

**"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: KHALED

City of Residence: TERRE HAUTE

Middle Initial: E

State: INDIANA ZIP: 47807

Last Name: ALROQY

Country: USA

Age at time of Accident/Incident: 20 Date of Birth: mm/dd/yyyy

Certificate Number: mm/dd/yyyy

| <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><table border="1"><tr><th>Available</th><th>Used</th></tr><tr><td><input type="radio"/> None</td><td><input type="radio"/> None</td></tr><tr><td><input type="radio"/> Lap only</td><td><input type="radio"/> Lap only</td></tr><tr><td><input type="radio"/> 3-point</td><td><input type="radio"/> 3-point</td></tr><tr><td><input checked="" type="radio"/> 4-point</td><td><input checked="" type="radio"/> 4-point</td></tr><tr><td><input type="radio"/> 5-point</td><td><input type="radio"/> 5-point</td></tr><tr><td><input type="radio"/> Unknown</td><td><input type="radio"/> Unknown</td></tr></table> | Available                                                                                                                   | Used                                                                                                                                                                                                                                                                                                              | <input type="radio"/> None                                                                                                                               | <input type="radio"/> None                                 | <input type="radio"/> Lap only                                 | <input type="radio"/> Lap only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input checked="" type="radio"/> 4-point | <input checked="" type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|--------------------------------|-------------------------------|-------------------------------|------------------------------------------|------------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Used                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                            |                                                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="radio"/> None                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                            |                                                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                            |                                                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                            |                                                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input checked="" type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="radio"/> 4-point                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                            |                                                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                            |                                                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                            |                                                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><table border="1"><tr><td><input type="checkbox"/> None<br/><input type="checkbox"/> Private<br/><input checked="" type="checkbox"/> Student</td><td><input type="checkbox"/> Flight Instructor<br/><input type="checkbox"/> Recreational<br/><input type="checkbox"/> Sport</td><td><input type="checkbox"/> Commercial<br/><input type="checkbox"/> Airline Transport<br/><input type="checkbox"/> Flight Engineer</td><td><input type="checkbox"/> US Military<br/><input type="checkbox"/> Foreign</td></tr></table> |                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> None<br><input type="checkbox"/> Private<br><input checked="" type="checkbox"/> Student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Flight Instructor<br><input type="checkbox"/> Recreational<br><input type="checkbox"/> Sport       | <input type="checkbox"/> Commercial<br><input type="checkbox"/> Airline Transport<br><input type="checkbox"/> Flight Engineer                                                                                                                                                                                     | <input type="checkbox"/> US Military<br><input type="checkbox"/> Foreign                                                                                 |                                                            |                                                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input type="checkbox"/> None<br><input type="checkbox"/> Private<br><input checked="" type="checkbox"/> Student                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Flight Instructor<br><input type="checkbox"/> Recreational<br><input type="checkbox"/> Sport                                                                                                                                                                                                     | <input type="checkbox"/> Commercial<br><input type="checkbox"/> Airline Transport<br><input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> US Military<br><input type="checkbox"/> Foreign                                                    |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                            |                                                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <b>Principal Occupation</b><br><input checked="" type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Medical Certificate</b><br><table border="1"><tr><td><input type="radio"/> None<br/><input checked="" type="radio"/> Class 1<br/><input type="radio"/> Class 2</td><td><input type="radio"/> Class 3<br/><input type="radio"/> Driver's License (Sport Pilot only)<br/><input type="radio"/> Unknown</td></tr></table> | <input type="radio"/> None<br><input checked="" type="radio"/> Class 1<br><input type="radio"/> Class 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="radio"/> Class 3<br><input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Unknown | <b>Medical Certificate Validity</b><br><table border="1"><tr><td><input checked="" type="radio"/> Without limitations/waivers<br/><input type="radio"/> With limitations/waivers<br/><input type="radio"/> Special Issuance</td><td><input type="radio"/> Unknown<br/><input type="radio"/> N/A</td></tr></table> | <input checked="" type="radio"/> Without limitations/waivers<br><input type="radio"/> With limitations/waivers<br><input type="radio"/> Special Issuance | <input type="radio"/> Unknown<br><input type="radio"/> N/A | <b>Date of Last Medical</b><br><u>01/15/2019</u><br>mm/dd/yyyy |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input type="radio"/> None<br><input checked="" type="radio"/> Class 1<br><input type="radio"/> Class 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="radio"/> Class 3<br><input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Unknown                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                            |                                                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input checked="" type="radio"/> Without limitations/waivers<br><input type="radio"/> With limitations/waivers<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="radio"/> Unknown<br><input type="radio"/> N/A                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                            |                                                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |

**Medical Certificate Limitations**

N/A

**Medical Certificate Special Issuance**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 06/07/2019  
mm/dd/yyyy

**Flight Review Aircraft**

Make: Diamond

Model: DA 20

|                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<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>(Check all that apply)<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>(Check all that apply)<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>(Check all that apply)<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><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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Type Ratings****Student Endorsements** (Include dates)

TSA ENDORSEMENT 01/22/2019  
PRESOLO FLIGHT TRAINING 05/31/2019

| 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           | 35                |                        |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                      | 2            | 2                 |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 25           | 25                |                        |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 10           | 10                |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 3            | 3                 |                        |                      |       |            |           |            |        |                  |

**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)*

nose gear strut damage  
right gear strut damage  
propeller damage  
wing damage  
engine damage

**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.

my instructor decided to take a ground lesson about how VOR works before we fly. Then we went to fly and the flight was for tracking vor and gbs and practice the unusual altitude then we decided to go back and do some touch and goes, so for the first landing we did a go around then for the second one I was focusing to do a soft field landing and it was hard because it was 22 gusting and I crosswind. In the end we couldn't do a go around which makes the incident.

**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

06-12-2019

mm/dd/yyyy

Name of Pilot/Operator: Khaled Alroqy

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.

GAA19CA330

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Kate Benhoff

Date Report Received

6/12/2019