<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input checked="" type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	<b>Date of Last Medical</b> <u>1/15/2017</u> mm/dd/yyyy
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**Medical Certificate Limitations**  
CARRYING PASSENGERS IS PROHIBITED.

**Medical Certificate Special Issuance**  
N/A

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>N/A</u> mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: <u>N/A</u> Model: <u>N/A</u>
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<b>Airplane Rating(s)</b> (Check all that apply) <input checked="" 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	<b>Other Aircraft Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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<b>Type Ratings</b> NONE	<b>Student Endorsements</b> (Include dates) 1552.3 (h) 01/15/2017 61.87(b) 01/25/2019 61.87(c) (1 and 2) 01/25/2019 61.87(n) 01/25/2019
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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	+22.1	+22.1	+22.1	0	1.8	?	?	0	0	0
Pilot in Command (PIC)	+1	+1	+1	0	0	0	0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					1.8	?	?			
Last 90 Days	+14.8	+14.8	+14.8	0	1.8	?	?	0	0	0
Last 30 Days	+5.3	+5.3	+5.3	0	1.8	?	?	0	0	0
Last 24 Hours	0.5	0.5	0.5	0	0	0	0	0	0	0

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

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

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

**PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)**

Name and Address	Seat	Injury	Available	Used	Inflatable Restraints	Age
First Name: <u>N/A</u> City: <u>N/A</u> Middle Initial: <u>N/A</u> State: <u>N/A</u> ZIP: <u>N/A</u> Last Name: <u>N/A</u> Country: <u>N/A</u> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: <u>    </u>	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: <u>N/A</u> City: <u>N/A</u> Middle Initial: <u>N/A</u> State: <u>N/A</u> ZIP: <u>N/A</u> Last Name: <u>N/A</u> Country: <u>N/A</u> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: <u>    </u>	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: <u>N/A</u> City: <u>N/A</u> Middle Initial: <u>N/A</u> State: <u>N/A</u> ZIP: <u>N/A</u> Last Name: <u>N/A</u> Country: <u>N/A</u> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: <u>    </u>	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: <u>N/A</u> City: <u>N/A</u> Middle Initial: <u>N/A</u> State: <u>N/A</u> ZIP: <u>N/A</u> Last Name: <u>N/A</u> Country: <u>N/A</u> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: <u>    </u>	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

# FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>KLGB</u> City: <u>LONG BEACH</u> State: <u>CA</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>530pm~</u> Time Zone: <u>PDT</u>	<b>Destination</b> Airport ID: <u>KLGB</u> City: <u>LONG BEACH</u> State: <u>CA</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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**Type of ATC Clearance/Service** (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

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

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

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Pilot Weather Information</b> (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Weather Observation Facility</b> Facility ID: <u>KHHR</u> Observation Time: <u>0153</u> Time Zone: <u>UTC</u> Distance from Accident Site: <u>5</u> nm Direction from Accident Site: <u>113</u> degrees true
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<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	<b>Light Condition</b> <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night
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<b>Sky/Lowest Cloud Condition</b> <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered <b>Lowest Cloud Condition Height</b> <u>NONE</u> ft agl	<b>Ceiling</b> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown <b>Ceiling Height</b> <u>NONE</u> ft agl	<b>Temperature:</b> <u>17</u> (C) or <u>N/A</u> (F) <b>Dew Point:</b> <u>0</u> (C) or <u>N/A</u> (F) <b>Altimeter Setting:</b> <u>30.02</u> in. Hg or <u>N/A</u> MB
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<b>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction: <u>270</u> degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>11</u> kts	<b>Wind Gusts</b> <input type="checkbox"/> Not Gusting -or- Speed: <u>16</u> kts	<b>Visibility</b> <u>10</u> miles RVR: <u>N/A</u> feet RVV: <u>N/A</u> miles <b>Density Altitude:</b> <u>279</u> ft
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<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	<b>Restriction to Visibility</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input checked="" type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
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<b>Icing Forecast</b> <table border="0"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input checked="" type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input checked="" type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<b>Icing Actual</b> <table border="0"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<b>Turbulence</b> <table border="0"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	Type	Severity	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
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**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**  
UNKNOWN

## DAMAGE TO AIRCRAFT AND OTHER PROPERTY

### Aircraft Damage

- None
- Substantial
- Minor
- Destroyed
- Unknown

### Aircraft Fire

- None
- Both Ground and In-Flight
- In-Flight
- Fire at Unknown Time
- On-Ground
- Unknown

### Aircraft Explosion

- None
- Both Ground and In-Flight
- In-Flight
- Explosion at Unknown Time
- On-Ground
- Unknown

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

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

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

Operator/Owner Safety Recommendation

**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.)

N/A

**Total Time/Cycles On Part**  
 N/A Hours  
 N/A Cycles  
**Time Since This Part Inspected/Overhauled**  
 N/A Hours

**FUEL & SERVICES INFORMATION**

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

26 Gallons

**Fuel Type**

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

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

NONE

**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

N/A

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

N5440F

**Manufacturer:** NORTH AMERICAN AV**Model:** T28 TROJAN**Damage to Other Aircraft**

- Destroyed       Minor  
 Substantial       None

**Registered Owner of Other Aircraft**

Name: TOMORROWS AERONAUTICAL MUSEUM  
 City: COMPTON  
 State: CA      ZIP: 90755  
 Country: USA

**Pilot of Other Aircraft**

Name: ROSS EMORY DIEHL  
 City: SAN BERNARDINO  
 State: CA      ZIP: 91710  
 Country: USA



**ADDITIONAL INFORMATION (Please type or print in ink)**

Use this space if additional space is needed for any answers.

[Large empty light blue area for providing additional information]

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

<b>Date of this Report</b> <u>09/09/2019</u> <small>mm/dd/yyyy</small>	<b>Name of Pilot/Operator:</b> <u>RYAN A DAVIS</u> <b>Signature:</b> _____ -- or -- <input checked="" type="checkbox"/> Check here to electronically sign this document
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**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**

<b>NTSB Accident/Incident No.</b> WPR19FA095	<b>Reviewed by NTSB Regional Office</b> WPR	<b>Name of Investigator</b> Zoe Keliher	<b>Date Report Received</b> 09/13/19
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