

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents**BASIC INFORMATION****Accident/Incident Location**Nearest City/Place: WESLACO State: TXZIP: 78596 Country: USALatitude: 26.18 N Longitude: 97.97 W

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/TimeDate: 08/20/2024 Local Time: 14:15
mm/dd/yyyyTime Zone: CDTCollision with Other Aircraft: Midair ☒ On-ground None**AIRCRAFT INFORMATION**Registration Number: N2037YManufacturer: CESSNAModel: C172CSerial Number: 17249537Year of Manufacture: 1962Amateur-Built: Yes ☐ If Yes: ☐ Original Design☒ No☐ Kit/Plans

Make: _____

☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 2250 lbs.Weight at Time of Accident/Incident: 1810 lbs.Number of Seats: 4 Flight Crew Seats: 1Cabin Crew Seats: _____ Passenger Seats: 3Number of Engines: 1**Category of Aircraft**
(Select one)

- ☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate
(Check all that apply)**Standard**

- ☒ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility

Special

- ☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None☐ Unknown**Landing Gear**
(Check all that apply)

- ☐ Retractable
☒ Tricycle
☐ Tailwheel
☐ Emergency Float
☐ Float
☐ Amphibian
☐ Other Launch/Recovery System
☐ None

- ☐ High Skid
☐ Skid
☐ Ski/Wheel
☐ Hull
☐ Ski
☐ Unknown

Engine Type (Select one)

- ☒ Reciprocating
☐ Liquid Rocket
☐ Turbo Shaft
☐ Solid Rocket
☐ Turbo Prop
☐ Hybrid Rocket
☐ Turbo Jet
☐ None
☐ Turbo Fan
☐ Unknown
☐ Electric

Fuel System Type (Reciprocating)☐ Carburetor ☐ Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine 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-300-C	22156-D-7-C-R	1967	145	6857	277	1281
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- ☒ 100-Hour
☐ AAIP
☐ Annual
☐ Continuous Airworthiness
☐ Condition Inspection
☐ Unknown

Date of Last Inspection: 07/13/2023
mm/dd/yyyyAirframe Total Time: 6857 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: _____**Additional Equipment**

- ☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Autopilot/FMS, Model: _____
☐ Coupled Flight Director
☐ Data Recorder
☐ Device Stall Warning System
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Flight Management System

- ☒ Handheld GPS
☐ Heads Up Display
☐ Night Vision Goggles
☐ Onboard Weather
☐ Primary Flight Display
☐ SAS, Axis (circle one): 2, 3, 4, Model: _____
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Wire Strike Detection
☐ Wire Strike Protection
Other, Specify: _____

ELT Installed: ☒ Yes No ☐ If Yes:ELT Manufacturer: DM Aviation ProductsModel or Part No.: DM ELT 6.1TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)
☐ C126 (406 MHz)Was ELT still mounted in aircraft? ☒ Yes ☐ NoWas ELT still connected to antenna? ☒ Yes ☐ NoDid ELT activate? ☒ Yes ☐ NoIf activated: Did ELT aid in locating aircraft? Yes ☐ No ☐If not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery ☐ Expired/Damaged ☐ UnknownPropeller 1 ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground AdjustableManufacturer: _____
Model: _____Propeller 2 ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground AdjustableManufacturer: _____
Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: ARGOS RETAIL LLC

Fractional Ownership Aircraft:

☐ Yes☒ NoCity: MCALLENState: TXZIP: 78504Country: USA**Operator of Aircraft**☒ The Operator is also the Registered Owner☐ Same address as Registered Owner

Name: _____

Doing Business As: _____

City: _____

State: _____

ZIP: _____

Country: _____

Air Carrier/Operator Designator (4-character code): _____

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 450
- 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
- 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 Unknown

Revenue Sightseeing FlightYes ☐ No ☒**Air Medical Flight**Yes ☐ No ☒**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: MID VALLEY AIRPORTDistance From Airport Center: 0.5 sm.Airport Identifier: KTXWDirection From Airport: 355 N degrees trueProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 70' ft. MSL**Runway Information**Runway ID: R14 Length: 6,002' ft. Width: 75" ft.**Runway/Landing Surface (Check all that apply)**

- ☒ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow
- ☐ Concrete ☐ Gravel ☐ Macadam ☐ Water
- ☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown
- ☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area

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

- ☒ 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 ☐ Unknown
- ☐ VOR/DME ☐ Localizer Only ☐ Visual
- ☐ TACAN ☐ LOC-back course ☐ Contact
- ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)

- ☐ None
- ☒ Traffic Pattern ☐ Stop and Go
- ☐ Straight-In ☐ Touch and Go Simulated
- ☐ Valley/Terrain Following ☐ Forced Landing Forced
- ☐ Go Around ☐ Landing Precautionary
- ☒ Full Stop ☐ Landing
- ☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☐ 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: DANIEL

City of Residence: DALLAS

Middle Initial: O

State: TX ZIP: 75248

Last Name: SEIJAS RODRIGUEZ

Country: USA

Age at time of Accident/Incident: 27

Date of Birth: (mm/dd/yyyy)

Certificate Number:

Degree of Injury

None Serious
Unknown Fatal
☒ Minor

Seat Occupied

☒ Left Front Unknown
Right Rear
Center Single

Restraint Type

Available **Used**
None None
☒ Lap only ☒ Lap only
3-point 3-point
4-point 4-point
5-point 5-point
Unknown Unknown

☐ Supplemental. Restraint type:

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 ☐ Sport
☒ Student ☐ 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

11/14/2023
mm/dd/yyyy

Medical Certificate Limitations

MUST USE CORRECTIVE LENS TO MEET VISION STANDARS AT ALL
REQUIRED DISTANCES

Medical Certificate Special Limitations**Personal Flight Equipment (Check all that apply)**

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other:

**Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks:**

08/20/2024
mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA

Model: C172C

**Airplane Rating(s)
(Check all that apply)**

☒ 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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multiengine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered lift ☐ Sport

Type Ratings and Applicable Logbook Endorsements

STUDENT PILOT PRE-SOLO AERONAUTICAL KNOWLEDGE 01/16/2024
STUDENT PILOT PRE-SOLO FLIGHT TRAINING 01/16/2024
SOLO (EACH 90 DAY PERIOD) 01/16/2024
SOLO (EACH 90 DAY PERIOD) 04/16/2024

Student Endorsements (Include dates)

SOLO (EACH 90 DAY PERIOD) 08/20/2024

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi- engine Rotorcraft	Tail- wheel
						Actual	Simulated					
Total Time	54.3	C172C	54.3									
Pilot in Command (PIC)	9.8	C172C	9.8									
Time as Instructor												
This Make/Model												
Last 90 Days	9.9	C172C	9.8									
Last 30 Days	4.9	C172C	4.9									
Last 24 Hours	1	C172C	1.0									

"FLIGHT CREWMEMBER 2" INFORMATION**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☐ 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" IdentificationFirst Name: ERASMOCity of Residence: EDINBURGMiddle Initial: FState: TXZIP: 78542Last Name: MALACARACountry: USAAge at time of Accident/Incident: 58Date of Birth: (mm/dd/yyyy)Certificate Number: **Degree of Injury**

☒ None ☐ Serious
☐ Unknown ☐ Fatal
☐ Minor

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 ☐ Sport
☐ Student ☐ Flight Engineer

☐ Supplemental. Restraint type:

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

06/12/2023
 mm/dd/yyyy

Medical Certificate Limitations

MUST USE CORRECTIVE LENS (ES) TO MEET VISION STANDARDS AT ALL REQUIRED DISTANCES

Medical Certificate Special Limitations**Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other:

Date of Last Flight Review

or Equivalent, Including FAR 121/135 Checks:

10/07/23

mm/dd/yyyy

Flight Review Aircraft

Make: BELLANCA

Model: 17-30A

Airplane Rating(s)

(Check all that apply)

☒ 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 ☒ Instrument Airplane
☒ Airplane Single-Engine ☐ Instrument Helicopter
☒ Airplane Multiengine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered lift ☐ Sport

Type Ratings and Applicable Logbook Endorsements

COMMERCIAL PILOT
AIRPLANE SINGLE & MULTIENGINE; INSTRUMENT AIRPLANE
HS-125 SIC PRIVILEGES ONLY

Student Endorsements (Include dates)

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	21,245	3476	17,190	4,088	2,869	2,748	653.5					1,593
Pilot in Command (PIC)	20,842	1,285	17,122	3,995	2,350	2,520	653.5					1,560
Time as Instructor	13,269	1,285	9181	4,035	2,869	1,420	550.0					1490
This Make/Model												
Last 90 Days	204.9	170.0	204.9	17.6	48	78	32					7
Last 30 Days												
Last 24 Hours												

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

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
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 ☐ Supplemental. Restraint type: _____	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.		

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
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 ☐ Supplemental. Restraint type: _____	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.)

Number of Passengers _____	Seat	Injury	Restraint Type	Inflatable Restraints	Age
Passenger Information First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ 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 ☐ Supplemental. Restraint type: _____	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>KEBG</u> City: <u>EDINBURG</u> State: <u>TX</u> Country: <u>USA</u>	Time: <u>13:00</u> Time Zone: <u>CDT</u>	Flight Number: Operating as Flight <u>INSTRUC</u>	Airport ID: <u>KTXW</u> City: <u>WESLACO</u> State: <u>TX</u> Country: <u>USA</u>	☒ None ☐ VFR/IFR ☐ Company ☐ IFR VFR ☐ Unknown ☐ Military VFR ☐ VFR Activated? ☐ Yes ☒ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply) ☒ None			
☐ Certificate of Authorization ☐ VFR	☐ Special VFR ☐ IFR	☐ Special IFR ☐ VFR On Top	☐ VFR Flight Following ☐ Traffic Advisory ☐ Unknown / NA

Type of ATC Clearance/Service (Check all that apply)				Altitude of In-Flight Occurrence: <u>70'</u> ft. MSL
☐ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class E	☒ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area	☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93	☐ Special ☐ Air Traffic Control Area ☐ Unknown	

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
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Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Electronic Flight Bag-Application:		☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown	Weather Observation Facility Facility ID: <u>KTXW</u> Observation Time: <u>13:45</u> Time Zone: <u>CDT</u> Distance from Accident Site: <u>0.5</u> nm Direction from Accident Site: <u>355</u> degrees true
☐ On-Board Weather			

Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Lowest Cloud Condition Height <u>5000</u> ft. AGL	Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown	
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Sky/Lowest Cloud Condition ☐ Clear ☒ Few ☐ Partial ☐ Obscuration ☐ Scattered	☐ Thin Broken ☐ Thin Overcast ☐ Unknown	Ceiling ☐ None (Clear) ☒ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	Ceiling Height <u>5000</u> ft. AGL	Temperature: <u>36</u> (°C) or ____ (°F) Dewpoint: <u>22</u> (°C) or ____ (°F)
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Altimeter Setting: <u>3002</u> Hg or ____ mb	Wind Direction ☐ Variable Direction: <u>CALM</u> degrees true	Wind Speed ☒ Calm ☐ Light and Variable or Speed: ____ kts	Wind Gusts ☐ Not Gusting or Speed: ____ kts	Visibility <u>10</u> miles RVR: ____ feet RVV: ____ miles Destiny Altitude: <u>2600</u> ft.
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Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers			☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals			☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle			Restriction to Visibility (Check all that apply) ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust			☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown		
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Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Turbulence (Check all that apply) ☒ None ☐ Clean Air ☐ Terrain-Induced ☐ Convective Turbulence	Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
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NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident: KEBG AWOS-3PT WIND: CALM VISIBILITY: 10 CEILING: 5,000 FT FEW TEMPERATURE: 36 DEWPOINT: 22 ALTIMETER: 3002 DENSITY ALTITUDE: 2,700	
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None
☐ Minor
☒ Substantial
☐ Destroyed
☐ Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

ON THE AIRPLANE: THE FRONT OF THE LANDING GEAR TOTALLY COLLAPSE, DAMAGING THE PROPELLER AND BOTTOM OF THE ENGINE COWLING.

ON THE AIRPORT: TAXIWAY/RUNWAY SIGN, (BLACK AND YELLOW) DETACH FROM THEIR MAIN SUPPORT.

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 August, Monday 20 of 2024, my student DANIEL SEIJAS and I, begin our flight lesson at South Texas International Airport At Edinburg, KEBG.

The lesson plan include a:

- Landing and Takeoff, traffic pattern work & communications at the local airport KEBG.
- GPS, interception and tracking to KTXW for navigation work.
- Traffic Pattern entry, 3 landings and takeoffs & communications at Mid Valley Weslaco Airport - KTXW.
- 3 solo landings and takeoff at this airport.
- GPS navigation back to our home airport KEBG.

We complete the debrief, checklist and begin our flight lesson at KEBG, and then continue to KTXW.

After the completion of the 3 dual landings and takeoffs at KTXW, I get out of the airplane C172 N2037Y.

I stay in the ground by the PAYNE AVIATION hangar, east of runway 14/32 to monitor him.

On his third and final approach while he was approaching on final, at the point of touch down a portion of a hangar between me and him line of sight get in the way and momentarily can not see his point of touch down.

Expecting to see him out of his rolling on the runway by the side of the hangar which was interfering my view, it caught my attention the fact that he don't come thru. I begin to walk closer to the runway on my attempt to establish a line of sight with him.

To the point where I can see on the distance the plane resting nose down on the side of the runway. I ask one of the guys that work on the line if he can give me a ride to the site of the accident, and we arrive on the golf cart.

Upon arrival, I saw my student on the right side of the airplane, bleeding profusely and in shock.

Another local mechanic that just arrive was securing the airplane because it has a fuel Leake.

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

IS VERY HARD TO ASSES THAT, SINCE THE STUDENT PILOT FLEW BEFORE ON WORSE CONDITIONS AND NO ACCIDENT/ INCIDENT HAPPEN.

MY STUDENT AND ME TRY TO RECREATE THE ACCIDENT WITH OTHER AIRPLANE ON THE RUNWAY, TRYING TO FIND THE PROBLEM.

AND MY ONLY CONCLUSION AS AN INSTRUCTOR IS THAT HE DON'T USE ENOUGH RUDDER TO KEEP THE AIRPLANE STRAIGHT ON THE GROUND, AND ONCE HE START DEPARTING TO THE LEFT OF THE RUNWAY, HE PANIC LEAVING THE RUDDER PEDALS UNATTENDED.

ONLY REMEDY THAT FORESEE IS MORE TRAINING WITH ACTUAL CROSSWIND CONDITIONS, WHICH WE ALREADY DID.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a separate sheet.)Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/ Cycles On Part

N/A HoursN/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)

24 Gallons

Fuel Type

☒ 100 Low Lead☐ Automotive☐ Jet A☐ Jet A-1☐ Unleaded AV☐ Other, specify _____

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:

MY STUDENT EGRESS TO THE MAIN LEFT DOOR ON HIS OWN.

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ None

Model: _____

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Additional space for answers to any question.)

By signing this form, I am consenting to the public release of the information provided herein.

Date of this report: <u>09/20/2022</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: _____ Signature: _____ -or- ☐ Check here to electronically sign this document
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If a person other than Pilot/Operator is filing this report

Name: <u>ERASMO F MALACARA</u> Signature: _____ -or- ☒ Check here to electronically sign this document	Title: <u>CFI</u>
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FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
CEN24LA347	Central	Aguilera	23 October 2024