

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: KCNO State: CA
 ZIP: 91710 Country: USA
 Latitude: 33.97° N Longitude: 117.65° W 633

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

Accident/Incident Date/Time

Date: 03/10/2024 Local Time: 11:30 PM
mm/dd/yyyy
 Time Zone: 06:30

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N167U
 Manufacturer: BEECHCRAFT
 Model: DUKE
 Serial Number: P99
 Year of Manufacture: 1969
 Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____
 Original Design

IFR-Equipped and Certified ☒
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 6725 lbs
 Weight at Time of Accident/Incident: _____ lbs
 Number of Seats: 6 Flight Crew Seats: 1
 Cabin Crew Seats: 1 Passenger Seats: 5
 Number of Engines: 2

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**
 Normal ☒ Restricted
 Aerobatic Limited
 Balloon Provisional
 Commuter Special Flight
 Transport Experimental
 Utility Special Light-Sport
 Experimental Light-Sport
 Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear

(Check all that apply)

Retractable
 Tricycle ☒ Tailwheel
 Amphibious High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Other Launch/Recovery System
 None Unknown

Engine Type (Select one)

Reciprocating ☒ Liquid Rocket
 Turbo Shaft Solid Rocket
 Turbo Prop Hybrid Rocket
 Turbo Jet None
 Turbo Fan Unknown
 Electric

Fuel System Type (Reciprocating)

Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	TIO-541	L-1191-59		380	823		823
Eng. 2	Lycoming	TIO-541	L-1190-59		380	823		823
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour
 AAMP
 Annual ☒
 Continuous Airworthiness
 Conditional Inspection
 Unknown

Date Last Inspection: 01/01/23

Airframe Total Time: 7855.3 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 (AAMP)
 Continuous Airworthiness
 Other, specify: _____

Description of Fire Extinguishing System

None
 Specify: _____

Propeller 1

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: HARTZEL
 Model: HC-F34R-2

ELT Installed: ☒ Yes ☐ No

If Yes:
 ELT Manufacturer: ARTEX

Model or Part No.: _____

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)

Was ELT still mounted in aircraft? Yes ☒ No ☐

Was ELT still connected to antenna? Yes ☒ No ☐

Did ELT Activate? Yes ☐ No ☐

If activated:

Did ELT Aid in Locating Aircraft? Yes ☐ No ☐

If not activated:

Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Propeller 2

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: HARTZEL
 Model: HC-F34R-2

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: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: JARochos InterPRISES INC City: ontario
State: CA ZIP: 91761
Fractional Ownership Aircraft: Yes No
Country: USA

Operator of Aircraft*Same As Registered Owner*

Name: Mauricio Barrera City: colton
Doing Business As: pilot State: CA ZIP: 92324
Air Carrier/Operator Designator (4 Character Code): _____
Country: USA

Operating Certificates Held*(Check all that apply)*

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

Regulation Flight Conducted Under

FAR 91 ☒ FAR 129 FAR 415
FAR 103 FAR 133 FAR 431
FAR 121 FAR 135 FAR 435
FAR 125 FAR 137 FAR 437

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft (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
External Load Skydiving
Ferry

Revenue Sightseeing 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: chino
Airport Identifier: KCNO
Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A
Distance From Airport Center: _____ sm
Direction From Airport: _____ degrees true
Airport Elevation: _____ ft. msl

Runway Information

Runway ID: 26 L (L/R/C) Length: 7000 ft Width: 150 ft

Runway/Landing Surface*(Check all that apply)*

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

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

Dry Snow-Compacted Water-Calm
Holes Snow-Crusted Water-Choppy
Ice Covered Snow-Dry Water-Glassy
Rough Snow-Wet Wet
Rubber Deposits Silt
Slash-Covered Vegetation Unknown

Approach/Departure Segment*(Select one)*

Taxi VFR Departure On Instrument Approach Downwind Low Approach
Takeoff IFR Departure Procedure/Clearance Landing Base Go Around
Initial Climb Final Aborted Landing (after touchdown)
Crosswind Unknown

IFR Approach*(Check all that apply)*

None
ADF/NDB PAR MLS Practice
SDF Sidestep LDA GPS
VOR/TWOR ILS
VOR/DME Localizer Only ASR Visual
TACAN RNAV LOC-back course Contact Circling
Unknown

VFR Approach*(Check all that apply)*

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

"FLIGHT CREWMEMBER 1" INFORMATION

"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: MAURICIO

Middle Initial: A

Last Name: BARRERA

City of Residence: COLTON

State: CA

ZIP: 92324

Country: SAN BERNARDINO

Age at time of Accident/Incident: 63 Date of Birth: [REDACTED]

Certificate Number:

Degree of Injury

None ☒ Fatal ☐
Minor ☐ Unknown ☐
Serious ☐

Seat Occupied

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

Restraint Type

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 ☐

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

04/13/2023
mm/dd/yyyy

Medical Certificate Limitations

Must use corrective Lens(es)
to meet vision standards

Medical Certificate Special Issuance

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

07/16/2023
mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA
Model: 152

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	8281	150	4617	410	4375	53.6		3/14.9		
Pilot in Command (PIC)										
Time as Instructor	6976									
This Make/Model										
Last 90 Days	15.4									
Last 30 Days	5.8									
Last 24 Hours	0									

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

Crew Name and Address				Seat Occupied		Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer				Available Used None None 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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer				Available Used None None 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5: Child Restraint Lap-Belt Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5: Child Restraint Lap-Belt Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5: Child Restraint Lap-Belt Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5: Child Restraint Lap-Belt Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KGYR</u> City: <u>GOODYEAR</u> State: <u>ARIZONA</u> Country: <u>USA</u>	Time of Departure Time: <u>9:10 PM</u> Time Zone: _____	Destination Airport ID: <u>KCNO</u> City: <u>CHINO</u> State: <u>CA</u> Country: _____	Type Flight Plan Filed None ☒ VFR/IFR Company VFR ☐ IFR Military VFR ☐ Unknown VFR ☐ Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)				
None ☒	Special VFR ☐	Special IFR ☐	VFR Flight Following ☐	Cruise ☐
VFR ☐	IFR ☐	VFR On Top ☐	Traffic Advisory ☐	Unknown / NA ☐

Airspace where the accident/incident occurred (Check all that apply)				Altitude of In-Flight Occurrence: _____ ft msl
Class A ☐	Class G ☐	Military Operations Area (MOA) ☐	Special Air Traffic Control Area ☐	
Class B ☐	Demo Area ☐	Airport Advisory Area ☐	Unknown ☐	
Class C ☐	Warning Area ☐	Jet Training Area ☐		
Class D ☒	Prohibited Area ☐	TRSA ☐		
Class E ☐	Restricted Area ☐	FAR 93 ☐		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☒ Commercial Weather Service (DUATS) ☐ On-Board Weather ☐	Company Military ☐ Internet ☒ None ☐ Unknown ☐	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions VMC ☒ TMC ☐ Unknown ☐	Light Condition Dawn ☐ Dusk ☐ Day ☐ Night ☐ Dark Night ☐ Unknown ☐ Bright Night ☐	Sky/Lowest Cloud Condition Clear ☒ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered ☐	Ceiling None (Clear) ☒ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown ☐	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl			

Wind Direction Variable - or - Direction: _____ degrees true	Wind Speed Calm ☒ Light and Variable ☐ - or - Speed: _____ kts	Wind Gusts Not Gusting ☐ - or - Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown ☐	Type of Precipitation (Check all that apply) None ☒ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐	Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐	Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle ☐	Restriction to Visibility (Check all that apply) None ☒ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐	Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown ☐
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Icing Forecast Amount ☒ Type ☐ None ☒ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown ☐	Icing Actual Amount ☐ Type ☐ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown ☐	Turbulence Type (Check all that apply) Severity None ☐ Light Clear Air ☐ Moderate Terrain-Induced ☐ Severe Convective Turbulence ☐ Extreme
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NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

NONE

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 (Use additional sheet if necessary)

Damage Left strut & Left Wing

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.

Before Landing At chino Airport
over the 15 fwy 5 miles from
the airport I'd noticed the
Left green light was off
I'd re-cycled but the same
result the time was 11:30 P.M.
the control tower was closed
I'd changed the Landing light bulb
and same result.
I flew the aircraft over the
airport and attempted to extend
the Landing gear using the hand crank
located behind the right front seat
the same result at this poin I
realised the emergency Landind on
runway 26 left

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes ☐ No ☒
(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
(Convert from pounds, as necessary)

200

Gallons

Fuel Type

80/87

100 Low Lead ☒

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF 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

Walking 6 occupants

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
SubstantialMinor
None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

03/14/2024
mandatory

Name of Pilot/Operator: MAURICIO BARRERA

Signature: 

— or —

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

— or —

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

WPR24LA110

Reviewed by NTSB Regional Office

WPR - Federal Way

Name of Investigator

S. Stein

Date Report Received

03/14/2024