Republic of the Philippines
CIVIL AVIATION AUTHORITY OF THE PHILIPPINES

AIRCRAFT ACCIDENT INVESTIGATION AND INQUIRY BOARD

FINAL REPORT

RP-C7730
TEXTRON AVIATION/C172

OPERATOR: LEADING EDGE INTERNATIONAL AVIATION ACADEMY, INC.

TYPE OF OPERATION: FLIGHT TRAINING

DATE OF OCCURRENCE: SEPTEMBER 12, 2025

PLACE OF OCCURRENCE: RUNWAY 01, SAN FERNANDO AIRPORT, PORO POINT FREEPORT ZONE, SAN FERNANDO CITY, LA UNION PHILIPPINES

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(Textron Aviation/C172, RP-C7730 Final Report)

FOREWORD

This report was produced by the Aircraft Accident Investigation and Inquiry Board (AAIIB), Civil Aviation Authority of the Philippines, MIA Road, Pasay City, Philippines.

The report is based upon the investigation carried out by the AAIIB in accordance with Annex 13 to the Convention on International Civil Aviation, Republic Act 9497 Section 42, and Philippine Civil Aviation Regulation Part 13.

Readers are advised that the AAIIB investigates for the sole purpose of enhancing aviation safety. Consequently, AAIIB reports are confined to matters of safety significance and may be misleading if used for any other purpose. It should be noted that the information in AAIIB reports and recommendations is provided to promote aviation safety, and in no case is it intended to imply blame or liability.

Furthermore, no part of the AAIIB report or reports relating to any accident or investigation shall be admitted as evidence or used in any suit or action for damages arising out of any matter mentioned in such report or reports.

FINAL REPORT

TITLE: A serious incident involving a C172 type of aircraft with Registry Number RP-C7730 operated by Leading Edge International Aviation Academy Inc., that involved in a runway side excursion event at Runway 01, San Fernando Airport, Poro Point Freeport Zone, San Fernando City, La Union, Philippines after landing on September 12, 2025/1001H local time.

Notification of Occurrence to National Authority

The notification of accident to AAIIB CAAP was relayed by the Operator of the aircraft to the OIC, AAIIB through the Operation Center-CAAP at 1130H (LOCAL) on September 12, 2025.

Identification of the Investigation Authority

The Aircraft Accident Investigation and Inquiry Board (AAIIB), the mandated accident investigation organization within the Civil Aviation Authority of the Philippines (CAAP) as the state of Occurrence/Registry/Operator conducted the investigation.

Organization of the Investigation

In accordance with provisions of Philippine Civil Aviation Regulation (PCAR) Part 13, an Investigator-In-Charge was appointed.

Authority Releasing the Report

The Final investigation report was released by Aircraft Accident Investigation and Inquiry Board (AAIIB) and published at the CAAP website on **January 22, 2026.**

Synopsis:

On or about 1001H local time, September 12, 2025, a Cessna 172 type of aircraft with Registry Number RP-C7730 operated by Leading Edge International Aviation Academy Inc., sustained substantial damage during a runway side excursion at Runway 01, San Fernando Airport, Poro Point Freeport Zone, San Fernando City, La Union, Philippines. All three (3) occupants sustained minor injuries; Visual Meteorological Condition (VMC) prevailed at the time of the occurrence. Aircraft Accident Investigation and Inquiry Board (AAIIB) determined that the cause of the accident was attributed to the loss of directional control during landing rollout due to an unstabilized approach and inappropriate corrective control inputs by the Private Pilot Trainee.

LIST OF ACRONYMS AND ABBREVIATIONS

AAIIB	:	Aircraft Accident Investigation and Inquiry Board
AMO	:	Approved Maintenance Organization
AMOC	:	Approved Maintenance Organization Certificate
ATOC	:	Approved Training Organization Certificate
CAAP	:	Civil Aviation Authority of the Philippines
CPL	:	Commercial Pilot License
LCD	:	Licensing and Certification Department
FI	:	Flight Instructor
OFSAM	:	Office of the Flight Surgeon and Aviation Medicine
PCAR	:	Philippine Civil Aviation Regulation
PPT	:	Private Pilot Trainee
Mhz	:	Megahertz
NM	:	Nautical Miles
RPUS	:	ICAO 4 Letter Code for San Fernando Community Airport
RWY	:	Runway
SA	:	Situational Awareness
SFI	:	Senior Flight Instructor
TSN	:	Time Since New
UTC	:	Universal time coordinated
VFR	:	Visual Flight Rules
VHF	:	Very high frequency
VMC	:	Visual Meteorological Condition

1. FACTUAL INFORMATION

Aircraft Registration No.	:	RP-C7730
Aircraft Manufacturer/Model	:	Textron Aviation/C172
Operator	:	Leading Edge International Aviation Academy Inc.
Address of Operator	:	Leading Edge International Aviation Inc. San Fernando Community Airport, San Fernando Freeport Zone, La Union, Philippines
Place of Occurrence	:	Runway 01, San Fernando Airport Poro Point Freeport Zone, San Fernando City, La Union, Philippines
Date/Time of Occurrence	:	September 12, 2025/1001H/0201UTC
Type of Operation	:	Flight Training
Phase of Flight	:	Landing
Type of Occurrence	:	Runway Side Excursion

1.1 History of Flight

On 12 September 2025, at approximately 1001H local time, a Textron Aviation Cessna 172 aircraft, RP-C7730, operated by Leading Edge International Aviation Academy Inc., experienced a runway side excursion during landing on Runway 01, San Fernando Airport, Poro Point Freeport Zone, San Fernando City, La Union, Philippines.

The aircraft had departed RPUS Runway 01 at 0830H under a local flight plan for the Rosario training area, located approximately 20 NM south of the airport. The training sortie, conducted under Visual Meteorological Conditions (VMC), covered a series of maneuvers including S-turns along a road, slow flight, and a power-off stall. After roughly one hour of airworks, the crew returned to RPUS for a full-stop landing.

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Prior to the flight, the Private Pilot Trainee (PPT) informed the Flight Instructor (FI) that he had limited proficiency in landings. The PPT was seated in the left seat, the FI in the right seat, and a senior flight instructor observer occupied the rear seat.

During the landing sequence, the aircraft touched down approximately 200 meters beyond the displaced threshold of Runway 01 and slightly right of the centerline. The PPT applied an excessive corrective input, causing the aircraft to veer left. The FI immediately took control and attempted a go-around, but was unable to fully regain directional control. The aircraft departed the paved surface, struck one runway edge light, and entered a storm canal approximately 15 feet deep, located parallel to the runway's left edge. The aircraft came to rest about 15 meters from the runway edge and 30 meters past "to-go" marker 3, at coordinates 16°35'43.47"N, 120°18'10.28"E, oriented west. The FI shut down the engine, and all occupants egressed with minor injuries.

The aircraft sustained damage to both wingtips, the propeller, nose landing gear, and forward fuselage. The pilot of another company aircraft, RP-C7530, positioned on the south taxiway, reported the occurrence to RPUS Tower. The duty air traffic controller activated airport rescue and firefighting services, which responded promptly and secured the accident site. Airport operations were suspended until 1409H, after which normal flight activity resumed.

Figure 1 - RP-C7730 at its final position.

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1.2 Injuries to Person (s)

Injuries	Crew	Passengers	Others
Fatal	0	0	0
Serious	0	0	0
Minor	2	1	0
None	0	0	0
Total	**2**	**1**	**0**

1.3 Damage to Aircraft

The aircraft sustained substantial damage.

1.4 Other Damage

The aircraft collided with one (1) runway edge light passing runway to-go marker #3.

Figure 2 - runway side light.

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1.5 Personnel Information

1.5.1 Flight Instructor (FI)

Gender	:	Male
Date of Birth	:	19 October 1975
Nationality	:	Filipino
License	:	142054 CPL/FI
Date Issued	:	24 November 2023
Type rating	:	Airplane: Single Engine Land-Instrument, C172.
Medical Certificate Validity	:	Class I, 7 November 2025
Time on C172	:	254+42 Hours
Grand Total time	:	254+42 Hours

1.5.2 Private Pilot Trainee (PPT)

Gender	:	Male
Date of Birth	:	15 January 1984
Nationality	:	Filipino
License	:	164761-PPL
Date Issued	:	28 June 2025
Type rating	:	Airplane: Single Engine Land: C172
Medical Certificate Validity	:	Class 2, 9 November 2025
Time on C172	:	55+43 Hours
Grand Total time	:	55+43 Hours

1.6 Aircraft Information

1.6.1 Aircraft Data

Registration Mark	:	RP-C7730
Manufacturer	:	Textron Aviation Inc.
Country Of Manufacturer	:	United States of America
Type/Model	:	Cessna 172M
Operator	:	Leading Edge International Aviation Academy
Serial No.	:	17261403
Date of Manufacture	:	1973
Certificate of Airworthiness Valid up to	:	14 July 2026
Certificate of Registration Valid up to	:	19 December 2025
Number of Crew	:	1
Number of Passenger Seat	:	3
Time Since New (TSN)	:	8,937+07 Hours

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1.6.2 Engine Data

Manufacturer	:	Lycoming
Type	:	Piston
Model	:	O-320-E2D
Serial No.	:	L-33324-27A
Time Since New	:	9,443+06 Hours as of last C of A
Time Since overhauled	:	648+02 Hours

1.6.3 Propeller Data

Manufacturer	:	McCauley
Type/Model	:	Fixed Pitch 2 Blade/ IC160/DTM7553
Serial No.	:	728281
Time Since New	:	8,915 +10 Hours

1.7 Meteorological Information

Visual Meteorological Conditions prevailed at the time of the occurrence.

1.8 Aids to Navigation

The flight was carried out under Visual Flight Rules (VFR). In using VFR, the pilot must be able to operate the aircraft with visual ground references and visually avoid obstructions and other aircraft.

1.9 Communication

The aircraft was equipped with operational Very High Frequency (VHF) transceiver used for communicating with aerodrome personnel and other aircraft in the area. The communication frequency was at 122.10Mhz for RPUS Tower.

1.10 Aerodrome Information

The San Fernando Community Airport (RPUS) is located at San Fernando Freeport Zone, Canaoay, San Fernando City, La Union 2500 Philippines and is listed as Community Aerodrome Facility under the Air Traffic Management Service Aerodrome Information Publication (AIP).

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1.10.1 General Information

Aerodrome Name	:	San Fernando Community Airport (RPUS)
Coordinates	:	163540.2182N 1201811.2422E
Aerodrome Operator	:	Poro Point Management Corporation, Poro Point Freeport Zone
Runway Direction	:	01 /19 (007º 02' MAG)/(187º 02' MAG)
Runway Length	:	2120 meters
Runway Width	:	45 meters
Runway Elevation	:	4.659M (15.285FT)
Surface	:	PCN 46 R/A/W/T CONC
Apron	:	Surface: CONC. Strength: PCN 49 R/B/W/T
ATS Facility: Tower	:	San Fernando Tower-122.10Mhz (Primary)
Types of traffic permitted	:	VFR
AD Operator	:	Airport Operations: 0000 - 0800. Rescue and firefighting service: 2200 - 0800.
Security	:	H24
Restaurants	:	At the town proper
Transportation	:	Vehicle for hire.
ANS Facility - VOR	:	SAN 114.50Mhz (164342.1485N 1202129.1880E)
Visual Ground Aids	:	Standard day markers and wind direction indicator.
Facilities	:	Clinic, rescue and firefighting equipment, radio transceivers and land transportation.
AD category for fire fighting	:	CAT IV
Rescue equipment	:	Two (2) fire trucks. Ziegler V8 fire truck with water capacity of 9 000 liters and foam capacity of 900 liters. SIDES VMA 28 fire truck with water capacity of 2,500 liters and foam capacity of 300 liters.
Capability for removal of disabled aircraft	:	Nil.
Runway (RWY) and Taxiway (TWY) markings and light (LGT)	:	RWY designation markings, threshold markings, RWY centerline markings, Touchdown zone markings, RWY side stripes, aiming points, Distance-to-go, yellow lines to taxiway. TWY: TWY centerline markings.
Aerodrome Obstacles	:	01/19 APCH zone: Trees, antenna, and high-tension wire

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1.11 Flight Recorders

The aircraft was not equipped with any flight recorders and existing CAAP regulation does not require it.

1.12 Wreckage and Impact Information

The wreckage was located approximately 30 meters beyond Runway 01 “to-go” marker #3 at San Fernando Community Airport. During the landing roll, the aircraft initially touched down slightly right of the runway centerline before drifting further right. The PPT applied an excessive corrective input, causing the aircraft to swerve left and depart the paved surface. The aircraft continued off the left side of the runway, struck one runway edge light, and subsequently fell into the adjacent storm canal while the engine was still running.

The aircraft came to rest in a nose-low attitude, sustaining impact damage to both wingtips, the propeller (Figure 3), and the nose landing gear. The FI immediately shut down the engine, and all occupants exited the aircraft with minor injuries. The aircraft settled at coordinates 16°35'43.47"N, 120°18'10.28"E, with its final heading-oriented west. All occupants were transported to the hospital for medical evaluation. No post-impact fire occurred.

Figure 3 - RP-C7730 impact damage on the propeller.

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1.13 Medical and Pathological Information

On 12 September 2025, the Flight Instructors and the Private Pilot Trainee (PPT) reported to Lorma Medical Center, Carlatan, San Fernando City, La Union for mandatory drug and medical examinations. All tests yielded negative results.

On 16 September 2025, the three occupants presented themselves to OFSAM for a post-incident medical evaluation. OFSAM confirmed that no additional medical examinations were required and that all individuals were medically fit.

1.14 Fire

No evidence of post fire was noted during on-site investigation.

1.15 Search and Survival Aspects

The accident was survivable, as timely assistance was rendered to the aircraft occupants. The pilots and passenger were able to egress immediately following the occurrence, and their minor injuries were treated at a nearby hospital. The aircraft's Emergency Locator Transmitter (ELT) activated as designed, with the signal received by the CAAP emergency ground station. No extensive search effort was required, as the event occurred within the aerodrome boundary and was witnessed by duty personnel and other pilots, who promptly assisted the occupants and helped secure the aircraft.

1.16 Test and Research

No test and research were conducted.

1.17 Organization and Management Information

1.17.1 Operator

The Leading Edge International Aviation Academy, Inc. (LEIAAI) has an Approved Training Organization Certificate (ATOC) #2008-14 valid until January 20, 2027 authorized to perform Flight ang Ground training operations that provides private pilot course, commercial pilot course, instrument rating course, flight instructor course and refresher for single engine land services. LEIAAI flight operations is located at San Fernando Community Airport, Canaoay, San Fernando City, La Union. The aircraft RP-C7730, is listed on their ATOC Operations specification.

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1.17.2 Maintenance

LEIAAI is also a holder of an Approved Maintenance Organization Certificate (AMOC) # AMO-90-10 empowered to operate as an Approved Maintenance Organization in compliance with the requirements of the Philippine Civil Aviation Regulation (PCAR) Part 6 with official address at San Fernando Airport, Poro Point Freeport Zone, San Fernando City, La Union, Philippines with limited ratings on Airframe and Powerplant valid up to June 30, 2025.The maintenance function of RP-C7730 is being undertaken by Leading Edge International Aviation Academy, Inc. Repair Station.

2. ANALYSIS

2.1 General

The PPT and the FI conducted a pre-flight inspection of the aircraft and found no discrepancies. Following the inspection, all occupants completed a pre-flight briefing, during which it was noted that Runway 01 was in use and that the training flight would proceed to the southern sector of the station.

The training sortie, conducted under visual meteorological conditions (VMC), involved S-turns along a road, slow flight, and a power-off stall. The PPT occupied the left seat, the FI the right seat, and a senior flight instructor observer was seated in the rear.

On that day, another company aircraft was scheduled to conduct a first solo flight. To avoid contributing to runway traffic and ensure an uninterrupted solo pattern, RP-C7730 continued with its planned airworks training as outlined in the flight plan (Figure 4).

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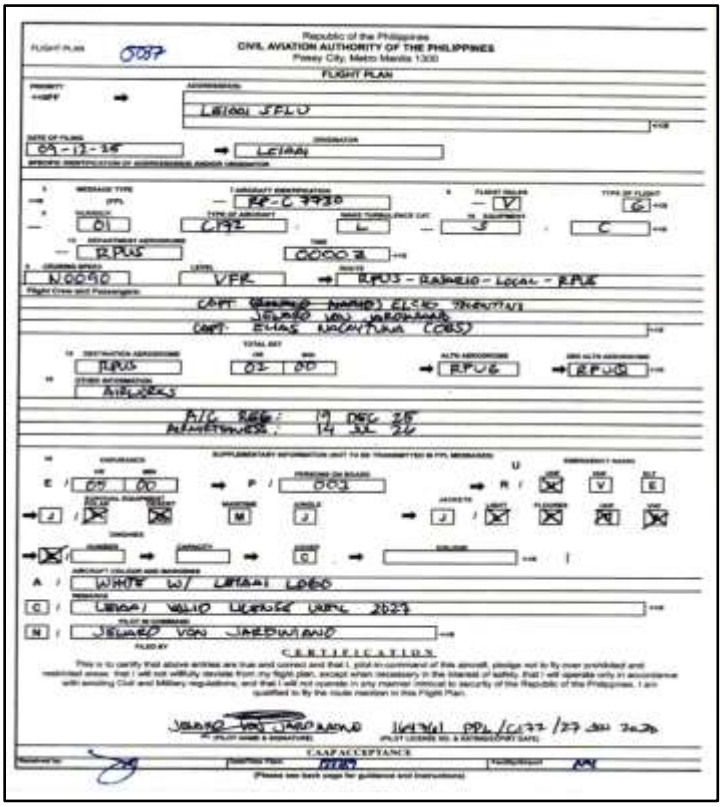

Figure 4 - Aircraft Flight Plan.

2.2 Human Factors

2.2.1 The Private Pilot Trainee

Both the Flight Instructor (FI) and the Private Pilot Trainee (PPT) held valid licenses issued by the Licensing and Certification Department (LCD) of CAAP, authorizing them to operate the aircraft type involved in the occurrence.

During the interview, the PPT stated that he was not a regular trainee of the assigned FI. Because another company aircraft was conducting a first solo flight in the traffic pattern at the time, he did not have the opportunity to demonstrate his familiarity with RPUS traffic pattern procedures to the FI before commencing the training sortie. The PPT reported having accumulated adequate flight experience following his initial solo and re-solo flights; however, much of this experience was conducted using the Runway 19 traffic pattern, as wind conditions at RPUS typically favor that runway. Interview findings also indicated that the PPT exhibited inconsistencies in landing technique, an area identified by the FI as requiring further development.

The training progressed normally and proceeded to the Rosario training area. Upon completion of the airworks, the flight returned to RPUS for landing. The PPT conducted a direct entry approach to Runway 01, coordinated with RPUS Air

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Traffic Control (ATC). The flight remained uneventful until touchdown and the subsequent landing roll.

The aircraft was configured for landing with 20 degrees of flaps, and the runway surface was dry. Wind conditions during the approach were approximately 6 knots from the north, a situation that required the pilot to maintain wings level to keep the aircraft aligned with the extended centerline. This technique is essential to ensure that, during the flare and touchdown, the aircraft maintains correct heading, landing speed, and ground track alignment with the runway.

At San Fernando Community Airport, the Runway 01 traffic pattern is situated on the water side and is flown as a left-hand pattern, as published in the CAAP Aeronautical Information Publication (AIP). The training flight, arriving from the south, was cleared to land on Runway 01 (Figure 5).

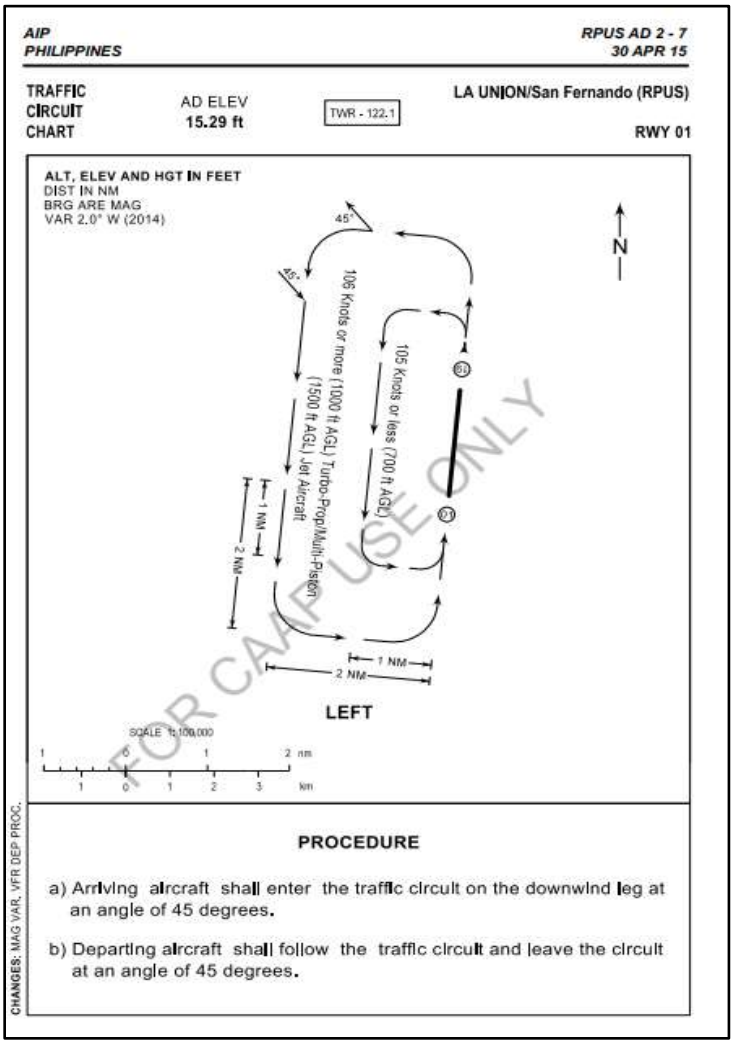

Figure 5 - RPUS Runway 01 flight pattern procedure.

Upon landing at RPUS, the aircraft touched down approximately 200 meters beyond the displaced threshold of Runway 01, slightly right of the centerline. It

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subsequently began to drift further to the right. The PPT attempted to correct the deviation but applied excessive control input, causing the aircraft to veer left. The aircraft then departed the paved surface, struck a runway edge light, and entered the adjacent storm canal (Figure 6).

Figure 6 – The aircraft touch down (TD) zone and path going out of the runway.

The PPT stated during the interview that the approach was conducted in good daylight conditions, with other traffic operating in the vicinity of RPUS, and that the wind appeared calm as they entered the area. He reported focusing primarily on the touchdown zone. However, during touchdown, the PPT was unaware of his exact airspeed.

Witness statements indicated that the aircraft appeared high and fast on final approach compared to a normal landing profile. The aircraft subsequently touched down right of the runway centerline and continued drifting to the right. The PPT attempted to correct the deviation by applying left rudder input to realign with the centerline, but in doing so lost directional control and situational awareness (SA).

Interview results further revealed that the PPT had a tendency to overlook the use of aircraft checklists, did not consistently ensure a stabilized approach, and demonstrated gaps in landing recovery techniques. Critical elements such as proper flare execution, appropriate corrective control inputs, and effective ground control management during the landing roll-out were not adequately performed, contributing to the loss of directional control.

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2.2.2 Flight Instructor's Intervention

The flight was with a Senior Flight Instructor (SFI) seated at the back to observe the new FI seated at the right. This arrangement was a company requirement for new instructors to be observed by a SFI for a number of hours. The SFI once in a while coaches the flight through the FI on the airworks activities. The occupants communicate thru the aircraft intercom. Upon landing. the SFI stated that, the touchdown was smooth, but upon interview, he did not also see the airspeed at touchdown. He only observed that the flight landed at the right of the runway centerline then things have gone awry.

The FI observed the aircraft touched down on the right side of the runway centerline and continued to roll going to the right side of the runway. He observed the PPT action in response to his instruction for correction was not going the way it should be. The FI only managed to take the controls when the aircraft was about to reach the left side grassy portion of the runway which he tried to execute a go-around maneuver but to no avail. The FI lost SA and was already too late thereby causing the aircraft to subsequently go out of the runway and fell on the storm canal.

The very first time that the aircraft landed and rolled going to the right side of the runway, the FI should have already intervened and took the controls from the PPT for a possible full stop which may probably averted the occurrence. The FI should always have the presence of mind ready to take the controls when encountering an unusual situation like in this case. The FI have already got information about the PPT landing inconsistencies but did not work it out. The FI also missed the use of the aircraft checklist. During interview with the FI he stated, that upon landing he was observing the PPT stability on touchdown and did not glimpse on the indicated airspeed as they go their way. Early detection of an unstabilized approach increase the risk of landing runway excursions, pilot in flight should recognize and apply necessary corrections reducing the risk of runway occurrences.

2.3 Operational Factor

2.3.1 Unstabilized Approach

During the interview, the PPT reported that he configured the aircraft with 20 degrees of flaps on approach, believing this would help compensate for the aircraft's center of gravity with three occupants onboard. He attempted to maintain an indicated airspeed of 65 knots, but acknowledged that the aircraft was above the normal glide path. He also admitted that he did not use the standard aircraft checklist, focusing instead on the external visual cues and the intended touchdown zone along the runway centerline.

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The PPT further stated that he did not anticipate the need for a go-around, even as the aircraft began to drift left across the runway centerline. He was also unaware that the FI had already issued a command to take control of the aircraft.

Analysis of the event shows that several contributing factors were interconnected. The decision not to conduct a go-around is strongly associated with other elements such as an unstabilized approach, excessive airspeed, and a long/fast landing. These operational factors have a logical causal relationship that significantly increases the likelihood of a runway excursion. A poorly stabilized approach reduces the margin for safe correction during touchdown and increases the risk of directional control difficulties.

The PPT did not effectively monitor his airspeed, descent rate, and vertical profile, nor did he adequately assess whether the approach met stabilized landing criteria. Based on these deviations, the approach was clearly unstabilized and should have been discontinued.

A review of the operator's training and procedures manual revealed that it lacked explicit guidance on stabilized approach criteria, landing recovery techniques, and corrective actions during an unstable approach procedural gap that may have contributed to the occurrence.

The occurrence originated during the approach and landing phase, where the aircraft was observed to be fast on final approach. The regulatory framework provides multiple safeguards intended to reduce risks during this critical phase of flight, one of which is the stabilized approach criterion. This standard is designed to guide pilots in maintaining a safe and controlled approach profile. In this event, the PPT's approach did not meet stabilized approach parameters. Although the FI attempted to intervene, the action occurred too late, after the aircraft had already crossed the centerline, making recovery ineffective.

The pilots' inappropriate actions and inactions appear to be the result of becoming progressively overwhelmed by accumulating deviations stemming from poor management of aircraft performance during an unstable approach. To mitigate such errors, it is essential that training manuals and standard operating procedures include clear, comprehensive guidance on stabilized approach criteria, go-around decision-making, and landing recovery techniques.

Furthermore, flight instructors at Leading Edge International Aviation Academy, Inc. must maintain heightened situational awareness (SA) and remain vigilant in recognizing the need to initiate a go-around. Failure to identify and execute a go-around in a timely manner is a well-documented contributor to runway excursion events. The organization should reinforce to all instructors—through training, briefings, and safety communication—the importance of being "go-around minded."

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From a safety standpoint, initiating a go-around at any point, including close to the ground or even after touchdown, is preferable to continuing with an unsafe landing.

2.4 Flight Training Environmental Factor

Weather information obtained from the San Fernando Community Airport air traffic ground station indicated winds from the north at approximately 6 knots, with clear visibility and light haze observed in all quadrants at the time of the occurrence.

Additional meteorological data from the Philippine Atmospheric, Geophysical and Astronomical Services Administration (PAGASA), sourced from the Subic Radar Facility, depicted a broader weather pattern affecting the region, showing a weather formation situated to the southeast of RPUS on the day of the event (Figure 7).

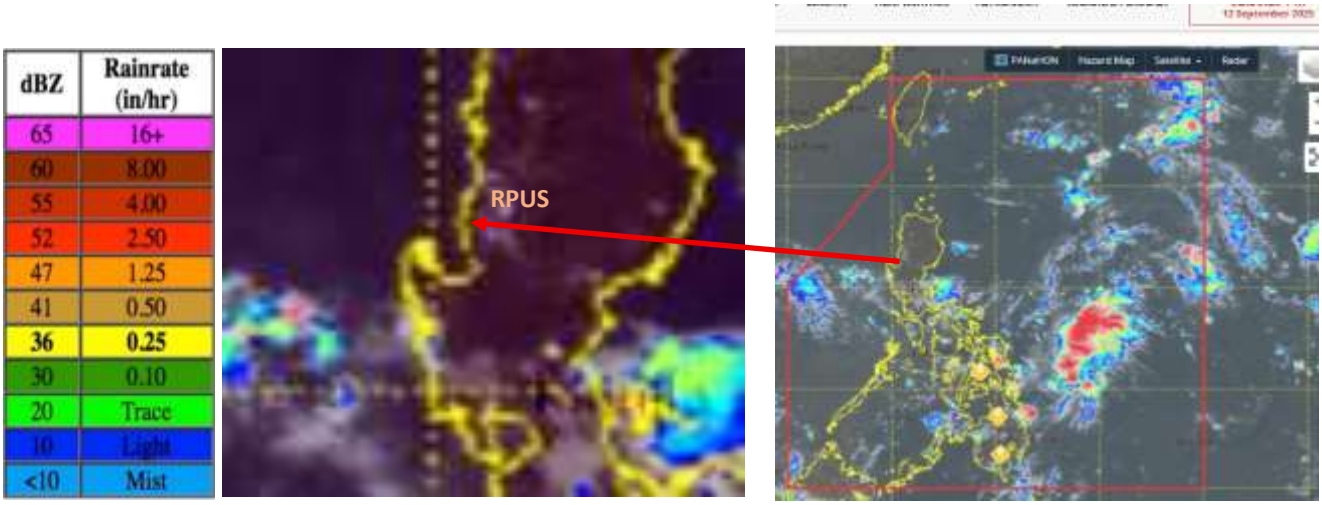

Figure 7 - PAGASA RADAR weather image.

3. CONCLUSIONS

3.1 Findings

a. Both Pilots was trained and qualified on the Textron Aviation Inc., Cessna C-172 aircraft.
b. Both Pilots has a valid licenses and medical certificates issued by the Licensing and Certification Department (LCD) and Office of Flight Surgeon and Aviation Medicine (OFSAM), CAAP respectively.
c. The PPT made excessive corrective inputs during the landing rollout, resulting in loss of directional control.
d. Visual meteorological condition prevailed at the time of the occurrence.
e. The aircraft was properly released for flight on the day of the occurrence.
f. The aircraft has a current Certificates of Airworthiness and Registration.

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g. There were no records of engine discrepancy noted on the engine logbook.
h. The aircraft touched down approximately 200 meters beyond the displaced threshold of Runway 01, right of the centerline, at an excessive airspeed and above normal glide profile.
i. The aircraft departed the runway, struck a runway edge light, and entered the adjacent storm canal.

3.2 Probable Cause

3.2.1 Primary Cause Factor

a. Loss of directional control during landing rollout due to an unstabilized approach and inappropriate corrective control inputs by the Private Pilot Trainee. (Human factor).

3.2.2 Contributory Factors

a. Delayed intervention by the Flight Instructor, reducing the opportunity to conduct a timely go-around.
b. Inadequate monitoring of airspeed, descent path, and alignment, resulting in failure to recognize and discontinue an unstabilized approach.
c. Loss of situational awareness and task saturation during the landing roll.

4. SAFETY RECOMMENDATION

4.1 The safety deficiencies detailed in this report have been fully addressed as a result of the safety measures implemented by the Operator. Consequently, no further safety recommendations are being proposed.

5. SAFETY ACTION

5.1 As a result of the serious incident, the Operator initiated safety corrective actions to mitigate the recurrence of the incident (App A1-A2):

a. LEIAAI initiated an internal investigation into the circumstances surrounding the student pilot's handling of the aircraft.
b. LEIAAI has conducted a comprehensive review of the instructors' teaching methods and identified areas for improvement in the student-instructor dynamics.
c. LEIAAI has reviewed its flight training protocols to ensure that all instructors are adequately prepared to manage student stress during high-pressure situations.
d. LEIAAI's immediate corrective measures outlined above, also initiated the following additional actions:

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1. Enhanced Flight Simulations.
2. Student Stress Management Training.
3. Increased instructor evaluation.

-----END-----

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LEADING EDGE INTERNATIONAL AVIATION ACADEMY INC.
A subsidiary of ACDI Multipurpose Cooperative

September 24, 2025

LTGEN RAUL L. DEL ROSARIO AFP (RET)
Director General
Civil Aviation Authority of the Philippines
Old MIA Road, Pasay City 1300

ATTN: **MR. HARRY PARADERO**
Investigator, CAAP Aircraft Accident and Incident Investigation Board

Subject: Report on Progressive Actions taken by Leading Edge International Aviation Academy Inc. in connection with the runway excursion incident of RPC7730

Dear Sir;

I am writing to provide an account of the actions taken by the LEIAAI following the incident involving aircraft RPC7730 on or about 1000H, September 12, 2025. The event, which occurred on Runway 01 of San Fernando Airport, resulted in a runway excursion and subsequent falling into the drainage canal of the runway. The aircraft was under the control of a student pilot, with a flight instructor undergoing training and a supervising flight instructor seated in the rear.
Incident Overview:

On September 12, 2025, RPC7730, a Cessna 172M, was involved in a runway excursion incident during its landing roll at San Fernando Airport. The student pilot, who was at the controls, experienced a deviation from the intended landing trajectory. The aircraft then veered off the runway and came to rest in the drainage canal beside Runway 01. No fatalities or serious injuries were sustained by the occupants of the aircraft; however, the incident has raised concerns regarding flight safety protocols and the effectiveness of flight training procedures.

Immediate Actions Taken:

1. **Incident Response and Reporting:**
   Upon notification of the incident, LEIAAI immediately dispatched a safety officer and operational team to the site of the occurrence to assess the situation and secure the area. Preliminary reports were gathered from the flight instructor and student pilot, and details were immediately communicated to the CAAP Operations Center.
2. **Aircraft Inspection:**
   A thorough inspection of RPC7730 was carried out to assess damage to the aircraft. The results confirmed that there was significant structural

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DATE: SEP 24 TIME: 0947

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damage that would warrant aircraft further investigation. All flight control systems were found to be non-functional due to the sustained impact. No data recording equipment is present in the aircraft.

3. ***Investigation of Training Procedures:***
   LEIAAI initiated an internal investigation into the circumstances surrounding the student pilot's handling of the aircraft. It was found out that while the student pilot was following standard operating procedures, certain flight parameters, including directional control during landing roll were not adequately managed. The flight instructor under training, as well as the supervising instructor, have been questioned regarding their roles in the incident.
4. **Flight Instructor Debrief:**
   Both the student pilot and the instructors involved were immediately debriefed. While the student pilot admitted to feeling stressed during the landing approach, the instructors acknowledged their responsibility in guiding the student through the critical phase of flight. LEIAAI has conducted a comprehensive review of the instructors' teaching methods and identified areas for improvement in the student-instructor dynamic.
5. **Training and Safety Protocol Review:**
   In response to the incident, LEIAAI has reviewed its flight training protocols to ensure that all instructors are adequately prepared to manage student stress during high-pressure situations. Furthermore, LEIAAI has implemented additional training on emergency response procedures and flight path monitoring for both students and instructors.
6. **Reporting to Authorities:**
   As per standard procedures, LEIAAI promptly reported the incident to the Civil Aviation Authority of the Philippines (CAAP) and has cooperated fully with the AAIIB's investigation team. All requested documents and information have been submitted for your review.

Ongoing Actions and Recommendations:

LEIAAI is committed to ensuring the safety of all its flight operations. In addition to the immediate corrective measures outlined above, we have initiated the following ongoing actions:

- Enhanced Flight Simulations: The introduction of more rigorous flight simulation exercises, specifically focusing on emergency landings and recovery from runway excursions.
- Student Stress Management Training: A series of workshops have been scheduled to train student pilots on how to manage stress during critical flight phases.