

**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/Town: <u>CORONA</u> State: <u>CA</u> ZIP: <u>92625</u> Country: <u>USA</u> Latitude: <u>33.89°N</u> / Longitude: <u>117.63 W, 591'</u> (Enter in decimal degrees or degrees minutes seconds)		Accident/Incident Date/Time Date: <u>04-17-2020</u> Local Time: <u>1030 AM</u> month/year Time Zone: <u>PST</u>	
Collision with Other Aircraft: ☐ Mid-air ☐ On-ground ☒ None			

AIRCRAFT INFORMATION

Registration Number: <u>N6306P</u> Manufacturer: <u>Cessna</u> Model: <u>182</u> Serial Number: <u>5284997</u> Year of Manufacture: <u>01</u> Amateur-Built: ☐ Yes ☒ No / If Yes: ☐ Kit/Parts ☐ Make ☐ Original Design		☐ IFR Equipped and Certified <u>empty weight 1165.0</u> ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>1670</u> lbs Weight at Time of Accident/Incident: <u>1615</u> lbs Number of Seats: <u>2</u> Flight Crew Seat: <u>0</u> Cabin Crew Seat: <u>0</u> Passenger Seat: <u>2</u> Number of Engines: <u>1</u>	
--	--	--	--

Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Tethered ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Airframe ☐ Tail ☐ Commuter ☐ Transport ☐ Utility ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	Special ☐ Restricted ☐ Limited ☐ Experimental ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport	Landing Gear (Check all that apply) ☐ Retractable ☒ Tricycle ☐ Tailwheel ☐ Amphibious ☐ Emergency Float ☐ Float ☐ Skid ☐ Ski/Wheel ☐ Other Launch/Recovery System ☐ None ☐ Unknown	Engine Type (Select one) ☒ Reciprocating ☐ Turbo-Prop ☐ Turbo-Prop ☐ Turbo-Jet ☐ Turbo-Fan ☐ Electric ☐ Liquid Rocket ☐ Solid Rocket ☐ Hybrid Rocket ☐ None ☐ Unknown	Fuel System Type (Reciprocating) ☒ Carburetor ☐ Fuel-Injected
---	---	---	--	--	---

Engine	Engine Manufacturer	Engine Model/Type	Manufacturer's Serial Number	Date of Mfg. (mm/dd/yyyy)	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (Hours)	Time Since Inspection (Hours)	Time Since Overhaul (Hours)
Eng. 1	<u>Cyprus</u>	<u>Q-235-22C</u>	<u>RL-22-120-15</u>		<u>117</u>	<u>30670</u>		<u>1291.6</u>
Eng. 2								<u>1701.0</u>
Eng. 3								<u>1701.0</u>
Eng. 4								<u>1701.0</u>

Last Inspection Type ☐ OOA/Flow ☐ AAIT ☒ Annual ☐ Conditional Airworthiness ☐ Conditional Inspection ☐ Unknown Date Last Inspection: <u>06-08-2018</u> month/year Airframe Total Time: <u>7974.6</u> hrs (hours recorded at (Select one)) ☐ Last Inspection ☐ Time of Accident/Incident	Propeller 1 ☒ Fixed Pitch ☐ Constant Speed ☐ Ground Adjustable Manufacturer: <u>Savage</u> Model: <u>UNK</u> Propeller 2 ☐ Fixed Pitch ☐ Constant Speed ☐ Ground Adjustable Manufacturer: _____ Model: _____	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>FLR</u> Model or Part No.: _____ TSO No.: ☐ CTS (121.5 MHz) ☐ CTS (121.5 MHz) ☐ CTS (406 MHz) Was ELT still connected to aircraft? ☒ Yes ☐ No Was ELT still connected to antenna? ☒ Yes ☐ No DND ELT Activated? ☐ Yes ☒ No If activated: DND ELT Aid to Landing Aircraft: ☐ Yes ☒ No If not activated: Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Depleted ☐ Unknown <u>Don't know</u> <u>VS</u>	Additional Equipment (Check all that apply) ☒ ADS-B ☐ Airframe Parachute ☐ Angle of Attack Indicator ☐ Amplifier ☐ Data Recorder ☐ Electronic Flight Bag or Handheld Device ☐ Electronic Multifunction Display ☐ Electronic Primary Flight Display ☐ Headset C/P ☐ Heads-Up Display ☐ Inflight Weather ☐ Traffic Tracking Device ☐ Fuel Warning System ☐ Video Recording Device ☐ Other, Specify: _____
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: _____		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: STEVEN PARKINS

City: CORONA

Fractional Ownership Aircraft: ☒ Yes ☐ No

State: CA

ZIP: 92629

Country: Guam

Operator of Aircraft ☐ Same As Registered Owner

Name: STEVEN PARKINS

☒ Same Address as Registered Owner

Doing Business As: PARKINS AVIATION

City: _____

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

State: _____

ZIP: _____

Country: _____

Operating Certificates Held

(Check all that apply)

- ☐ None
- ☐ Flag Carrier Operating Certificate (FAR 121)
- ☐ Supplemental
- ☐ Air Cargo
- ☐ Foreign Air Carrier (FAR 129)
- ☐ Rotocraft External Load (FAR 133)
- ☐ Commuter Air Carrier (FAR 135)
- ☐ On-Demand Air Taxi (FAR 135)
- ☐ Commercial Air Taxi (FAR 136)
- ☐ Agricultural Aircraft (FAR 137)
- ☐ Pilot School (FAR 141)
- ☐ Certificate of Authorization or Waiver (COA)
- ☐ Commercial Space Transportation
- ☐ Experimental Permit
- ☐ Commercial Space Transportation License
- ☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 413
- ☐ FAR 109 ☐ FAR 133 ☐ FAR 413
- ☐ FAR 121 ☐ FAR 135 ☐ FAR 413
- ☐ FAR 125 ☐ FAR 137 ☐ FAR 413
- ☐ FAR 91 Special Flight
- ☐ Non-US, Commercial
- ☐ Non-US, Non-commercial
- ☐ Public Aircraft (Select one)
 - ☐ Armed Forces
 - ☐ Federal
 - ☐ State
 - ☐ Local
- ☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
- ☐ Non-Scheduled or Air Taxi ☐ International
- ☐ Passenger
- ☐ Cargo
- ☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown
- ☐ Aerial Observation ☒ Flight Test
- ☐ Air Drop ☐ Glider Tow
- ☐ Air Race/Show ☐ Instructional
- ☐ Banner Tow ☐ Other Work Use
- ☐ Business ☒ Personal
- ☐ Executive/Corporate ☐ Positioning
- ☐ Internal Load ☐ Skydiving
- ☐ Ferry

Revenue Nightseeing Flight

☐ Yes ☒ No

Air Medical Flight

☐ Yes ☒ No

AIRPORT INFORMATION

(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: CORONA

Distance From Airport Center: _____ mi

Airport Identifier: KAJ0

Direction From Airport: SW degrees true

Proximity to Airport: ☐ Off Airport/Runway ☐ On Airport/Runway ☐ N/A

Airport Elevation: 533 ft. msl

Runway Information

Runway ID: _____ (L/M/C) Length: 3200 ft Width: 60 ft

Condition of Runway/Landing Surface (Check all that apply)

Runway/Landing Surface (Check all that apply)

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

- ☒ Dry ☐ Snow-Compacted ☐ Water-Calm
- ☐ Dikes ☐ Snow-Crusted ☐ Water-Choppy
- ☐ Ice-Covered ☐ Snow-Dry ☐ Water-Glasy
- ☐ Rough ☐ Snow-Wet ☐ Wet
- ☐ Rubber Deposits ☐ Salt ☐ Unknown
- ☐ Slush-Covered ☐ Vegetation

Approach/Departure Segment (Select one)

- ☐ Taxi ☒ VFR Departure ☐ On Instrument Approach ☐ Descent ☐ Low Approach
- ☐ Takeoff ☐ IFR Departure Procedure/ Clearance ☐ Landing ☐ Rise ☐ Go Around
- ☐ Normal Climb ☐ Final ☒ Shorted Landing (after touchdown) ☐ Unknown

IFR Approach (Check all that apply)

- ☐ None
- ☐ ADF/ADF
- ☐ PAR
- ☐ MSL
- ☐ Precision
- ☐ RDP
- ☐ Sideslip
- ☐ LDA
- ☐ GPS
- ☐ VOR/VOR
- ☐ ILS
- ☐ ASR
- ☐ Visual
- ☐ VORTME
- ☐ Localizer Only
- ☐ Contact
- ☐ Circling
- ☐ TACAN
- ☐ LOC back course
- ☐ Unknown
- ☐ RNAV

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION

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

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

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: STEVE DARKINS

City of Residence: CORONA

Middle Initial: M

State: CA

ZIP: 92679

Last Name: _____

Age at time of Accident/Incident: 60

Date of Birth: 59

River side

mm/dd/yyyy

Certificate Number: _____

Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☒ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>		Available	Used	☐ None	☐ None	☒ Lap only	☐ Lap only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☐ Not installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																			
☐ None	☐ None																			
☒ Lap only	☐ Lap only																			
☐ 3-point	☐ 3-point																			
☐ 4-point	☐ 4-point																			
☐ 5-point	☐ 5-point																			
☐ Unknown	☐ Unknown																			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Medical Certificate Validity ☐ Without limitations/restrictions ☐ Unknown ☒ With limitations/restrictions ☐ N/A ☐ Special Issuance																
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Date of Last Medical <u>05/15/2020</u> mm/dd/yyyy																

Medical Certificate Limitations

Medical Certificate Special Insurance

BASIC med

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

May 31 2019

mm/dd/yyyy

Flight Review Aircraft

Make: Boeing 737-141

Model: _____

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

Type Ratings complex

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	2000	100	1940	—	600	10	80	—	—	—
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days			50							
Last 30 Days			25							
Last 24 Hours			5							

"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: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☒ Left ☐ Front ☐ Unknown ☒ Right ☐ Rear ☒ Captain ☐ Single	Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																
☐ None	☐ None																
☐ Lap only	☐ Lap only																
☐ 3-point	☐ 3-point																
☐ 4-point	☐ 4-point																
☐ 5-point	☐ 5-point																
☐ Unknown	☐ Unknown																

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 1
☐ 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

____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

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

Flight Review Aircraft

Make: _____
Model: _____

Airplane Rating(s) (Check all that apply)

☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

Student Endorsements (Include dates)

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

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center ☐ Rear	☐ Minor
Last Name: <u>NA</u>	Country: _____	☐ Right ☐ Single	☐ Serious
		☐ Unknown ☐ Unknown	☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Available ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center ☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right ☐ Single	☐ Serious
		☐ Unknown ☐ Unknown	☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Available ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>JASON</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>UNKNOWN</u> Country: <u>LA</u> ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ None ☐ Center ☒ Minor ☒ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown ☐ Unknown	☐ None ☒ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years ☐ If Under 2, ☐ Child Restraint ☐ Lap-Field ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years ☐ If Under 2, ☐ Child Restraint ☐ Lap-Field ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years ☐ If Under 2, ☐ Child Restraint ☐ Lap-Field ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Used ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years ☐ If Under 2, ☐ Child Restraint ☐ Lap-Field ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KASB</u> City: <u>Corona</u> State: <u>CA</u> Country: <u>Mexico</u>		Time of Departure Time: <u>1000</u> Time Zone: <u>PST</u>	Destination Airport ID: <u>LCC</u> City: _____ State: _____ Country: _____	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 ☐ Dens Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93				Altitude of In-Flight Occurrence: <u>300</u> ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☒ On-Board Weather		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☐ VMC ☐ DMC ☒ 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	
Wind Direction ☐ Variable _____ degrees true		Wind Speed ☒ Calm ☐ Light and Variable Speed _____ kts	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☒ Unknown		Type of Precipitation (Check all that apply) ☐ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Showers ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Showers ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals	
Icing Forecast Amount: ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☒ Unknown Type: ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Restriction to Visibility (Check all that apply) ☐ None ☐ Fog ☐ Ground Fog ☐ Blowing Dust ☐ Haze ☐ Ice Fog ☐ Blowing Sand ☐ Smoke ☒ Unknown ☐ Blowing Snow ☐ Dust	
Icing Actual Amount: ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☒ Unknown Type: ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type (Check all that apply): ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity: ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	

NOTAMS (D and EDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

NONE

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)

photo cooks. Bad

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

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

unplugged my car from its charger (Black out) open eye and saw
im in a bed. After a short while a nurse walked up to me
and said "you've been involved in an aircraft accident!"

that's all that's in there. Just small dreams
of what I think happened.

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

Operator/Owner Safety Recommendation

pre fix:

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

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Comment from records, as necessary)

13

Gallons

Fuel Type

☐ 80/87☐ 100/147☐ Jet B☐ Other, specify _____☒ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive

Other Services, if Any, Prior to Departure

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

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

unknown

OTHER AIRCRAFT - COLLISION (If an on-ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

N 6306P

Manufacturer

Model 152

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☒ None

Registered Owner of Other Aircraft

Name

City

State

Country

Pilot of Other Aircraft

Name

City

State

Country

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

06-24-2020

(month/day/year)

Name of Pilot/Operator: GARY GALLIN

Signature: [Redacted]

- or -

☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

- or -

☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

WPR20LA126

Reviewed by NTSB Regional Office

WPR

Name of Investigator

LINK

Date Report Received

6/24/2020

