

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: William TreskyFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: [REDACTED]State: AZ ZIP: 85307Country: USA**Operator of Aircraft**☐ Same As Registered OwnerName: Gold Coast Helicopters

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

Operator Address☒ Same As Registered Owner

City: _____

State: _____ ZIP: _____

Country: _____

Regulation Flight Conducted Under

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces

Revenue Sightseeing Flight☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**Purpose of Flight**

for FAR 91, 103, 133, 137 (Select one)

- ☒ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☐ Instructional
☐ Ferry
☐ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

Revenue Operation

for FAR 121, 125, 129, 135 (Select one)

- ☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International☐ Domestic ☐ International**Cargo Operation**

- ☐ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

Type of Commercial Operating Certificate Held

(Check all that apply)

- ☒ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**Aircraft Registration Number**NONE**Manufacturer:** _____

Model: _____

Damage to Other Aircraft
☐ Destroyed ☐ Minor
☐ Substantial ☐ None
Registered Owner of Other Aircraft

First Name: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

First Name: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

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

(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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**
☐ None ☒ Substantial
☐ Minor ☐ Destroyed
Aircraft Fire
☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground
Aircraft Explosion
☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

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

HORIZONTAL Stabilizer Dented, RIGHT side Elevator dented,
RIGHT Main gear Tearable off, RIGHT Flap Dented.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KGEU Distance From Airport Center: 0 SM
 Airport Name: Glendale Municipal Direction From Airport: 0 degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 1070 ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

☒ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)

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

Runway Information

Runway ID: 19 (L/R/C) Length: 7150 ft Width: 100 ft

Runway/Landing Surface (Check all that apply)

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

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 ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KGEU</u> City: <u>Glendale, AZ</u> State: <u>AZ</u> Country: <u>USA</u>	Time of Departure Time: <u>16:10</u> Time Zone: <u>Central</u>	Destination Airport ID: <u>KGEU</u> City: <u>Glendale</u> State: <u>AZ</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No
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Type of ATC Clearance/Service (Check all that apply)

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

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

☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☒ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(convert from pounds, as necessary)

30 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

☐ Other, specify _____

Other Services, if Any, Prior to Departure

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

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KGEUObservation Time: 15 2147 ZTime Zone: ARIZONADistance from Accident Site: 0 NMDirection from Accident Site: 0 degrees MAG**Source of Weather Information**

(Check all that apply)

- ☒
- National Weather Service
-
- ☐
- Flight Service Station
-
- ☐
- TV/Radio
-
- ☐
- Automated Report
-
- ☐
- Commercial Weather Service (DUATS)
-
- ☐
- Company
-
- ☐
- Military
-
- ☐
- Internet
-
- ☐
- Unknown

Method of Briefing

(Check all that apply)

- ☒
- In Person
-
- ☐
- Teletype
-
- ☐
- Telephone/Computer
-
- ☐
- Aircraft Radio
-
- ☐
- TV/Radio
-
- ☐
- Unknown

Briefing Type/Completeness

- ☐
- Full
-
- ☐
- Partial / Limited By Pilot
-
- ☐
- Partial / Limited By Briefer
-
- ☐
- Abbreviated
-
- ☐
- Unknown
-
- ☒
- Not Pertinent

Light Condition

- ☐
- Dawn
-
- ☒
- Day
-
- ☐
- Dusk
-
- ☐
- Night
-
- ☐
- Dark Night
-
- ☐
- Bright Night
-
- ☐
- Not Reported

Visibility20 miles**Sky/Lowest Cloud Condition**

- ☒
- Clear
-
- ☐
- Few
-
- ☐
- Partial Obscuration
-
- ☐
- Scattered
-
- ☐
- Thin Broken
-
- ☐
- Thin Overcast
-
- ☐
- Unknown

Ceiling

- ☒
- None (clear)
-
- ☐
- Broken
-
- ☐
- Overcast
-
- ☐
- Obscured
-
- ☐
- Indefinite
-
- ☐
- Unknown

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

Lowest Cloud Condition Height25,000 ft AGL**Ceiling Height**25,000 ft AGL**Wind Direction**☐ Indicated:
_____ degrees MAG☒ Variable**Wind Speed**Velocity: 04 KTS

-or-

- ☐
- Calm
-
- ☐
- Light and Variable

Wind Gusts

Velocity: _____ KTS

- ☐
- Gusting
-
- ☒
- Not Gusting

Type of Turbulence (Check all that apply)

- ☒
- None
-
- ☐
- Clear Air
-
- ☐
- In Clouds
-
- ☐
- Vicinity of Thunderstorm

Severity of Turbulence

- ☐
- Extreme
-
- ☐
- Severe
-
- ☐
- Moderate
-
- ☐
- Moderate Chop
-
- ☐
- Light

NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incidentTemperature: 28 (C)

or _____ (F)

Altimeter Setting: 29.98 in. Hg

or _____ MB

Density Altitude: _____ ft

Dew Point: 01 (C)

or _____ (F)

Icing Forecast

Amount

- ☒
- None
-
- ☐
- Trace
-
- ☐
- Light
-
- ☐
- Moderate
-
- ☐
- Severe

Type

- ☐
- Rime
-
- ☐
- Clear
-
- ☐
- Mixed

Icing Actual

Amount

- ☒
- None
-
- ☐
- Trace
-
- ☐
- Light
-
- ☐
- Moderate
-
- ☐
- Severe

Type

- ☐
- Rime
-
- ☐
- Clear
-
- ☐
- Mixed

Type of Precipitation (Check all that apply)

- ☒
- None
-
- ☐
- Rain
-
- ☐
- Snow
-
- ☐
- Hail
-
- ☐
- Rain Showers
-
- ☐
- Freezing Rain
-
- ☐
- Snow Shower
-
- ☐
- Drizzle
-
- ☐
- Ice Pellets
-
- ☐
- Snow Pellets
-
- ☐
- Snow Grains
-
- ☐
- Ice Crystals
-
- ☐
- Ice Pellets Shower
-
- ☐
- Freezing Drizzle

Intensity of Precipitation

- ☐
- Light
-
- ☐
- Moderate
-
- ☐
- Heavy

PILOT "A" INFORMATION**Pilot "A" Responsibilities at the Time of Accident/Incident**

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

Pilot "A" Identification

First Name: Manav City: Goodyear
Middle Initial: State: AZ ZIP: 85395
Last Name: JASROTIA Country: USA
Age at time of Accident/Incident: 36 Date of Birth: [REDACTED] Certificate Number: [REDACTED]
mm/dd/yyyy

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☒ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☒ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness

Used ☒ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None ☒ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation

☐ Pilot
☒ Other
☐ Unknown

Medical Certificate

☐ None ☒ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☒ With limitations/waivers
☐ Unknown

Date of Last Medical

01/08/2014
mm/dd/yyyy

Medical Certificate Limitations

MUST wear corrective lenses

Medical Certificate Waivers

NONE

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
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☒ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☒ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift

☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

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

01/23/14 CESSNA 172

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	36.3	36.3	36.3	0	0	0	0			
Pilot in Command (PIC)	3.0	3.0	3.0	0						
Time as Instructor										
This Make/Model										
Last 90 Days	36.3	36.3	36.3							
Last 30 Days	9.3	9.3	9.3							
Last 24 Hours	.5	.5	.5							

PILOT "B" INFORMATION**Pilot "B" Responsibilities at the Time of Accident/Incident**
☐ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew
Pilot "B" Identification

First Name: NONE City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
 mm/dd/yyyy

Degree of Injury
☐ None
 ☐ Fatal
☐ Minor
 ☐ Unknown
☐ Serious
Seat Occupied
☐ Left
 ☐ Front
 ☐ Unknown
☐ Right
 ☐ Rear
☐ Center
 ☐ Single
Seat Belt

Used ☐ Yes ☐ No
 Available ☐ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☐ No
 Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)
☐ None
 ☐ Student
 ☐ Recreational
 ☐ Commercial
 ☐ Flight Engineer
 ☐ Foreign
☐ Private
 ☐ Flight Instructor
 ☐ Sport
 ☐ Airline Transport
 ☐ U.S. Military
Principal Occupation
☐ Pilot
☐ Other
☐ Unknown
Medical Certificate
☐ None
 ☐ Class 3
☐ Class 1
 ☐ Driver's License (Sport Pilot only)
☐ Class 2
 ☐ Unknown
Medical Certificate Validity
☐ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown
Date of Last Medical

mm/dd/yyyy

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

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s)

(Check all that apply)
☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)
☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☐ None
 ☐ Instrument Airplane
☐ Airplane Single-Engine
 ☐ Instrument Helicopter
☐ Airplane Multi-Engine
 ☐ Helicopter
☐ Gyroplane
 ☐ Glider
☐ Powered Lift
 ☐ Sport

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

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

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																	
Pilot Name and Address						Degree of Injury											
First Name: _____ City: _____						☐ None ☐ Fatal											
Middle Initial: _____ State: _____ ZIP: _____						☐ Minor ☐ Unknown											
Last Name: _____ Country: _____						☐ Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign						☐ Left ☐ Front											
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Right ☐ Rear											
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single											
Total Flight Time at the Time of this Accident/Incident: _____ hrs						☐ Unknown											
Pilot Name and Address						Degree of Injury											
First Name: _____ City: _____						☐ None ☐ Fatal											
Middle Initial: _____ State: _____ ZIP: _____						☐ Minor ☐ Unknown											
Last Name: _____ Country: _____						☐ Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign						☐ Left ☐ Front											
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Right ☐ Rear											
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single											
Total Flight Time at the Time of this Accident/Incident: _____ hrs						☐ Unknown											
Pilot Name and Address						Degree of Injury											
First Name: _____ City: _____						☐ None ☐ Fatal											
Middle Initial: _____ State: _____ ZIP: _____						☐ Minor ☐ Unknown											
Last Name: _____ Country: _____						☐ Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign						☐ Left ☐ Front											
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Right ☐ Rear											
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single											
Total Flight Time at the Time of this Accident/Incident: _____ hrs						☐ Unknown											
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)																	
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	

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 time and point of departure, intended destination, and services obtained.

I, Dr. Manav Jasrotia after discussing with my instructor, Gabriel Ramirez decided to practice solo flight on February 15, 2014 at the Glendale Airport [KGEU]. Prior to that I had practiced solo flight on several occasions in the same airport. I checked the ATIS and did a complete flight inspection. The fuel tanks had over 20 gallons of fuel.

I requested permission from the Glendale ground for touch and goes. I took off on runway 19. I performed five to six touch and goes which went rather well. My landings were smooth and centerline. I decided to make to a full stop and requested permission from the Glendale Tower. After I received permission for full landing I continued to perform the same landing pattern.

I requested a wind check on my final approach. I was aligned and made a normal landing. I touched down on the main wheels and then the nose wheel. I lost control of the airplane after that. The plane started to go left of the runway and I used the right rudder. I tried to bring it to centerline, however now it started to go on the right side of the runway. I realized that I was going off the runway on the right and would likely hit a taxiway sign. I did use the left rudder however was unable to avoid the taxiway sign. Eventually the plane went off the runway on the right side into the grass and gradually slowed down and turned on the right into the taxiway.

The loss of control happened after I landed on the runway 19. I believe that on landing the nose wheel tire went flat leading to loss of control of the airplane.

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

Operator/Owner Safety Recommendation

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**02/28/2014
mm/dd/yyyy**Signature and Name of Pilot/Operator**Signature: Type or Print Name: Edwin B. Ruano - operator**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY**NTSB Accident/Incident No.**WPR14CA116**Reviewed by NTSB Regional Office**WPR - Federal Way, WA**Name of Investigator**Tom Little**Date Report Received**2/28/14