

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

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

BASIC INFORMATION

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Accident/Incident Location Nearest City/Place: <u>KFXE</u> State: <u>FL</u> ZIP: _____ Country: <u>USA</u> Latitude: _____ (dd.mm:ss N/S) Longitude: _____ (ddd.num:ss E/W) | | Date/Time Date: <u>12-28-2011</u> Local Time: <u>0950</u> <i>mm/dd/yyyy</i> Time Zone: <u>Eastern</u> | |
| Phase of Operation <input type="checkbox"/> Standing <input checked="" type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown | | Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None | Altitude of In-Flight Occurrence _____ ft MSL |

AIRCRAFT INFORMATION

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Manufacturer: <u>Cessna</u> Model: <u>CE650</u> Serial Number: <u>650-7063</u> Registration Number: <u>N877G</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Max Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC) | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Category of Aircraft <input type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown | Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport | Number of Seats: _____ If Large Aircraft, how many seats for Flight Crew: _____ Cabin Crew: _____ Passengers: _____ | Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies. <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____ | Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown | Date Last Inspection: _____ <i>mm/dd/yyyy</i> |
| ELT Equipped <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Stall Warning System Installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Airframe Total Time: _____ hrs hours measured at <i>(check one)</i> <input type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| ELT Installed ELT Activated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected | Propeller <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. <i>mm/dd/yyyy</i> | Engine Rated Power Measured as <i>(check one)</i> <input type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | | | | | | | | |
| Eng. 2 | | | | | | | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

| OWNER/OPERATOR INFORMATION | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Registered Aircraft Owner Name: <u>Citation 7063 Corp</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Owner Address City: _____ State: _____ ZIP: _____ Country: _____ | |
| Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____ | Operator Address <input type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____ | |
| Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces | Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown | Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail | Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft |
| OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft) | | |
| Aircraft Registration Number _____ | Manufacturer: _____ Model: _____ | Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None |
| Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | |
| Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | |
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet) | | |
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> | | Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours |
| DAMAGE TO AIRCRAFT AND OTHER PROPERTY | | |
| Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed | Aircraft Fire <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground | Aircraft Explosion <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground |

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

AIRPORT INFORMATION (if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KFXE Distance From Airport Center: _____ SM
Airport Name: Fort Lauderdale Executive Direction From Airport: _____ degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: _____ ft. MSL

Approach Segment (Select one)

On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

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 Soft Unknown
 Slush Covered Vegetation

Runway/Landing Surface (Check all that apply)

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

FLIGHT ITINERARY INFORMATION

| Last Departure Point | Time of Departure | Destination | Type Flight Plan Filed |
|--------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Airport ID: _____ City: _____ State: _____ Country: _____ | Time: _____ Time Zone: _____ | Airport ID: _____ City: _____ State: _____ Country: _____ | <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 E Prohibited Area Jet Training Area Special
 Class B Class G Restricted Area TRSA Air Traffic Control Area
 Class C Demo Area Military Operations Area (MOA) FAR 93 Unknown
 Class D Warning Area Airport Advisory Area

Aircraft Load Description (Check all that apply)

None Towing Glider Parachutists Livestock
 Passengers Towing Banner Water Unknown
 Cargo Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

| Fuel on Board at Last Takeoff (convert from pounds, as necessary) | Fuel Type |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____ Gallons | <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5 <input type="checkbox"/> Other, specify _____ |

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG | | Source of Weather Information <i>(Check all that apply)</i> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown | | Method of Briefing <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown |
| Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent | | Light Condition <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported | | Visibility _____ 10 miles |
| Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown | | Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown | | Restriction to Visibility <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown |
| Lowest Cloud Condition Height _____ ft AGL | | Ceiling Height _____ ft AGL | | |
| Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable | Wind Speed Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable | Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting | Type of Turbulence <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light | |
| NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident | | | | |
| Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F) | | Icing Forecast Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed Icing Actual Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed | | Type of Precipitation <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

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

Pilot "A" Identification

First Name: Jeffrey City: Naples
 Middle Initial: E State: FL ZIP: 34110
 Last Name: Cole Country: USA
 Age at time of Accident/Incident: Date of Birth: Certificate Number

Degree of Injury

None
 Fatal
 Minor
 Unknown
 Serious

Seat Occupied

Left
 Front
 Unknown
 Right
 Rear
 Center
 Single

Seat Belt

Used Yes No
 Available Yes No

Shoulder Harness

Used Yes No
 Available Yes No

Pilot Certificate(s) (Check all that apply)

None
 Student
 Recreational
 Commercial
 Flight Engineer
 Foreign
 Private
 Flight Instructor
 Sport
 Airline Transport
 U.S. Military

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
 With limitations/waivers
 Unknown

Date of Last Medical

07/05/2011
mm/dd/yyyy

Medical Certificate Limitations

Corrective lenses

Medical Certificate Waivers

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

01/08/2012
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
 Model: CE560XL

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
 Free 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

CE-500, CE-560XL, CE-650

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 | 14,950 | 190 | | | | | | | | |
| Pilot in Command (PIC) | 12,870 | 170 | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | | | | | | | | | | |
| Last 30 Days | | 21 | 7 | | | | | | | |
| Last 24 Hours | | | | | | | | | | |

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury

- None Fatal
 Minor Unknown
 Serious

Seat Occupied

- Left Front Unknown
 Right Rear
 Center Single

Seat Belt

- Used Yes No
 Available Yes No

Shoulder Harness

- Used Yes No
 Available Yes No

Pilot Certificate(s) *(Check all that apply)*

- None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

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
 With limitations/waivers
 Unknown

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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
 Free 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 <i>(enter appropriate number of hours in each box)</i> | 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 CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Pilot Name and Address | | Degree of Injury | |
| First Name: _____ | City: _____ | <input type="checkbox"/> None | <input type="checkbox"/> Fatal |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="checkbox"/> Minor | <input type="checkbox"/> Unknown |
| Last Name: _____ | Country: _____ | <input type="checkbox"/> Serious | |
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied | |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Pilot Name and Address | | Degree of Injury | |
| First Name: _____ | City: _____ | <input type="checkbox"/> None | <input type="checkbox"/> Fatal |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="checkbox"/> Minor | <input type="checkbox"/> Unknown |
| Last Name: _____ | Country: _____ | <input type="checkbox"/> Serious | |
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied | |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Pilot Name and Address | | Degree of Injury | |
| First Name: _____ | City: _____ | <input type="checkbox"/> None | <input type="checkbox"/> Fatal |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="checkbox"/> Minor | <input type="checkbox"/> Unknown |
| Last Name: _____ | Country: _____ | <input type="checkbox"/> Serious | |
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied | |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | |

PASSENGER(S) / OTHER PERSONNEL (include flight attendants; continue on separate sheet if necessary)

| Name and Address | Seat | Crew | Non-Revenue | Revenue | Non-Occupant | FAA | Fatal | Serious Injury | Minor Injury | No Injury | Unknown |
|-------------------------|-------|-------|-------------|---------|--------------|-------|-------|----------------|--------------|-----------|---------|
| First Name: _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Middle Initial: _____ | | | | | | | | | | | |
| Last 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 01/10/2012 <i>mm/dd/yyyy</i> | | Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: Jeffrey E. Cole | |
| Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: _____ Title: _____ | | | |
| FOR NTSB USE ONLY | | | |
| NTSB Accident/Incident No. ERA12FA127 | Reviewed by NTSB Regional Office ERA | Name of Investigator COX | Date Report Received 1-10-2012 |