

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: <u>Chandler</u> State: <u>AZ</u> ZIP: <u>85286</u> Country: <u>US</u> Latitude: <u>33-15.846797N</u> Longitude: <u>111-49.197122W</u> <i>(Enter in decimal degrees or degrees minutes seconds)</i>	Accident/Incident Date/Time Date: <u>06/29/2019</u> Local Time: <u>18:55</u> <i>mm/dd/yyyy</i> Time Zone: <u>MST</u> Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None
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AIRCRAFT INFORMATION

Registration Number: <u>N786N</u> Manufacturer: <u>PIPER</u> Model: <u>PA28-R200</u> Serial Number: <u>PA28-7435095</u> Year of Manufacture: <u>1973</u> Amateur-Built: ☐ Yes ☒ No ☐ If Yes ☐ Kit/Plans ☐ Make: _____ ☐ Original Design	☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>2650</u> lbs Weight at Time of Accident/Incident: <u>2245</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: <u>2</u> Number of Engines: <u>1</u>
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td>☒ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table> ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	Standard	Special	☒ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> ☒ 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
Standard	Special																		
☒ Normal	☐ Restricted																		
☐ Aerobatic	☐ Limited																		
☐ Balloon	☐ Provisional																		
☐ Commuter	☐ Special Flight																		
☐ Transport	☐ Experimental																		
☐ Utility	☐ Special Light-Sport																		
	☐ Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	LYCOMING	IO-360 C1C	RL-1768-51A	10/21/2002	200	773		
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>01/28/2019</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>4833.7</u> hrs hours measured at <i>(Select one)</i> ☒ 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: <u>HALON FIRE EXTINGUISHER</u> <u>1.25 LB WITH GAUGE</u>	Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>HARTZELL</u> Model: <u>HC-C2YR-1BFP/F7497</u> Propeller 2 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____	ELT Installed: ☒ Yes ☐ No <i>If Yes</i> 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 <i>If activated</i> Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No <i>If not activated</i> Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☒ Unknown
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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: _____
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OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Naveed Iftikhar</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u> </u> State: <u>AZ</u> ZIP: <u>85284</u> Country: <u>US</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: <u>Naveed Iftikhar</u> Doing Business As: <u> </u> Air Carrier/Operator Designator (4 Character Code): <u> </u>		☒ Same Address as Registered Owner City: <u> </u> State: <u> </u> ZIP: <u> </u> Country: <u> </u>	
Operating Certificates Held <i>(Check all that apply)</i> ☒ 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi ☐ Domestic ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☒ No		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race/Show ☐ Banner Tow ☐ Business ☐ Executive/Corporate ☐ External Load ☐ Ferry ☐ Firefighting ☐ Flight Test ☐ Glider Tow ☐ Instructional ☐ Other Work Use ☒ Personal ☐ Positioning ☐ Skydiving ☐ Unknown	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Chandler Municipal Airport</u> Airport Identifier: <u>KCHD</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u> </u> sm Direction From Airport: <u> </u> degrees true Airport Elevation: <u>1236</u> ft. msl	
Runway Information Runway ID: <u>22R</u> (L/R/C) Length: <u>4401</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered ☐ Snow-Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation ☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Concrete ☐ Dirt ☐ Grass/Turf ☐ Gravel ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Snow ☐ Water ☐ Unknown		Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ Takeoff ☐ Initial Climb ☐ VFR Departure ☐ IFR Departure Procedure/Clearance ☐ On Instrument Approach ☒ Landing ☐ Downwind ☐ Base ☐ Final ☐ Crosswind ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown	
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Practice ☐ GPS ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop ☐ Stop and Go ☒ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
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"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>NAVEED</u> Middle Initial: <u>M</u> Last Name: <u>IFTIKHAR</u> City of Residence: <u>TEMPE</u> State: <u>ARIZONA</u> ZIP: <u>85284</u> Country: <u>U.S.A</u> Age at time of Accident/Incident: <u>52</u> Date of Birth: [REDACTED] 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 Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																													
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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>09/04/2018</u> mm/dd/yyyy																																																																																															
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"Flight Crewmember 2" was pilot flying ☐ Yes ☒ No																																																																																																				
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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 ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
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 ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
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	
First Name: <u>Abdur-Rehman</u> City : <u>Tempe</u> Middle Initial: _____ State: <u>AZ</u> ZIP: <u>85284</u> Last Name: <u>Naveed</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other		☒ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☒ 3-point ☐ 4-point ☐ 5-point ☐ 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 ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ 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 ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ 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 ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ 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>P19</u> City: <u>Chandler</u> State: <u>AZ</u> Country: <u>USA</u>		Time of Departure Time: <u>18:25</u> Time Zone: <u>MST</u>		Destination Airport ID: <u>KCHD</u> City: <u>Chandler</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 ☐ Unknown	
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 G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☒ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93					Altitude of In-Flight Occurrence: <u>1236</u> ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather			Weather Observation Facility Facility ID: <u>128.325</u> Observation Time: <u>18:28</u> Time Zone: <u>MST</u> Distance from Accident Site: <u>5.5</u> nm Direction from Accident Site: <u>090</u> degrees true		
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night			
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered Lowest Cloud Condition Height _____ ft agl		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl		Temperature: _____ (C) or <u>107</u> (F) Dew Point: _____ (C) or <u>36.8</u> (F) Altimeter Setting: <u>29.76</u> in Hg or _____ MB	
Wind Direction ☐ Variable -or- Direction: <u>240</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>9</u> kts	Wind Gusts ☐ Not Gusting -or- Speed: <u>16</u> kts	Visibility <u>10 Plus</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>4758</u> ft		
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown		
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		
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)*

Aircraft left main landing gear collapsed after landing due to which the left wing and elevator dragged with runway surface which caused the damage to the left wing and elevator.

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

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

On Sat , 06/29/2019, at 18:22 MST, I departed from Stellar Airpark (P19) towards Chandler Municipal Airport (KCHD) for few Touch & Goes. On landing at second Touch & Go during the roll-out the plane start pulling hard and sinking at left side. The touch-down was pretty smooth and I initially thought the left landing gear tire might have punctured/deflated. As plane started pulling hard on left side I countered with full right rudder and braking simultaneously to prevent loss of control. At this moment the left main gear completely collapsed causing left wing to contact with runway surface and plane came to a complete stop. The propeller did not make any contact with surface/ground.

I cut the engine with mixture , turned-off the fuel switch, reported the ATC tower about the incident and then rushed out of the plane. The passenger immediately followed me. There were no injuries. I stayed away from the plane in case of any fire while the emergency fire services arrived at the site.

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 <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> Unknown.			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> 38 _____ Gallons	Fuel Type ☐ 80/87 ☒ 100 Low Lead ☐ 100/130 ☐ 115/145 ☐ Jet A ☐ Jet A-1 ☐ Jet B ☐ JP8 ☐ Automotive ☐ Other, specify _____		
Other Services, if Any, Prior to Departure			
EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No			
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location Both occupants exited from the right main door normally.			
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> 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 <u>07/02/2019</u> mm/dd/yyyy	Name of Pilot/Operator: <u>Naveed Iftikhar</u> 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. WPR19LA180	Reviewed by NTSB Regional Office WPR	Name of Investigator Michael Huhn	Date Report Received July 7, 2019
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