NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

BASI	C INFORMA	TION											
Accide	nt/Incident Loc	ation					Accident/Incident Date/Time						
Nearest City/Place: Morris Town State: N. J.				N.J.	Date:	01 0	14 2020	Lo	cal Time:	APROX 17	2:15Pm		
ZIP:	07960	Country:	u. s. A.					mm/da	l/yyyy		7	EST	THE PARTY OF
Latitude	N40° 47.9	6	Longitude:	1074 :	24.89					111	me Zone:	E 2 /	DIVINE BURGET
)	(Enter in decima	l degrees or d	legrees:minutes:se	conds)			Collision	with	Other Air	craft: C) Midair	OOn-grou	nd None
	RAFT INFO												
Registration Number: N 200 HF Manufacturer: Beech					☐ Com	merci	ped and Ce al Space Fli				World Com		
Model: BE 200				100-30 H		7.104	Aircraft	. 17	-03		Chapterine		
Sarial N	Jumbor	BB-1	858	одажаті С					oss Weigh		TOWN THE PARTY OF	lbs	lbe
Vear of	Manufacture:	.2	004										
	ır-Built: OYes		OKit/Plans Ma			100						rew Seats:	9
Amatei	MNo		Original Design		PR T		Number	of En	oines:	2	Passenge	er Seats:	
Catego				LILSTO DWO	63)	Landing Ge	114444	or Isli	Sincs.			A STREET, STRE	ali, 1687LL
Airplane (Check all that apply) (Check all th			(Check all tha	Rectractable Gradit that apply) Rectractable Gradit that apply) Gradit Apply Order of Turbo Shaft Order of Turbo Prop Order of Turbo Jet Order of Turbo Prop Order of Tu					d Rocket rid Rocket e				
ORocket Utility Special Light-Sport Hull			Hull			ci/Wheel	Fuel Sys	stem Type	e (Reciprocati	ing)			
OUltra OUnkn		5 6 .:c .				Other Lau	nch/Recove	ry Sys	tem	O Carb	uretor	OFuel	-Injected
	and solve	None	of Authorization	Unknown	(COA)	☐ None	10	U	nknown				
Engine	Engine Manufa	cturar	Engine Model/Series	mayer see	Manufa Serial N	icturer's	Date of Mf mm/dd/	g.	Rated Pow Horser O lbs of	ower or	Total Time (hours)		Since: Overhaul (hours)
Eng. 1	Prail + whil		PTGA-	42		-950767	2/2	04			2572	2540	2572
Eng. 2	Prati twhit		PTGA -	15	PCE	- PJ0786	2/2	104	850-1	1050	2643	2611	2643
Eng. 3	with mention of the state of the	a min or a race		11277	A 1 24 7 4 - 12								
Eng. 4	Stiddle test tim spet	(A) 30 WAY	Seminary	10°1 10°1801	aban y	*							Variables/
O100-H O AAIP		litional Inspec		Propelle Manufac	turer:	OGround Hartzell	ollable Pitch OGround Adjustable OGround Adjustable						
Manual Annual			T Vegovitie	Model: _	H	2 - EYN -3	6		Mode	el:	HC-E	YN-36	mid C)
Date Last Inspection: 07/19/19 ELT Installed: •Yes Airframe Total Time: 24/14 hrs If Yes: ELT Manufacturer: Pir			er: Air Te	Mangic of Attack indicator									
Type of	Maintenance I	Program (Se	lect one)	180 No.:		121.5 MHz) O	C91a (121.:	MHz	Data Data	a Recorder		e dati	O Minini Cli
Type of Maintenance Program (Select one) Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: Did ELT Aid in Locating Airworthiness				unted in aircraft nected to anten ?	Electronic Flight Bag or Handheld Device Electronic Multifunction Display Electronic Primary Flight Display Handheld GPS Heads Up Display Onboard Weather								
O None Spec	ify: Class	SS GAS	System N.O.S.	If not ac Indicate l		☐ Impact Dan ☐ Fire Damag ☐ Battery Exp ☐ Unknown	e	ged	■ Stal	l Warning eo Recordi er, Specify	System ing Device		CI VORATV CI VORADN CI TACAN

OWNER/OPERATOR INFORMA	ATION	The state of the second se				
Registered Aircraft Owner		City: wells wille				
Name: LC WHITFORD CO 1	NL.	State: NY ZIP: 14895-1152				
Fractional Ownership Aircraft: O Yes	No	Country: U.S.A.				
Operator of Aircraft ☑ Same As Re		Same Address as Registered Owner				
Name: L.C. WHITford	CO INC.	City:				
Doing Business As:		State: ZIP: alreaded				
Air Carrier/Operator Designator (4 Characte	er Code):	Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	(Select one for each group)				
■ None	ØFAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4	Non-Scheduled or Air Taxi O International				
☐ Foreign Air Carriers (FAR 129)	OFAR ALG I Flight	O Passenger				
☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135)	OFAR 91 Special Flight ONon-US, Commercial	O Cargo O Mail Contract Only				
□On-Demand Air Taxi (FAR 135) □Commercial Air Tour (FAR 136) □Agricultural Aircraft (FAR 137)	O Non-US, Non-commercial O Public Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 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	O Armed Forces O Federal O State O Local O Unknown	(Select one) O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business Executive/Corporate O Aerial Observation O Firefighting O Unknown O Flight Test O Glider Tow O Instructional O Other Work Use O Personal O Positioning				
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry				
O Yes	O Yes No	n de august terrenten a Cl				
		proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: Morets Town	AIRPORT	Distance From Airport Center:sm				
Airport Identifier: K. M. M. V.	AT O THE ASSET OF THE STREET	Direction From Airport: degrees true				
Proximity to Airport: O Off Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation: 187 ft. msl				
Runway Information Runway ID: 23 (L/R/C) Length: 5 Runway/Landing Surface (Check all that a grass/Turf	<i>apply)</i> dam □ Water I/Wood _	Condition of Runway/Landing Surface (Check all that apply) □ Dry □ Snow-Compacted □ Water-Calm □ Water-Choppy □ Ice Covered □ Snow-Dry □ Water-Glassy □ Rough □ Snow-Wet □ Wet □ Rubber Deposits □ Soft □ Slush-Covered □ Vegetation □ Unknown				
Approach/Departure Segment (Select one		Airframe Total Time: Market test When				
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Appel Clearance Landing	proach ODownwind OLow Approach OBase OGo Around OFinal OCrosswind OUnknown				
IFR Approach (Check all that apply) □None	and over the ment of lots. and anyther the control of lots. by the control of the control of lots.	VFR Approach (Check all that apply)				
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	☐ Traffic Pattern ☐ Stop and Go☐ Straight-In ☐ Touch and Go☐ Simulated Forced Landing☐ Go Around ☐ Full Stop ☐ Precautionary Landing☐ Unknown☐ Unknown☐ ☐ Unknown☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				

"FLIGHT CREWMEN	IBER 1" INF	ORMAT	ION							and the		
"Flight Crewmember 1" Ro Pilot O Co-Pilot	esponsibilities at O Student Pilot				dent Check Pilot	O Fligh	nt Engineer	O Other	Flight Crew			
"Flight Crewmember 1" wa	as pilot flying	Yes	No			14441	100 c [2]	privi s	Steel St.	in the same	Days Co	
"Flight Crewmember 1" Id First Name: John	entification					City of Residence: Pills tield State: PA ZIP: 16340						
Middle Initial:						State:	PA		ZIP· /	6340	Muddle In	
Last Name: Terra	< i					Canatan	45	a	ZII			
	f Accident/Incide	ent: 69	D	ate of Bir	rth.	Country.			roa/ lo se			
Age at time of	Accident/Incide	*						maayyyy				
D	S+ O		Сеппса	te Numb		astualnt Tr				T	0	
O None O Fatal O Minor O Unknown O Serious	Seat Occup Left Right Center	O Front O Rear O Single		Unknowr		Restraint Type Available Used O None O None O Lap only O Lap only				Inflatable Restraints Not Installed Installed		
Pilot Certificate(s) (Check a □ None	Instructor tional	Commercial Airline Trans Flight Engine	sport [] US Mili] Foreign		3-poir O 4-poir O 5-poir O Unkno	nt nt	3-point O 4-point O 5-point O Unknow	ahslage	☐ Not De ☐ Deploy ☐ Unkno	red	
Pilot Other	O Class 1	cate Class 3 Driver's Lic Unknown	cense (Sp	ort Pilot o	only)	Medical Certificate Validity O Without limitations/waivers With limitations/waivers O N/A O Special Issuance			Jnknown	Date of La		
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	11/6/1			ew Aircr		one reliati	go f Dear		100	el Minid in Indexi, i in		
	mm/dd/yyyy	Mod	el:	PA31-	350	1 -16	M. E.					
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft (Check all that a None Airship Balloon Glider Gyroplane Helicopter Powered Lift	apply)			e ter	(s)	(Check all None ■ Airplan	e Single-Eng e Multi-Engi me	ine C	Instrument Instrument Helicopter Glider Sport	Airplane Helicopter	
Type Ratings	d Estate High	Neder N					Student E	Endorseme	nts (Include	dates)	January and Land	
Flight Time (Enter appropriat	e All	This Make		olane igle	Airplane		Inst	rument	Toping a	a - san 4	Lighter	
number of hours in each box)	Aircraft	& Model	Eng	gine	Multiengin	e Night	Actual	Simulated	Rotorcraft	Glider	Than Air	
Total Time	24,269	1149	107		12402	~ ~ ~ ~		40				
Pilot in Command (PIC)	24/143	1/32	10	660	12355	36 29	45.43	34		-	and American	
Time as Instructor	10,000 +											
This Make/Model	ane de la companya de	4,,			(1) [5	111	0.0	10				
Last 90 Days	121	18		5	88	14	22	0		-		
Last 30 Days	37	7		6	24	6	/	0		-		
Last 24 Hours	2	2		0	0	0		0	-	-	"horn	

"FLIGHT CREWMEM	BER 2" INFOR	MATION	1							. 6
"Flight Crewmember 2" Res		Time of Ac	ccident/Inciden			ht Engineer	O Other F	light Crew	nodecciws NO.G	· Plager Car G Pilos
"Flight Crewmember 2" was	pilot flying Ye	es 🗆 No)		bio	O WE	200 (7.46)	Regional TX	to Testinica	"Pilipht Co
"Flight Crewmember 2" Idea	ntification									
First Name:				City o	of Res	sidence:				
Middle Initial:			utus Surtu	State			7	тр.	A Linde	Middle
Last Name:				State.		1		2 200 379		
							ı/dd/yyyy	The second of th	Contract of the Contract of th	1
Age at time of A	.ccident/Incident:		Date of Birth: _ icate Number:		1	/ mm	/ad/yyyy			
Degree of Injury	Seat Occupied	Certif	icate (vainoe)	Postrai	int Tx	vne.	constitution.		Inflatable l	Doctrointe
O None O Fatal O Left O Front O Unknown O Serious O Center O Single			Ava	Available Used O None O None				□ Not Ins	stalled	
Pilot Certificate(s) (Check all	that apply)	Takes-1	Marine Heren		3-poir		O 3-point	nd No die	□ Not De	
☐ None ☐ Flight In ☐ Private ☐ Recreati ☐ Student ☐ Sport	structor	e Transport	☐ US Military ☐ Foreign	0	4-poir 5-poir Unkno	nt	O 4-point O 5-point O Unknow	'n	□ Deploy □ Unknow	
Principal Occupation M	ledical Certificate	inca Pitorio Li	lesing/M	Medica	al Cer	tificate Val	lidity	nav III	Date of La	st Medical
O Pilot O Other	O Pilot O Other O Class 3 O Class 1 O Driver's License (Sport Pilot only)			O With	out lin limita	nitations/waiv tions/waivers	vers O U	nknown /A	mm/dd/y	
		down	2	/ Speci	1000	aunce			likusia pa Pilane	
Medical Certificate Limitation	ons		/						THE STATE OF THE PARTY.	
			/							
Medical Certificate Special I	ssuance							ent bloom	d otsollites	Medical C
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:		Make:	eview Aircraft		- 55 Hd			201	il Figür Ri est, Induse ili Chestar	Date of La or Equival EAR Exam
	mm/dd/yyyy	Model: _			140		surentito :			
Airplane Rating(s) (Check all that apply)	Other Aircraft Rat (Check all that apply)	ting(s)	Instrument R			Instructor (Check all th				
None	None	KD /	□ None .	□ None □ Instrument Airp						
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon	4 1/	☐ Airplane ☐ Helicopter			☐ Airplane			Instrument I Helicopter	Helicopter
Multiengine Land	Glider	SE 1/	Powered Life			☐ Airplane ☐ Gyroplan			Glider	
☐ Multiengine Sea	Gyroplane Helicopter Powered Lift					☐ Powered			Sport	
Type Ratings	Management of teas	1	1			Student Er	idorsement	s (Include)	dates)	Type Rath
2.) po xumago					,					
Flight Time (Enter appropriate	All This	Make	Airplane Single A	rplane		Insti	rument	- Industry	e veriff, so	Lighter
number of hours in each box)	7	Model			Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time								ll fix		wait too?
Pilot in Command (PIC)	/ /			1 2000	Mg/				Carry barrier	Pilet in Chir
Time as Instructor									The American	ref as neal?
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Last 90 Days		The state of								eQ 00 mal
Last 30 Days		1 4					IL ELECTRICA			SAT OF YELL
Last 24 Hours										all Manager

	e of cabin cr	ew, complete	the followin	g information)	grand always beautiful	
Crew Name and Address		(in the life	B COL	Seat Occupie	A Cay be	Injury
First Name: City of Reside	ence:	ZIP:		O Left O Center O Right	O None O Minor O Serious O Fatal O Unknown	
Pilot Certificate(s) (Check all that apply) □ None □ Flight Instructor □ Commercial □ Private □ Recreational □ Airline Trans □ Student □ Sport □ Flight Engine	sport For	Military	Market and the state of the sta	Restraint Ty Available O None O Lap Only O 3-point O 4-point	Inflatable Restraints Not Installed Installed Not Deployed	
Type Rating/Endorsement for Accident/Incident Aircraft?					O 5-point O Unknown	☐ Deployed ☐ Unknown
Crew Name and Address	and the second			Seat Occupie	d	Injury
First Name: City of Reside		ZIP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
11	sport For	t the Time	75/14	Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	O None	Inflatable Restraints Not Installed Installed Deployed Deployed Unknown
PASSENGER(S) / OTHER PERSONNEL (Include						
		C. C	AND A SECURITY OF THE PARTY OF			
Name and Address	Seat	Injury	Restraint T	уре	Inflatable Restraints	Age
Name and Address First Name: FLIANA City: 0/ CAN Middle Initial: C State: N ZIP: 14760 Last Name: Whithord Country: USA OCrew Passenger OOther	Seat OLeft OCenter ORight OUnknown Row:	None OMinor OSerious OFatal OUnknown	Restraint T Available ONone Lap Only O3-point O4-point O5-point OUnknown	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held
First Name: ELANA City: 0/CAN Middle Initial: C State: N ZIP: 14760 Last Name: whithout Country: USA	©Left OCenter ORight OUnknown	None OMinor OSerious OFatal	Available ONone Lap Only O3-point O4-point O5-point	Used O None Lap Only 3-point 4-point 5-point	Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
First Name: ELANA City: 0/ean Middle Initial: C State: Nd ZIP: 14760 Last Name: whit bod Country: USA OCrew Passenger OOther First Name: Laura City: 0/ean Middle Initial: C State: Nd ZIP: 14760 Last Name: Whit for Country: USA	©Left OCenter ORight OUnknown Row: OLeft OCenter ©Right OUnknown	None OMinor OSerious OFatal OUnknown None OMinor OSerious OFatal	Available ONone Lap Only O3-point O4-point O5-point OUnknown Available ONone Lap Only O3-point O4-point O5-point	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None D Lap Only O 3-point O 4-point O 4-point O 5-point	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Deployed Deployed	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown

Name and Address	Seat	Injury	Restraint Ty	ре .	Inflatable Restraints	Age
First Name: Brynn City: Oleans Middle Initial: E State: NY ZIP: 14740 Last Name: A CICCUMAN Country: USA OCrew Passenger OOther	©Left OCenter ORight OUnknown Row:	None OMinor OSerious OFatal OUnknown	Available ONone Lap Only O3-point O4-point O5-point OUnknown	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown
First Name: Outly City: CubA Middle Initial: E State: NY ZIP: 14727 Last Name: Tyler Country: USA OCrew Passenger OOther	OLeft OCenter Right OUnknown Row:	None OMinor OSerious OFatal OUnknown	Available ONone Lap Only O3-point O4-point O5-point OUnknown	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
First Name: MARCY City: Luba Middle Initial: M State: ZIP: 14727 Last Name: M1995 Country: USA OCrew Passenger OOther	©Left OCenter ORight OUnknown Row:	None OMinor OSerious OFatal OUnknown	Available ONone Lap Only O3-point O4-point O5-point OUnknown	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown	Not Installed Installed Not Deployed Deployed Unknown	☐Under 5 years If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown
First Name: Reir 57en City: Culo A Middle Initial: K State: NY ZIP: 14727 Last Name: Chmpbel! Country: USA O Crew Passenger O Other	OLeft OCenter Right OUnknown Row:	NoneMinorSeriousFatalUnknown	Available ONone Lap Only O3-point O4-point O5-point OUnknown	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown	Mot Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years

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FLIGHT ITINERARY I	NFORMATIO	4					
Last Departure Point Airport ID: ROLE City: DIEAN State: NEW YOCK Country: U.S.A Type of ATC Clearance/Ser	Time Time Time Time Special VFR IFR	e of Departure : 1050 Zone: EST apply) Spe	Airport ID: City: State: Country: ecial IFR R On Top	New Y	U VFR Flight Foll ☐ Traffic Advisory	O None O Company O Military O VFR Activated?	OYes ONo OUnknown Cruise Unknown/NA
☐ Class A ☐ ☐ Class B ☐ ☐ Class C- ☐ ☐ Class D ☐ ☐ Class E ☐	☐ Mil ☐ Air ☐ Jet ☐ TR: ☐ FA	litary Operations port Advisory A Training Area SA R 93	rea	□Special □Air Traffic Conts □Unknown	rol Area	Altitude of In-Flight Occurrence: ft msl	
WEATHER INFORMA	PROFIT AND THE PROFIT OF THE P	ACCIDEN	I/INCIDEN				
Source of Pilot Weather Info (Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service On-Board Weather		Facility ID: Observation To Time Zone: Distance from		EST	nm		
Basic Conditions O VMC IMC Unknown		Light Conditi ODawn ODay	ODusk ONight		k Night OUn ht Night	ıknown	
Sky/Lowest Cloud Condition O Clear O Few O Thin Overcast Partial Obscuration O Scattered Lowest Cloud Condition Height Ceiling O None (Clear O Broken O Overcast O Ceiling			0	Obscured Indefinite Unknown		(C	(C) or <u>Mos 48°</u> (F) (B) or(F) in. Hg MB
Wind Direction Wariable -or-	Wind Speed ☐ Calm ☐ Light and Varia or-	ible	Wind Gusts Not Gustin		RVV	Name and the second second	feetmiles
Direction:degrees true	Speed:		Speed:	Kts	Density Altitu		ft
Intensity of Precipitation © Light O Moderate O Heavy O N/A O Unknown	Type of Precipits None Rain Snow Hail Rain Showers	ation (Check all I	Freezing Snow S Is Ice Peller	hower ets Shower	Restriction to None Blowing Du Blowing Sa Blowing Sn Blowing Sp Dust	nst G	Check all that apply) Fog Ground Fog Haze Ce Fog Gmoke Jnknown
Icing Forecast Amount None		Icing Actual Amount O None O Trace O Light O Moderate O Severe O Unknown	Type O N/A O Rime O Clear O Mixe O Unkr	d nown	Turbulence Type (Check a None Clear Air Terrain-Indu	aced Turbulence	Severity Light Moderate Severe Extreme
NOTAMs (D and FDC), A	AIRMETS, SIGN	IETS, PIREPS	s in effect at	the time of the	ne accident/incid	nent:	

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DAMAG	E TO AIRCRAFT	AND OTHER PR	ROPERTY		
Aircraft Damage		Aircraft Fire		Aircraft Explosion	
O None O Minor	SubstantialDestroyedUnknown	NoneIn-FlightOn-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	None In-Flight On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description	of Damage to Aircra	aft and Other Propert	y (Use additional sheet if necessary)		
			nse Fuselage, Props an inspected dominge,	d Poster Eng.	inc demage.
		FLIGHT (Please type			
wreckage d	what occurred in chron distribution sketch if pe . Provide as much deta	ertinent. Attach extra sh	ding circumstances leading to and recets if needed. State departure time a	nature of accident/inc and and location, serv	cident. Describe terrain and include vices obtained, and intended
es(57).	24/04/2020				Was there Mechanical Madiguetion

01/04/2020

1214 EST @ KMMU

Morristown, New Jersey

N200HF B200 s/n BB-1858

On an IFR flight plan from KOLE to KTEB ATC had me holding due to KTEB being below minimums. After holding for a good while ATC told me KTEB would not be improving for some time and other aircraft had gotten into KMMU. ATC encouraged me to accept the ILS 23 into KMMU. I took vectors to the ILS 23 approach and was told to keep my speed up to 170 KTS. Upon breaking out above minimums at 105 kts I observed patchy fog over the runway. I held my altitude till I could start my decent to the runway and started landing approximately 3000 feet from the runway end with gear and full flaps down. Upon touchdown I felt some hydroplaning when braking and using Beta so I went to ground fine with the power levers using more braking. I was avoiding using Beta due to hydroplaning and possible lose of directional control. I over ran runway approximately 25 ft. The nose wheel broke off in the heavy mud causing props to contact the ground. Damage was confined to the nose gear area, propellers and engines.

John D. Terrasi

RECOMMENDATION (How could the	nis accident/incident ha	ave been prevented?)			
Operator/Owner Safety Recommendation					WALLENDER ESCAMA	
O Book Growns and In-Flight						
O Explosion at Untriown Time						
in or bounge.						
					**	
*						
spryipes obtained, and intended					wroczage orstromou mante ir destination. Provide as main de	
MECHANICAL MALFUNCTION		re space is needed, o	continue on s	eparate sheet)	T	
Was there Mechanical Malfunction/Fai (If yes, list the name of the part, manufacturer,		scribe the failure.)			Total Time/Cycles On Part	
					Hours	
					Cycles	
					TI' C' TIL' D. 4	
					Time Since This Part Inspected/Overhauled	
					NZOGHE BBDD	
					Hours	
FUEL & SERVICES INFORMA	TION					
Fuel on Board at Last Takeoff	Fuel Type	**				
(Convert from pounds, as necessary)	O 80/87	O 115/145	O Jet B	O Other, speci	fy a voi ambiori	
APPYDY 380 Gallons	O 100 Low Lead O 100/130	Jet AJet A-1	O JP8 O Automoti	ive		
Other Services, if Any, Prior to Departs	ire 110 millionid noc	up to 170 kTS. Up	haspa yrn i	gian of but tow	bas rosorogs	
ecent to the runway and		seld my africules t				
all flags down. Upon	and with gear and h					
EVACUATION OF AIRCRAFT		CAN THE SECOND				
Was an emergency evacuation of the air		■ Yes □ No				
			ted each locat	ion	no langitherib	
Method of Exit – Describe how the occup	OCCUPANTS EX	iny occupants evacua	MIFERS	†7 1 1 1 1 1 1 1 1 1 0 0		
Thoou	occupants Ex 194 Cabin doc	or under Su	aper wish	i a m		
0 +	RIOT					
	 -					
OTHER AIRCRAFT - COLLISI			omplete this	section for other a	rcraft) Damage to Other Aircraft	
	acturer: 6 e e	e n			☐ Destroyed ☐ Minor	
200 HF Model:	25200				☐ Substantial ☐ None	
Registered Owner of Other Aircraft		Pilot o	f Other Airci	raft		
Name: LC whit ford (v City: wellsville	mpray INC	Name:	1 1 1 600	1		
	95-1152	City: State:		ZIP:		
Country: U.S.A.		Countr				

ADDITIONAL INFORMATION	ON (Please type or print in ink)		
Use this space if additional space			
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I HEREDY CERTIEV THAT TH	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE	DEST OF MY KNOW! EDGE
	Pilot/Operator: John D Ten	esti.	
04/06/2020 Signature		,,,,,,	
	Check here to electronically sign this	document	
If a Person Other than Pilot/Op	erator is Filing Report		
Name:		Title:	
- or - ☐ Check here to	electronically sign this document		
	FOR NTSB	USE ONLY	
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office		Date Report Received
ERA20CA139	ERĂ	Name of Investigator Eric Gutierrez	Date Report Received 4/6/2020