

"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: <u>VICTOR</u> Middle Initial: <u>M</u> Last Name: <u>ANGULO</u> City of Residence: <u>CAMARILLO</u> State: <u>CA</u> ZIP: <u>93012</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>54</u> Date of Birth: [REDACTED] mm/dd/yyyy																																																																																																				
Certificate Number: _____																																																																																																				
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			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 <u>07/19/22</u> mm/dd/yyyy																																																																																											
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown																																																																																																				
Medical Certificate Limitations <u>N/A</u>																																																																																																				
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>04/08/2022</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>GULFSTREAM</u> Model: <u>G-V</u>																																																																																																	
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 <u>CL-65</u> <u>G-V</u> <u>G-VI</u> <u>L-382</u>						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>7800</td> <td>1.3</td> <td>154</td> <td>6,213</td> <td>1360</td> <td>1400</td> <td>300</td> <td>1433</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>3,717</td> <td>0</td> <td>9</td> <td>3,007</td> <td>625</td> <td>600</td> <td>150</td> <td>625</td> <td>0</td> <td>0</td> </tr> <tr> <td>Time as Instructor</td> <td>1404</td> <td>0</td> <td>0</td> <td>1,404</td> <td>15</td> <td>250</td> <td>75</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>102</td> <td>0</td> <td>0</td> <td>102</td> <td>23</td> <td>11</td> <td>12</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 30 Days</td> <td>53</td> <td>0</td> <td>0</td> <td>53</td> <td>14</td> <td>7</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</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	7800	1.3	154	6,213	1360	1400	300	1433	0	0	Pilot in Command (PIC)	3,717	0	9	3,007	625	600	150	625	0	0	Time as Instructor	1404	0	0	1,404	15	250	75	0	0	0	This Make/Model					0	0	0				Last 90 Days	102	0	0	102	23	11	12	0	0	0	Last 30 Days	53	0	0	53	14	7	0	0	0	0	Last 24 Hours	0	0	0	0	0	0	0	0	0	0
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY					
Aircraft Damage None Minor Substantial Destroyed Unknown	Aircraft Fire None In-Flight On-Ground Both Ground and In-Flight Fire at Unknown Time Unknown	Aircraft Explosion None In-Flight On-Ground Both Ground and In-Flight Explosion at Unknown Time Unknown	Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i> NOSE AND LEFT MAIN MOUNT TORN OFF. LEFT WING TIP TANK DAMAGED. ENGINE COMPARTMENT/FRAME BENT. PROPELLER TIPS BENT.		
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i> 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. WE DEPARTED CMA AIRPORT A LITTLE AFTER 10AM. WX WAS VFR. ABOUT 45 MINS PRIOR TO LANDING WE SWITCHED FROM LEFT MAIN TANK TO RIGHT MAIN TANK. RIGHT TANK WAS VISUALLY CHECKED FULL (22GALS USABLE) ON PREFLIGHT. ABOUT 25 MINS LATER I NOTICED THE RIGHT TANK STILL INDICATED FULL. I POINTED IT OUT TO JOE, THAT IT LOOKED LIKE WE HAVE A FAULTY FUEL QTY SENSOR I DID SOME CONSERVATIVE FUEL PLANNING (22GAL USABLE, BURNING 17 GPH, WITH 45 MINS REMAINING) WE'D LAND WITH MORE THAN QUARTER TANK. ON SHORT FINAL (1.5 MILE?) I NOTICED I WAS BELOW THE PAPI'S SO I WENT TO ADD POWER AND CORRECT GLIDESLOPE. I TOLD JOE THAT SOMETHING WAS WRONG AND THAT I HAD LOST POWER. I ADDED FULL POWER AND THERE WAS LITTLE RESPONSE. JOE QUICKLY REACHED UNDER MY LEGS AND SELECTED THE FUEL SELECTOR TO LEFT MAIN. AS SOON AS I LOST POWER I WAS LOOKING FOR A PLACE TO LAND AND ASCERTAIN IF I COULD MAKE THE RUNWAY. I FELT I WAS GETTING TO LOW & SLOW TO TURN THE AIRCRAFT AND KNEW I WOULD HAVE TO LAND STRAIGHT AHEAD. AT 60KTS I LOOKED AT MY DATA VISUAL DISTANCE TO THE RUNWAY AND I KNEW I WAS GETTING SEEN CLOSE TO STALL SPEED AND REALIZED I COULDN'T MAKE THE RWY. I SAW THE AIRPORT FRONTAGE ROAD (W/BERM) AHEAD AND ATTEMPTED TO LAND THE AIRPLANE IN FRONT OF IT. I LANDED THE AIRCRAFT IN (CONT'D)					

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

Operator/Owner Safety Recommendation

IN RETROSPECT, I THINK WE SHOULD HAVE NOT ASSUMED THERE WAS 22 GALS USABLE IN THE RIGHT MAIN TANK. WE COULD HAVE SELECTED A TANK WITH A REASONABLY FUNCTIONING FUEL QTY GAUGE. THE AIRCRAFT WAS NEW TO US AND HAD UNDERGONE A PRE-BUY AND ANNUAL INSPECTION SO I ASSUMED WE HAD ALL SYSTEMS FUNCTIONING AND IN WORKING ORDER. ONCE THE MISHAP INVESTIGATION IS COMPLETE WE'LL HAVE A BETTER IDEA OF WHAT WENT WRONG AND I MIGHT BE ABLE TO GIVE A BETTER RECOMMENDATION.

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.)

TBD, LOSS OF POWER.

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

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

95

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

N/A

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

EXITED VIA MAIN CABIN 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

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

NARRATIVE CONTINUED:

A LEVEL ATTITUDE AROUND (55-60KTS) AND WAS UNABLE TO STOP PRIOR TO ROAD. WE WENT UP THE BERM AND ENDED UP ON THE PAVED ROAD. WE TURNED THE KEY TO OFF AND EXITED THE AIRCRAFT UNINJURED.

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

Date of this Report

09/25/2022

mm/dd/yyyy

Name of Pilot/Operator: VICTOR ANGULO

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 ONLYNTSB Accident/Incident No.
WPR22LA349Reviewed by NTSB Regional Office
WPR Federal WayName of Investigator
S. SteinDate Report Received
September 25, 2022