

# 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: Stockton State: CA

ZIP: 95206 Country: USA

Latitude: 37.53.44 N Longitude: 121.15.35 W

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

### Accident/Incident Date/Time

Date: 10-17-2019 Local Time: 1800 hrs  
mm/dd/yyyy

Time Zone: Pacific

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

## AIRCRAFT INFORMATION

Registration Number: N11379

Manufacturer: Cessna

Model: 206H Stationair

Serial Number: 206-08077

Year of Manufacture: 1999

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

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

Maximum Gross Weight: 3600 lbs

Weight at Time of Accident/Incident: 3200 lbs

Number of Seats: 3 Flight Crew Seats: 2

Cabin Crew Seats: 1 Passenger Seats: 0

Number of Engines: 1

### Category of Aircraft

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

### Type of Airworthiness Certificate (Check all that apply)

- | Standard                                                              | Special                                           |
|-----------------------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> Normal                            | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic                                    | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon                                      | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter                                     | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport                                    | <input type="checkbox"/> Experimental             |
| <input type="checkbox"/> Utility                                      | <input type="checkbox"/> Special Light-Sport      |
|                                                                       | <input type="checkbox"/> Experimental Light-Sport |
| <input type="checkbox"/> Certificate of Authorization or Waiver (COA) |                                                   |
| <input type="checkbox"/> None <input type="checkbox"/> 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)

- |                                                |                                     |
|------------------------------------------------|-------------------------------------|
| <input checked="" type="radio"/> Reciprocating | <input type="radio"/> Liquid Rocket |
| <input type="radio"/> Turbo Shaft              | <input type="radio"/> Solid Rocket  |
| <input type="radio"/> Turbo Prop               | <input type="radio"/> Hybrid Rocket |
| <input type="radio"/> Turbo Jet                | <input type="radio"/> None          |
| <input type="radio"/> Turbo Fan                | <input type="radio"/> Unknown       |
| <input type="radio"/> Electric                 |                                     |

### Fuel System Type (Reciprocating)

- ☐ Carburetor ☒ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br>• Horsepower or<br>• lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|---------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Lycoming            | IO-540-AC1A5        | RL-681748E                   | 12-06-2012                 | 300                                               | 1149                  | 12                                   | 1149                |
| Eng. 2 |                     |                     |                              |                            |                                                   |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                                   |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                                   |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 01-04-2019

mm/dd/yyyy

Airframe Total Time: 5513 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: McCaughey

Model: B3036C432

### Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

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

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

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Pointer

Model or Part No.: 3000-11

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: \_\_\_\_\_

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| "FLIGHT CREWMEMBER 1" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
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| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| <b>"Flight Crewmember 1" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| <b>"Flight Crewmember 1" Identification</b><br>First Name: <u>Salvador</u> City of Residence: <u>Stockton</u><br>Middle Initial: <u>NMN</u> State: <u>CA</u> ZIP: <u>95212</u><br>Last Name: <u>SOTO</u> Country: <u>USA</u><br>Age at time of Accident/Incident: <u>36</u> Date of Birth: <u>82</u> mm/dd/yyyy<br>Certificate Number: <u>[REDACTED]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| <b>Degree of Injury</b><br><input 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 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><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown                                                                                    |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           | <b>Date of Last Medical</b><br><u>07-17-2019</u><br>mm/dd/yyyy |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| <b>Medical Certificate Limitations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| <b>Medical Certificate Special Issuance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>01-22-2019</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                     | <b>Flight Review Aircraft</b><br>Make: <u>Cessna</u><br>Model: <u>Skyhawk</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| <b>Airplane Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input checked="" 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> (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> (Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                              | <b>Instructor Rating(s)</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift <input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| <b>Type Ratings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                              | <b>Student Endorsements</b> (Include dates)                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td>206</td> <td>9</td> <td>206</td> <td></td> <td>3</td> <td>3</td> <td>62</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td>82</td> <td>1</td> <td>82</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td>2</td> <td>2</td> <td>1</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td>1</td> <td>1</td> <td>1</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  | 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 | 206 | 9 | 206 |  | 3 | 3 | 62 |  |  |  | Pilot in Command (PIC) | 82 | 1 | 82 |  | 0 | 0 | 0 |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days | 2 | 2 | 1 |  | 0 | 0 | 0 |  |  |  | Last 30 Days | 1 | 1 | 1 |  | 0 | 0 | 0 |  |  |  | Last 24 Hours | 0 | 0 | 0 |  | 0 | 0 | 0 |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 206          | 9                                                                                                                                                                                                                                                                                                                                   | 206                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                                                                                                                                                                                                                                            | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 62                                                                                                                                                                                                                                        |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 82           | 1                                                                                                                                                                                                                                                                                                                                   | 82                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0                                                                                                                                                                                                                                            | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                                                                                                                                                                                         |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2            | 2                                                                                                                                                                                                                                                                                                                                   | 1                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0                                                                                                                                                                                                                                            | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                                                                                                                                                                                         |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1            | 1                                                                                                                                                                                                                                                                                                                                   | 1                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0                                                                                                                                                                                                                                            | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                                                                                                                                                                                         |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0            | 0                                                                                                                                                                                                                                                                                                                                   | 0                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0                                                                                                                                                                                                                                            | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                                                                                                                                                                                         |                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |  |   |   |    |  |  |  |                        |    |   |    |  |   |   |   |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |  |   |   |   |  |  |  |              |   |   |   |  |   |   |   |  |  |  |               |   |   |   |  |   |   |   |  |  |  |

## "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: Jess

City of Residence: Lodi

Middle Initial: W

State: CA

ZIP: 95242

Last Name: DuBois

Country: USA

Age at time of Accident/Incident: 63 Date of Birth: 56 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

#### Pilot Certificate(s) (Check all that apply)

☐ 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

#### Medical Certificate Validity

☐ Without limitations/waivers
 ☐ Unknown
 ☐ With limitations/waivers
 ☐ N/A
 ☐ Special Issuance

#### Date of Last Medical

03-19-2019  
mm/dd/yyyy

#### Medical Certificate Limitations

Must wear corrective lenses

#### Medical Certificate Special Issuance

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

04-13-2018  
mm/dd/yyyy

#### Flight Review Aircraft

Make: Cessna

Model: 172 Skyhawk

#### 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

#### 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                                                  | 2,176        | 453               | 2,176                  |                      | 144   | 18         | 107       |            |        |                  |
| Pilot in Command (PIC)                                      | 2,095        | 423               | 2,095                  |                      | 140   | 17         | 33        |            |        |                  |
| Time as Instructor                                          | 818          | 58                | 818                    |                      | 50    | 0          | 0         |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 9            | 3                 | 9                      |                      | 0     | 0          | 0         |            |        |                  |
| Last 30 Days                                                | 1            | 1                 | 1                      |                      | 0     | 0          | 0         |            |        |                  |
| Last 24 Hours                                               | 0            | 0                 | 0                      |                      | 0     | 0          | 0         |            |        |                  |

| <b>ADDITIONAL FLIGHT CREWMEMBERS</b> (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Crew Name and Address</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                            | <b>Seat Occupied</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Left<br/> <input type="radio"/> Center<br/> <input type="radio"/> Right </div> <div> <input type="radio"/> Front<br/> <input type="radio"/> Rear<br/> <input type="radio"/> Single<br/> <input type="radio"/> Unknown </div> </div>                                                                                                                                                                                                                                 |                                                                                                                                                                                                | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                    |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> None</div> <div style="width: 33%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 33%;"><input type="checkbox"/> Commercial</div> <div style="width: 33%;"><input type="checkbox"/> US Military</div> <div style="width: 33%;"><input type="checkbox"/> Private</div> <div style="width: 33%;"><input type="checkbox"/> Recreational</div> <div style="width: 33%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 33%;"><input type="checkbox"/> Foreign</div> <div style="width: 33%;"><input type="checkbox"/> Student</div> <div style="width: 33%;"><input type="checkbox"/> Sport</div> <div style="width: 33%;"><input type="checkbox"/> Flight Engineer</div> </div> |                                                                                                                                          |                                                                                                                                                            | <b>Restraint Type:</b><br><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown </div> </div> |                                                                                                                                                                                                | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                                                                                                                |  |
| <b>Crew Name and Address</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                            | <b>Seat Occupied</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Left<br/> <input type="radio"/> Center<br/> <input type="radio"/> Right </div> <div> <input type="radio"/> Front<br/> <input type="radio"/> Rear<br/> <input type="radio"/> Single<br/> <input type="radio"/> Unknown </div> </div>                                                                                                                                                                                                                                 |                                                                                                                                                                                                | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                    |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> None</div> <div style="width: 33%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 33%;"><input type="checkbox"/> Commercial</div> <div style="width: 33%;"><input type="checkbox"/> US Military</div> <div style="width: 33%;"><input type="checkbox"/> Private</div> <div style="width: 33%;"><input type="checkbox"/> Recreational</div> <div style="width: 33%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 33%;"><input type="checkbox"/> Foreign</div> <div style="width: 33%;"><input type="checkbox"/> Student</div> <div style="width: 33%;"><input type="checkbox"/> Sport</div> <div style="width: 33%;"><input type="checkbox"/> Flight Engineer</div> </div> |                                                                                                                                          |                                                                                                                                                            | <b>Restraint Type:</b><br><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown </div> </div> |                                                                                                                                                                                                | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                                                                                                                |  |
| <b>PASSENGER(S) / OTHER PERSONNEL</b> (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                                                                                                                |  |
| Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Seat                                                                                                                                     | Injury                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Inflatable Restraints                                                                                                                                                                          | Age                                                                                                                                                                                                                            |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown </div> </div>                           | <input 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 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                              |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown </div> </div>                           | <input 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 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                              |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown </div> </div>                           | <input 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 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                              |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown </div> </div>                           | <input 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 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                              |  |

# FLIGHT ITINERARY INFORMATION

## Last Departure Point

Airport ID: KSCK  
City: Stockton  
State: CA  
Country: USA

## Time of Departure

Time: 1800 hrs  
Time Zone: Pacific

## Destination

Airport ID: KSCK  
City: Stockton  
State: CA  
Country: USA

## 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:  
380 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: KSCK  
Observation Time: 0055  
Time Zone: ZULU  
Distance from Accident Site: 0 nm  
Direction from Accident Site: NA 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: 22 (C) or              (F)

Dew Point: 6 (C) or              (F)

Altimeter Setting: 2990 in. Hg  
or              MB

## Wind Direction

☐ Variable

-or-

Direction: 296 degrees true

## Wind Speed

☐ Calm  
☐ Light and Variable

-or-

Speed: 16 kts

## Wind Gusts

☒ Not Gusting

-or-

Speed:              kts

Visibility 10 miles

RVR:              feet

RVV:              miles

Density Altitude: 1002 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 ☐ N/A  
☐ Trace ☐ Rime  
☐ Light ☐ Clear  
☐ Moderate ☐ Mixed  
☐ Severe ☐ Unknown  
☐ Unknown

## Icing Actual

Amount  
☒ None ☐ N/A  
☐ Trace ☐ Rime  
☐ Light ☐ Clear  
☐ Moderate ☐ Mixed  
☐ Severe ☐ Unknown  
☐ Unknown

## Turbulence

Type (Check all that apply)  
☒ None ☐ Light  
☐ Clear Air ☐ Moderate  
☐ Terrain-Induced ☐ Severe  
☐ Convective Turbulence ☐ Extreme

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

AirMET Tango - Turbulence

**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)*

Major damage to aircraft. Damage to 50+ feet of chain link fence. Damage to semi trailer parked at the curb along Performance Drive.

**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.

The accident flight was planned in order to log simulated instrument approaches by Pilot Soto and Instructor DuBois for Instrument Rating Currency requirements. It was determined that Pilot SOTO would act as Pilot in Command for the first simulated approach.

A preflight inspection was conducted on the accident aircraft prior to the accident flight. With the exception of the fuel check the aircraft preflight check was conducted by Pilot SOTO. The fuel inspection was conducted by Instructor DuBois. Instructor DuBois checked for type and quality of fuel at all 12 fuel sump drain locations of the aircraft. The fuel had a normal odor, showed no water or debris present, and had a blue tint of color. No problems or issues were found during the preflight inspection.

On August 30, 2019 and after a previous training flight the aircraft had been fully fueled by Atlantic Aviation (the on field FBO at the Stockton Metropolitan airport). It was known that the aircraft had been flown once since August 30, 2019 by Pilot SOTO and Instructor DuBois. The total time of the flight on August 30, 2019 was 0.9 hrs.

The amount of fuel on board the aircraft was inspected by Instructor DuBois and was consistent with the amount expected after a full refueling and one flight of 0.9 hrs in duration.

After the preflight inspection the aircraft was started without issue. After start up the aircraft idled while the engine was allowed to warm up while ATIS information was obtained and communication with Ground Control was established. Ground Control was advised that we were ready for taxi and was advised of our intentions of making practice instrument approaches.

Ground Control issued taxi instructions to runway 29L via taxiways B and G as well as departure instructions for the practice approaches. Heading, altitude, Departure frequency, transponder code, etc..

The aircraft was taxied by pilot SOTO to the run up area of taxiway G at runway 29L without incident. The run up was completed without any issues and the aircraft was ready for takeoff.

At approximately 1800 hrs local time and after receiving clearance for takeoff on 29L Pilot SOTO taxied the aircraft onto the active runway and conducted a normal take off. While climbing at 150 feet in the upwind with no usable runway available the engine of the aircraft "surged" then "smoothed out." With the aircraft continuing to climb on the up wind of runway 29L it was decided that the planned flight would be canceled and an immediate return for landing was decided upon.

Instructor DuBois contacted the tower requesting a return for landing describing the engine issue with the tower giving landing instructions.

At 300 feet Pilot SOTO made a climbing left turn in order to join the traffic pattern of runway 29L. Approximately half way through the climbing turn with the aircraft on a heading directly away from the runway at an altitude of 380 feet the aircraft suffered total engine failure.

Continued on page 11 "ADDITIONAL INFORMATION"

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

Operator/Owner Safety Recommendation

None at this time pending examination of the accident aircraft engine.

**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.)

Engine failure.

Total Time/Cycles  
On Part

1149 Hours

Cycles

Time Since This Part  
Inspected/Overhauled

12 Hours

**FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)

75 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

ATC flight following for practice instrument approaches.

**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 Pilot SOTO and Instructor DuBois exited the aircraft through the pilot's door.

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

Aircraft Registration Number

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

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

Damage to Other Aircraft

- ☐ Destroyed ☐ Minor  
☐ Substantial ☐ None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Country: \_\_\_\_\_

**ADDITIONAL INFORMATION** (Please type or print in ink)

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

Continued from page 9 "NARRATIVE HISTORY OF FLIGHT"

The aircraft immediately began descending and Instructor DuBois assumed command of the aircraft acting then as Pilot in Command advising the tower "we just lost our engine."

With less than 30 seconds of flight time available Instructor DuBois landed the aircraft in a flat undeveloped empty lot in an industrial area located approximately one half statute mile from the departure end of runway 29L. The empty lot was the only available clear area within glide distance of the aircraft at the time of the engine failure.

The aircraft stopped after going through the perimeter chain link fence of the lot and hitting a semi trailer parked along the curb of Performance Drive.

After coming to rest Pilot SOTO turned off the Master and Battery switches but found that the ignition key had been sheared off with the ignition in the "Both" position and so was unable to turn off the ignition. Both Pilot SOTO and Instructor DuBois exited the aircraft through the pilot's door.

After checking for injuries and determining that the aircraft was not on fire Pilot SOTO re-entered the aircraft and turned the fuel valve to the off position in case of fuel leakage.

The tower was contacted by cell phone and advised of our condition and the location of the scene. First responders were dispatched and contact was made with both the NTSB and the FAA.

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

Date of this Report

10-25-19  
mm/dd/yyyy

Name of Person

Signature:

-- or --

☒ Check here to electronically sign this document

JESS W. DuBois

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.

WPR20LA009

Reviewed by NTSB Regional Office

WPR

Name of Investigator

LINK

Date Report Received

11/6/2019