

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

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

**BASIC INFORMATION**

**Accident/Incident Location**

Nearest City/Place: Harlingen State: Texas  
ZIP: 78550 Country: USA  
Latitude: 26.23N Longitude: 97.64W  
(Enter in decimal degrees or degrees:minutes:seconds)

**Accident/Incident Date/Time**

Date: 05/30/2015 Local Time: 15:07  
mm/dd/yyyy Time Zone: Central

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

**AIRCRAFT INFORMATION**

Registration Number: N8126S

Manufacturer: Cessna

Model: C150F

Serial Number: 15061726

Year of Manufacture: 1966

Amateur-Built: ☐ Yes If Yes: ☐ Kit/Plans Make: \_\_\_\_\_  
☒ No ☐ Original Design

- ☐ IFR-Equipped and Certified  
☐ Commercial Space Flight  
☐ Unmanned Aircraft

Maximum Gross Weight: 1600 lbs

Weight at Time of Accident/Incident: 1303 lbs

Number of Seats: 2 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 0

Number of Engines: 1

**Category of Aircraft**

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

**Type of Airworthiness Certificate**

(Check all that apply)

**Standard**

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

**Special**

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

- ☐ Certificate of Authorization or Waiver (COA)  
☐ None ☐ Unknown

**Landing Gear**

(Check all that apply)

☐ Retractable

☒ Tricycle

☐ Tailwheel

☐ Amphibian

☐ High Skid

☐ Emergency Float

☐ Skid

☐ Float

☐ Ski

☐ Hull

☐ Ski/Wheel

☐ Other Launch/Recovery System

☐ None

☐ Unknown

**Engine Type (Select one)**

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

**Fuel System Type (Reciprocating)**

- ☒ Carburetor ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Continental         | O-200               | 61384-5-A                    |                            | 100                                                                                                  | 3720                  | 70                                   | 1450                |
| Eng. 2 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |

**Last Inspection Type**

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

Date Last Inspection: 02/03/2015  
mm/dd/yyyy

Airframe Total Time: 3720 hrs

hours measured at (Select one)

- ☐ Last Inspection ☒ Time of Accident/Incident

**Type of Maintenance Program (Select one)**

- ☒ Annual  
☐ Conditional (Amateur-built only)  
☐ Manufacturer's Inspection Program  
☐ Other Approved Inspection Program (AAIP)  
☐ Continuous Airworthiness  
☐ Other, specify: \_\_\_\_\_

**Description of Fire Extinguishing System**

- ☒ None  
☐ Specify: \_\_\_\_\_

**Propeller 1**

- ☒ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

**Propeller 2**

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: \_\_\_\_\_

Model or Part No.: \_\_\_\_\_

TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)  
☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

- Indicate Reason: ☐ Impact Damage  
☐ Fire Damage  
☐ Battery Expired/Damaged  
☐ Unknown

**Additional Equipment (Check all that apply)**

- ☐ ADS-B  
☐ Airframe Parachute  
☐ Angle of Attack Indicator  
☐ Autopilot  
☐ Data Recorder  
☐ Electronic Flight Bag or Handheld Device  
☐ Electronic Multifunction Display  
☐ Electronic Primary Flight Display  
☐ Handheld GPS  
☐ Heads Up Display  
☐ Onboard Weather  
☐ Satellite Tracking Device  
☒ Stall Warning System  
☐ Video Recording Device  
☐ Other, Specify: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Mid Valley FlyingCity: ProgressoFractional Ownership Aircraft: ☐ Yes ☒ NoState: Texas ZIP: 78579Country: USA**Operator of Aircraft**☐ Same As Registered Owner☐ Same Address as Registered OwnerName: John Michael BakerCity: WeslacoDoing Business As: Chachalaca Aero LLCState: Texas ZIP: 78596

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: USA**Operating Certificates Held**

(Check all that apply)

- ☒ None  
☐ Flag Carrier Operating Certificate (FAR 121)  
☐ Supplemental  
☐ Air Cargo  
☐ Foreign Air Carriers (FAR 129)  
☐ Rotorcraft External Load (FAR 133)  
☐ Commuter Air Carrier (FAR 135)  
☐ On-Demand Air Taxi (FAR 135)  
☐ Commercial Air Tour (FAR 136)  
☐ Agricultural Aircraft (FAR 137)  
☐ Pilot School (FAR 141)  
☐ Certificate of Authorization or Waiver (COA)  
☐ Commercial Space Transportation  
Experimental Permit  
☐ Commercial Space Transportation License  
☐ Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 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: Valley International AirportDistance From Airport Center: .2 smAirport Identifier: KHRLDirection From Airport: On Airport degrees trueProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 36 ft. msl**Runway Information**Runway ID: 17L (L/R/C) Length: 5949 ft Width: 150 ft**Runway/Landing Surface (Check all that apply)**

- ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water  
☐ Concrete ☐ Gravel ☐ Metal/Wood  
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

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

**VFR Approach (Check all that apply)**

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

### **“Flight Crewmember 1” 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

First Name: Jesus

City of Residence: Mission

Middle Initial: R

State: Texas ZIP: 78572

Last Name: Cuellar Jr

Country: USA

Age at time of Accident/Incident: 18 Date of Birth: [REDACTED] 1997 mm/dd/yyyy

Certificate Number: [REDACTED]

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                                |  | <b>Restraint Type</b><br><br><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown         </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown         </div> </div> |  | <b>Inflatable Restraints</b><br><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                  |  |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> None<br/> <input type="checkbox"/> Private<br/> <input checked="" type="checkbox"/> Student         </div> <div style="width: 50%;"> <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Sport         </div> <div style="width: 50%;"> <input type="checkbox"/> Commercial<br/> <input type="checkbox"/> Airline Transport<br/> <input type="checkbox"/> Flight Engineer         </div> <div style="width: 50%;"> <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Foreign         </div> </div> |  |                                                                                                                                                                                                                                                                                                                                               |  | <b>Medical Certificate Validity</b><br><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                        |  | <b>Date of Last Medical</b><br><br><div style="border-bottom: 1px solid black; padding-bottom: 2px;">04/13/2015</div> <div style="font-size: small; text-align: center;">mm/dd/yyyy</div>                                                                                                                                                                                                                                                                                                                      |  |
| <b>Principal Occupation</b><br><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input checked="" type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Medical Certificate</b><br><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown                                                                               |  | <b>Medical Certificate Limitations</b><br><br><div style="border: 1px solid black; height: 100px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Medical Certificate Special Issuance</b><br><br><div style="border: 1px solid black; height: 100px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <div style="border-bottom: 1px solid black; padding-bottom: 2px; text-align: center;">N/A</div> <div style="font-size: small; text-align: center;">mm/dd/yyyy</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Flight Review Aircraft</b><br><br><b>Make:</b> _____<br><b>Model:</b> _____                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Other Aircraft Rating(s)</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |  | <b>Instrument Rating(s)</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Instructor Rating(s)</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |  |
| <b>Type Ratings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Student Endorsements</b> <i>(Include dates)</i><br><br>All Listed Below in space provided for additional answers.                                                                                                                                                                                                                                                                                                                                                                                           |  |

# FLIGHT ITINERARY INFORMATION

|                                                                                                                                |                                                                            |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KHRL</u><br>City: <u>Harlingen</u><br>State: <u>Texas</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>1345</u><br>Time Zone: <u>Central</u> | <b>Destination</b><br>Airport ID: <u>Same</u><br>City: _____<br>State: _____<br>Country: _____ | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                               |                                      |                                      |                                               |                                                  |
|-------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <input 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 checked="" type="checkbox"/> Unknown / NA |

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

|                                             |                                          |                                                         |                                                   |
|---------------------------------------------|------------------------------------------|---------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Class A            | <input type="checkbox"/> Class G         | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  |
| <input type="checkbox"/> Class B            | <input type="checkbox"/> Demo Area       | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area |
| <input checked="" 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                         |                                                   |

**Altitude of In-Flight Occurrence:** 36 ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> National Weather Service<br><input checked="" type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input checked="" type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> On-Board Weather<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input checked="" type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown | <b>Weather Observation Facility</b><br>Facility ID: <u>KHRL ATIS</u><br>Observation Time: <u>14:50Z</u><br>Time Zone: <u>Central</u><br>Distance from Accident Site: <u>.5</u> nm<br>Direction from Accident Site: <u>260</u> degrees true |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                          |
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| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                    |
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input checked="" type="radio"/> Unknown<br><input type="radio"/> Scattered | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl |
| <b>Lowest Cloud Condition Height</b><br><u>3200</u> ft agl                                                                                                                                                                                                                                   | <b>Temperature:</b> <u>31</u> (C) or _____ (F)<br><b>Dew Point:</b> <u>21</u> (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>unknown</u> in. Hg<br>or _____ MB                                                                                                         |

|                                                                                                          |                                                                                                                                   |                                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: <u>130</u> degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: <u>12</u> kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> <u>10+</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> <u>unknown</u> ft |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|

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| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |
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| <b>Icing Forecast</b><br><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><br><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>Turbulence</b><br><table border="0"> <tr> <th>Type (Check all that apply)</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input 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 (Check all that apply) | Severity | <input checked="" type="checkbox"/> None | <input 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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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| Type (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Severity                             |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input 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     |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |

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

VASI INOP runway 13 at KHRL  
 Convective outlook that covered South Texas  
 AIRMET Sierra: no IFR expected; AIRMET Tango: no turbulence expected in our area; AIRMET Zulu: no icing expected in our area  
 No PIREPs

## 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)*

Right Wing Tip damaged by contact with runway. Nose gear collapsed to the rear; stayed attached to the airframe. Damage to engine (prop strike). Damage to propeller from ground contact. Cowling damaged by ground contact. Fire wall deformed towards the bottom.

## 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.

Jesus R. Cuellar Jr. is my flight student. I am his instructor, John M. Baker [REDACTED]

On the day of the incident, Jesus was scheduled to fly a solo cross-country. This did not occur because when he and I checked the weather there was a chance for thunderstorms to develop along the planned route. As a result, the decision was made to not have Jesus make the planned cross country on this day. I suggested that he make local flight instead which he did. We had both thoroughly checked the weather for the planned flight and we both felt that the conditions were well within the capability of Jesus. The wind was approximately 130 @ 12 knots (this is best of my recollection based on looking at the wind sock for direction and strength, I don't remember what the ATIS was calling the winds at this time.) Jesus departed approximately 14:20 central, planning on staying in the pattern at KHRL and performing touch and goes. I observed him flying, doing touch and goes on runway 13. I then attended business with other customers. I received a call from Jesus a little after 15:00 hours stating that he had crashed. I asked where he was, and he stated, on the runway. I looked outside and could see Jesus standing next to the aircraft on runway 17L. I then went to the location to assist in whatever ways possible. I did not observe the event as it occurred.

Jesus informed me that the Tower had told him to switch to runway 17L. He said he didn't feel as comfortable with the cross wind on that runway but he felt he would be okay. The cross wind component would have been below what I had authorized for him in his endorsements; I had worked with him on cross wind landings and takeoffs quite a bit as the wind blows in South Texas all the time and I feel that he should have been okay. I don't think he advised the tower that he was a student solo. He also could have exercised his PIC authority and told the tower that he was not comfortable with 17L, but he did not.

Jesus describes what happened below:

"I entered a left downwind for 17L when the tower asked me to. I did my landing check, obtained my clearance for the touch and go on 17L. I turned base and then final. Everything was OK until after the airplane touched down. First the left wheel touched down, then the right wheel, and then the nose wheel. Immediately the aircraft started swerving and it ended with the right wing and the nose on the ground when it stopped." He also stated, "the power was at idle".

Based on the damage to the aircraft (right wing tip, nose gear collapse) I see this as consistent with Jesus failing to continue the crosswind correction after touchdown. The aircraft would have weather vaned to the left, with the right wing contacting the runway the left wing rising, and the load on the nose wheel increasing causing it's failure. This is conjecture on my part because I did not see it happen, but it would be consistent with the effect of the cross wind. Also, Jesus stated that the power was at idle at touch down, however the propeller is curled back quite a bit for the power to have been at idle. I suspect he may have had a little power on (1500 to 1700 rpm) and not realized it. I feel this would have made the aircraft handle very differently than he would have expected since he thought the power was at idle. This is conjecture as well but I feel it is consistent with condition of the propeller. The event appears to have occurred very quickly. The airplane stopped on the runway in a nose down attitude with neither main gear on the ground. It was resting on its nose and right wing tip. Several of us from the FBO were able to pull the tail down and get the aircraft back on it's main gear. We were able to utilize a tug to get the nose off the ground and remove the aircraft from the runway.

Another pilot, Randy Summers, who landed on the parallel runway 17R, shortly after the event, told me that he had a sudden wind gust that required a sudden correction right before landing.

**RECOMMENDATION (How could this accident/incident have been prevented?)****Operator/Owner Safety Recommendation**

One possibility is making sure the pilot in command realizes he has the authority to refuse if the tower asked him to do something he is uncomfortable doing. He could have requested a different course of action such as circling until he could use runway 13 again.

Another good thing to do is to inform the tower controller that you are a student pilot solo. I have told my students to do this but I don't require it of them. I may require them to do this when solo now.

I may also become more restrictive on my students flying solo in cross wind conditions, but this is something they have to learn by doing. I have more than 4000 hours of dual given and this is the first time I have had a student bend an airplane. I don't want it to happen again, but the only way to be sure it doesn't is to not fly. More emphasis on cross wind landing training.....

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

**Was there Mechanical Malfunction/Failure?** ☐ Yes ☒ No

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

**Total Time/Cycles  
On Part**

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part  
Inspected/Overhauled**

\_\_\_\_\_ Hours

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

*(Convert from pounds, as necessary)*

22.5 Gallons

**Fuel Type**

☐ 80/87

☒ 100 Low Lead

☐ 100/130

☐ 115/145

☐ Jet A

☐ Jet A-1

☐ Jet B

☐ JP8

☐ Automotive

☐ Other, specify \_\_\_\_\_

**Other Services, if Any, Prior to Departure****EVACUATION OF AIRCRAFT**

**Was an emergency evacuation of the aircraft performed?** ☒ Yes ☒ No

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

Exited cockpit door.

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

**Aircraft Registration Number**

\_\_\_\_\_

**Manufacturer:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Damage to Other Aircraft**

☐ Destroyed

☐ Substantial

☐ Minor

☐ 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.

**Student Endorsements:**

11/26/2014 Presolo Aeronautical Knowledge 61.87(b)

11/26/2014 Presolo Flight Training 61.87(c)

03/07/2015 Solo Flight(additional 90 days) 61.87(p)(v)

11/26/2014 Solo takeoff and landings at another airport within 25 NM(KEBG) 61.93(b)(1)

02/07/2015 Solo takeoff and landings at another airport within 25 NM(KHRL) 61.93(b)(1)

05/26/2015 Initial solo cross-country flight 61.93(c)(2)(i)

05/26/2015 Solo cross-country flight 61.93(c)(2)(ii)

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

06/04/2015

mm/dd/yyyy

**Name of Pilot/Operator:** Jesus R Coellar**Signature:** \_\_\_\_\_

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

**If a Person Other than Pilot/Operator is Filing Report****Name:** John Michael Baker**Title:** Flight Instructor/Flight School Owner**Signature:** \_\_\_\_\_

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

**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

GAA15CA 104

**Reviewed by NTSB Regional Office**

GAA

**Name of Investigator**

GERHARDT, ADAM

**Date Report Received**

6/4/2015