

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: Knox State: IN

ZIP: 46534 Country: USA

Latitude: 41-19-48-7000N Longitude: 086-39-53-3000W

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

Accident/Incident Date/Time

Date: 03/21/2018 Local Time: 4:55pm

mm/dd/yyyy

Time Zone: Central standard

Collision with Other Aircraft: Midair On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N6785P

Manufacturer: Piper

Model: PA 24-250

Serial Number: 24-1916

Year of Manufacture: 1960

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

☒ IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 3000 lbs

Weight at Time of Accident/Incident: 2491.7 lbs

Number of Seats: 4 Flight Crew Seats: N/A

Cabin Crew Seats: N/A Passenger Seats: 2

Number of Engines: One

Category of Aircraft

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

Type of Airworthiness Certificate

(Check all that apply)

Standard Special

- ☒ Normal
- ☐ Restricted
- ☐ Aerobatic
- ☐ Limited
- ☐ Balloon
- ☐ Provisional
- ☐ Commuter
- ☐ Special Flight
- ☐ Transport
- ☐ Experimental
- ☐ Utility
- ☐ 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. mm/dd/yyyy	Rated Power X Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	0-540-A	L-2947-40C		250	494	480.7	494
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 11/01/2017

mm/dd/yyyy

Airframe Total Time: 6049.1 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: McCauley

Model: B3D32C412-C

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: Azam ZayedCity: Oak LawnFractional Ownership Aircraft: Yes ☒ NoState: IL ZIP: 60453Country: USA**Operator of Aircraft***Same As Registered Owner**Same Address as Registered Owner*Name: Onsy FahmyCity: AlgonquinDoing Business As: InstructorState: IL ZIP: 60102

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 FlightYes ☒ No**Air Medical Flight**Yes ☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Starke county

Distance From Airport Center: _____ sm

Airport Identifier: KOXI

Direction From Airport: _____ degrees true

Proximity to Airport: Off Airport/Airstrip ☒ On Airport/Airstrip N/AAirport Elevation: 684.4 MSL ft. msl**Runway Information**Runway ID: 36 (L/R/C) Length: 4401 ft Width: 75 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" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot ☒ Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 1" was pilot flying ☒ Yes No

"Flight Crewmember 1" Identification

First Name: Onsy City of Residence: Algonquin
 Middle Initial: W State: IL ZIP: 60102
 Last Name: Fahmy Country: USA
 Age at time of Accident/Incident: 54 Date of Birth: 1963 mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury ☒ None Fatal Minor Unknown Serious	Seat Occupied Left Front Unknown ☒ Right Rear Center Single	Restraint Type <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>☒ 3-point</td> <td>☒ 3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap only	Lap only	☒ 3-point	☒ 3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Inflatable Restraints ☒ Not Installed Installed Not Deployed Deployed Unknown
Available	Used																
None	None																
Lap only	Lap only																
☒ 3-point	☒ 3-point																
4-point	4-point																
5-point	5-point																
Unknown	Unknown																
Pilot Certificate(s) (Check all that apply) None ☒ Flight Instructor ☒ Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer		Medical Certificate Validity Without limitations/waivers Unknown ☒ With limitations/waivers N/A Special Issuance															
Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 ☒ Class 1 Driver's License (Sport Pilot only) Class 2 Unknown		Date of Last Medical <u>10/02/2017</u> mm/dd/yyyy														

Medical Certificate Limitations

Must wear corrective lens

Medical Certificate Special Issuance

N/A

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

10/2017
mm/dd/yyyy

Flight Review Aircraft

Make: Piper
 Model: Warrior

Airplane Rating(s) (Check all that apply) None ☒ Single-Engine Land Single-Engine Sea ☒ Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) None ☒ Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None ☒ Airplane Single-Engine ☒ Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	2024	15	1534	491	438	150	164			
Pilot in Command (PIC)	1896.4	15	1534							
Time as Instructor	268.5	8.5	268.5							
This Make/Model										
Last 90 Days	200	6.5	198	2	3	4				
Last 30 Days	75	6.1	5.6							
Last 24 Hours	5	1.9	1.9							

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot ☒ Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes ☒ No

"Flight Crewmember 2" Identification

First Name: Azam City of Residence: Oak Lawn
 Middle Initial: J State: IL ZIP: 60453
 Last Name: Zayed Country: USA
 Age at time of Accident/Incident: 40 Date of Birth: 1978 mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury ☒ None Fatal Minor Unknown Serious	Seat Occupied ☒ Left Front Unknown Right Rear Center Single	Restraint Type <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>☒ 3-point</td> <td>☒ 3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap only	Lap only	☒ 3-point	☒ 3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Inflatable Restraints ☒ Not Installed Installed Not Deployed Deployed Unknown
Available	Used																
None	None																
Lap only	Lap only																
☒ 3-point	☒ 3-point																
4-point	4-point																
5-point	5-point																
Unknown	Unknown																
Pilot Certificate(s) (Check all that apply) <table style="width: 100%;"> <tr> <td>None</td> <td>Flight Instructor</td> <td>Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>☒ Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table>		None	Flight Instructor	Commercial	US Military	Private	Recreational	Airline Transport	Foreign	☒ Student	Sport	Flight Engineer		Medical Certificate Validity ☒ Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance			
None	Flight Instructor	Commercial	US Military														
Private	Recreational	Airline Transport	Foreign														
☒ Student	Sport	Flight Engineer															
Principal Occupation Pilot Other Unknown	Medical Certificate None ☒ Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown		Date of Last Medical <u>10/11/2017</u> mm/dd/yyyy														

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: N/A
 mm/dd/yyyy

Flight Review Aircraft

Make: N/A
 Model: _____

Airplane Rating(s) (Check all that apply) ☒ None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) ☒ None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) ☒ None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) ☒ None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	35.1	7.3	35.1							
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	14.5	7.3								
Last 30 Days	4.3	4.1								
Last 24 Hours	1.9	1.9								

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

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>05C</u> City: <u>Griffith</u> State: <u>Indiana</u> Country: <u>USA</u>	Time of Departure Time: <u>2:30 Pm</u> Time Zone: <u>C T</u>	Destination Airport ID: <u>KOXI</u> City: <u>Knox</u> State: <u>Indiana</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None VFR/IFR ☐ Company VFR IFR ☐ Military VFR Unknown ☐ VFR Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)

☒ None VFR	☐ Special VFR IFR	☐ Special IFR VFR On Top	☐ VFR Flight Following Traffic Advisory	☐ Cruise Unknown / NA
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Airspace where the accident/incident occurred (Check all that apply)

Class A Class B Class C Class D ☒ Class E	☒ Class G Demo Area Warning Area Prohibited Area Restricted Area	Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93	Special Air Traffic Control Area Unknown	Altitude of In-Flight Occurrence: <u>684MSL</u> ft msl
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WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) ☒ On-Board Weather	Company Military Internet None Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown
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Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	Temperature: _____ (C) or <u>37</u> (F) Dew Point: _____ (C) or <u>23</u> (F) Altimeter Setting: <u>30.07</u> in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl	

Wind Direction Variable -or- Direction: <u>350</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>12</u> kts	Wind Gusts Not Gusting -or- Speed: <u>17</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light Moderate Heavy ☒ N/A Unknown	Type of Precipitation (Check all that apply) ☒ None Rain Snow Hail Rain Showers Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle	Restriction to Visibility (Check all that apply) ☒ None Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust Fog Ground Fog Haze Ice Fog Smoke Unknown
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Icing Forecast Amount ☒ None Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown	Icing Actual Amount ☒ None Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown	Turbulence Type (Check all that apply) ☒ None Clear Air Terrain-Induced Convective Turbulence Severity Light Moderate Severe Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

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)

No property damage was done
Left-wing damage on the aircraft

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

Flight Crew member 2

Departed at 2:30 PM Central time from 05C, flew the aircraft to KOXI To practice landings, doing traffic pattern for runway 36, on downwind midpoint of the runway of intended landing (runway 36), slowed down the aircraft to 85, applied first notch flap and lowered the landing gear , turned base and applied second notch of flap, maintaining same airspeed of 85 then turned final added last notch flap, again maintaining 85 airspeed, following VASI lights to land for full stop, as we got closer to the runway the airplane ballooned and then the instructor took over the airplane we landed on the runway the wings never touched the ground.

Azam Zayed

**Flight Crew member 1**

Departed at 2:30 pm Central standard from 05C, flew The aircraft to KOXI to practice landings, doing traffic patterns for runway 36 on downwind midpoint of the runway of intended landing (runway 36), slowed down the aircraft to 85, applied first notch of flap and lowered the landing gear, then turned to base and applied second notch of flap, maintaining the same air speed of 85 then turned final, added the last notch of flap, again maintaining 85 airspeed, then following VASI Lights to land for a full stop, and as we get closer to the runway the airplane ballooned and then I took over the airplane from the student and landed on the runway without hitting the ground.

Onsy Fahmy



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

Operator/Owner Safety Recommendation

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

Was there Mechanical Malfunction/Failure? Yes ☒ No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

**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)

_____ **90** _____ Gallons

Fuel Type

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

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

Normal

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 Minor
Substantial None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

04/10/2018

mm/dd/yyyy

Name of Pilot/Operator: Onsy Fahmy

Signature: _____

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

GAA18CA195

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Kathryn Benhoff

Date Report Received

4/12/2018