

This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location Nearest City/Place: <u>Edinburg</u> State: <u>TX</u> ZIP: <u>78542</u> Country: <u>Hidalgo</u> Latitude: <u>26°26'17.99"N</u> Longitude: <u>-98°07'12.00"W</u> (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>10-30-2022</u> Local Time: <u>14:15 Central</u> mm/dd/yyyy Time Zone: <u>Central</u>		
Collision with Other Aircraft:		Midair	On-ground	☒ None

Registration Number: <u>N76933</u> Manufacturer: <u>Cessna</u> Model: <u>C140</u> Serial Number: <u>11375</u> Year of Manufacture: <u>1946</u> Amateur-Built: Yes ☒ If Yes: Kit/Plans ☐ Make: ☐ ☒ Original Design	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>1450</u> lbs Weight at Time of Accident/Incident: <u>1242</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>0</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>1</u> Number of Engines: <u>1</u>
---	---

Category of Aircraft	Type of Airworthiness Certificate <i>(Check all that apply)</i>		Landing Gear <i>(Check all that apply)</i>		Engine Type <i>(Select one)</i>	
Airplane	Standard	Special			Reciprocating	Liquid Rocket
Balloon	Normal	Restricted	Retractable		Turbo Shaft	Solid Rocket
Blimp/Dirigible	Aerobatic	Limited	Tricycle		Turbo Prop	Hybrid Rocket
Glider	Balloon	Provisional	Amphibian	Tailwheel	Turbo Jet	None
Gyroplane	Commuter	Special Flight	Emergency Float		Turbo Fan	Unknown
Helicopter	Transport	Experimental	Float		Electric	
Powered Lift	Utility	Special Light-Sport	Hull			
Rocket		Experimental Light-Sport				
Ultralight	Certificate of Authorization or Waiver (COA)		Other Launch/Recovery System		Fuel System Type <i>(Reciprocating)</i>	
Unknown	None	Unknown	None	Unknown	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	Continental	O-200	2653-1-A	unknown	100	unknown	44.22	1278
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour Continuous Airworthiness AAIP Conditional Inspection <u>Annual</u> Unknown Date Last Inspection: <u>04-12-20</u> mm/dd/yyyy Airframe Total Time: <u>4757</u> hrs hours measured at (Select one) <u>Last Inspection</u> Time of Accident/Incident	Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: <u>McCawley</u> Model: <u>1A100/MCM 6948</u> ELT Installed: <u>Yes</u> No If Yes: ELT Manufacturer: <u>Narco</u> Model or Part No.: <u>ELT 10</u> TSO No.: <u>C91</u> (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz) Was ELT still mounted in aircraft? <u>Yes</u> No Was ELT still connected to antenna? <u>Yes</u> No Did ELT Activate? Yes <u>No</u> If activated: Did ELT Aid in Locating Aircraft: Yes No If not activated: <u>N/A</u> 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 <u>Stall Warning System</u> Video Recording Device Other, Specify: _____
Type of Maintenance Program (Select one) <u>Annual</u> Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____ Description of Fire Extinguishing System <u>None</u> Specify: _____		

"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: <u>CARLOS AUMAGUER</u> City of Residence: <u>Mullen</u> Middle Initial: <u>NMI</u> State: <u>TX</u> ZIP: <u>78503</u> Last Name: <u>AUMAGUER</u> Country: _____ Age at time of Accident/Incident: <u>60</u> 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 None Lap only ☒ 3-point 4-point 5-point Unknown Used None Lap only 3-point 4-point 5-point 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 <u>05/15/2020</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations																																																																																																				
Medical Certificate Special Issuance																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/27/2020</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna 140</u> Model: <u>C140</u>																																																																																																
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																																																																																														
Type Ratings						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td>850</td> <td>27</td> <td>850</td> <td>0</td> <td>125</td> <td>30</td> <td>15</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td>750</td> <td>22</td> <td>750</td> <td>0</td> <td>110</td> <td>30</td> <td>15</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td colspan="5"></td> <td>0</td> <td>0</td> <td>0</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td>11</td> <td>11</td> <td>11</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td>2.5</td> <td>2.5</td> <td>2.5</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>											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	850	27	850	0	125	30	15	0	0	0	Pilot in Command (PIC)	750	22	750	0	110	30	15	0	0	0	Time as Instructor	0	0	0	0	0	0	0	0	0	0	This Make/Model						0	0	0			Last 90 Days	11	11	11	0	0	0	0	0	0	0	Last 30 Days	2.5	2.5	2.5	0	0	0	0	0	0	0	Last 24 Hours	0	0	0	0	0	0	0	0	0	0
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	850	27	850	0	125	30	15	0	0	0																																																																																										
Pilot in Command (PIC)	750	22	750	0	110	30	15	0	0	0																																																																																										
Time as Instructor	0	0	0	0	0	0	0	0	0	0																																																																																										
This Make/Model						0	0	0																																																																																												
Last 90 Days	11	11	11	0	0	0	0	0	0	0																																																																																										
Last 30 Days	2.5	2.5	2.5	0	0	0	0	0	0	0																																																																																										
Last 24 Hours	0	0	0	0	0	0	0	0	0	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 InjuryNone Fatal
Minor Unknown
Serious**Seat Occupied**Left Front Unknown
Right Rear
Center Single**Restraint Type****Available**None
Lap only
3-point
4-point
5-point
Unknown**Used**None
Lap only
3-point
4-point
5-point
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**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: _____

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 LiftInstrument 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****Actual****Simulated****Rotorcraft****Glider****Lighter
Than Air**

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 First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied Left Front Center Rear Right Single Unknown		Injury None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					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		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied Left Front Center Rear Right Single Unknown		Injury None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					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		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Seat Left Center Right Unknown Row: _____	Injury None Minor Serious Fatal Unknown	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	Age Under 5 years If Under 5, 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 Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, 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 Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, 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 Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KEBG
City: Edinburg
State: TX
Country: USA

Time of Departure

Time: 205 PM
Time Zone: Central

Destination

Airport ID: KEBG
City: Edinburg
State: TX
Country: USA

Type Flight Plan Filed

☒ None VFR/IFR
☐ Company VFR IFR
☐ Military VFR Unknown
☒ VFR
Activated? Yes No Unknown

Type of ATC Clearance/Service (Check all that apply)

☒ None VFR ☐ Special VFR IFR ☐ Special IFR VFR On Top ☐ VFR Flight Following Traffic Advisory ☐ Cruise Unknown / NA

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

Class A Class G Military Operations Area (MOA) Special Air Traffic Control Area Altitude of In-Flight Occurrence: _____ ft msl
Class B Demo Area Airport Advisory Area
Class C Warning Area Jet Training Area
Class D Prohibited Area TRSA
☒ Class E Restricted Area FAR 93

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

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: KEBG AWOS-3
Observation Time: 1400
Time Zone: Central ST
Distance from Accident Site: 0 nm
Direction from Accident Site: _____ degrees true

Basic Conditions

☒ VMC
☐ IMC
Unknown

Light Condition

Dawn Dusk Dark Night Unknown
☒ Day Night Bright Night

Sky/Lowest Cloud Condition

☒ Clear Thin Broken
Few Thin Overcast
Partial Obscuration Unknown
Scattered

Ceiling

☒ None (Clear)
Broken Obscured
Overcast Indefinite
Unknown

Temperature: _____ (C) or 85 (F)

Dew Point: _____ (C) or _____ (F)

Altimeter Setting: 30.12 in. Hg
or _____ MB

Lowest Cloud Condition Height

ft agl

Ceiling Height

ft agl

Wind Direction

Variable

Wind Speed

Calm
Light and Variable

Wind Gusts

Not Gusting

Visibility

710 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft

-or-
Direction: 340 degrees true

-or-
Speed: 9 kts

-or-
Speed: 12 kts

Intensity of Precipitation

Light
Moderate
Heavy
N/A
Unknown

Type of Precipitation (Check all that apply)

☒ 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 (Check all that apply)

☒ None Fog
Blowing Dust Ground Fog
Blowing Sand Haze
Blowing Snow Ice Fog
Blowing Spray Smoke
Dust Unknown

Icing Forecast

Amount Type
☒ None N/A
Trace Rime
Light Clear
Moderate Mixed
Severe Unknown
Unknown

Icing Actual

Amount Type
☒ None N/A
Trace Rime
Light Clear
Moderate Mixed
Severe Unknown
Unknown

Turbulence

Type (Check all that apply) Severity
☒ None Light
Clear Air Moderate
Terrain-Induced Severe
Convective Turbulence Extreme

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

NONE

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown

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

Left main landing gear detached, Lt wing tip damage, damage to skin on belly, left door detached, prop strike in mud - minor.

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.

I Arrived at airport at 1300, Oct 30, 2020 to practice take off and landings. Performed Preflight inspection of aircraft. I found all checklist items in order. Taxied to gas pump, filled both tanks. obtained weather info. Taxied to Rwy 32 runup area & completed checklist. All found to be in order. started 1st T&L @ 1400. I performed 3 uneventful T&L. The accident/incident occurred on the 4th landing.

I approached Rwy 32 at 55-60 mph indicated. I touched down at approximately 45-50 mph and proceeded with a wheel landing.

The plane suddenly veered to the right and did not respond to collective action of left rudder and gentle braking.

It veered off the runway and onto the soft grass covered dirt at which time the left main gear completely detached from its point of attachment without breaking. The bolt was not found near the wreckage or runway. The left wing and other damage occurred when the gear came off and the plane leaned on the wing. There were no injuries nor property damage.

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

Operator/Owner Safety Recommendation

It is possible that the landing gear had an undetectable weakness. The handling of the aircraft and operation in flight and on touchdown were by the numbers and routine. Avoidance may have not been possible given no obvious operational error nor preflight inspection deficiencies were identified.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? Yes No uncertain
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Possible left main gear attachment failure.
Pit #1823 Cessna

Total Time/Cycles
On Part

4801 Hours
unknown Cycles

Time Since This Part
Inspected/Overhauled

unknown Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)24

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

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Lt. Door

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

Aircraft Registration Number

N7693CA

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed
SubstantialMinor
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

11-16-2020

mm/dd/yyyy

Name of Pilot/Operator:

CARLOS ALMAGUER

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.

CEN21LA233

Reviewed by NTSB Regional Office

CEN

Name of Investigator

J.Brannen

Date Report Received

11/22/2020

REMARKS

INSPECTION — MAINTENANCE — REPAIRS — ALTERATIONS

4/12/2020 Cessna 140 N76933 Tach:1977.78 Total Time:4757.02 Lubed controls, serviced brakes, greased tail wheel, cleaned fuel screen, air filter element replaced with Brackett B4108. Tested ELT per FAR 91.207 in accordance with paragraph d. items 1., 2., 3., and 4. Battery due Oct 2020. CW AD 47-43-05 by inspection next due 2077.78, CW AD 47-50-02 by inspection next due 2077.78, CW AD 48-07-01 by inspection next due 2077.78, CW AD 48-25-03 by inspection next due 2077.78, CW AD 96-12-2 by inspection. Created new AD list and update through 4/10/2020. I certify that this aircraft has been inspected in accordance with a annual inspection per FAR 43 Appendix D. annual inspection and aircraft was determined to be in airworthy condition on this date.

Michael Jones

A&P Cert.#