

NATIONAL TRANSPORTATION SAFETY BOARD

Office of Aviation Safety
Washington, D.C. 20594

Attachment 23 - NTSB Form 6120

OPERATIONAL FACTORS

DCA11MA075

A. ACCIDENT

Operator: Omega Aerial Refueling Services, Inc.
Location: Point Mugu Naval Air Station, California
Date: May 18, 2011
Airplane: Boeing 707-321B, Registration Number: N707AR

B. NATIONAL TRANSPORTATION SAFETY BOARD (NTSB) OPERATIONS GROUP

Captain David Lawrence - Chairman
Senior Air Safety Investigator
National Transportation Safety Board
490 L'Enfant Plaza East S.W.
Washington, DC 20594

Captain John Banitt
B707 Flight Standardization Officer
Omega Air Refueling
700 N. Fairfax Street, Suite 306
Alexandria, Virginia 22314

Mr. Tony James
Air Safety Investigator
Federal Aviation Administration (FAA)
800 Independence Ave. S.W.
Washington, DC 20591

Mr. Michael Coker
Senior Safety Pilot
The Boeing Company
P.O. Box 3707 MC 20-95
Seattle, Washington 98124-2207

C. SUMMARY

On May 18, 2011, at approximately 1727 pm local time (0027 UTC), Omega Air flight 70, a Boeing 707-321B (N707AR), crashed on takeoff at the Point Mugu Naval Air Station¹, Point Mugu, California. The airplane impacted beyond the departure end of runway 21 and was destroyed by post-impact fire. All three flight crewmembers aboard escaped with minor injuries.

¹ Naval Base Ventura County.

D. NTSB FORM 6120

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>NOVATO POINT MURRU</u> State: <u>CA</u> ZIP: <u>93042</u> Country: <u>USA</u> Latitude: <u>34 07.15N</u> (dd:mm:ss N/S) Longitude: <u>119 07.17W</u> (ddd:mm:ss E/W)					Date/Time Date: <u>05/18/2011</u> Local Time: <u>1727</u> <small>mm/dd/yyyy</small> <small>Time Zone: <u>-7</u></small>																																																	
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 <u>25</u> ft MSL																																															
AIRCRAFT INFORMATION																																																						
Manufacturer: <u>BOEING</u> Model: <u>707-321B</u> Serial Number: <u>20029</u> Registration Number: <u>N707AB</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Max Gross Weight: <u>321,400</u> lbs Weight at Time of Accident/Incident: <u>305,000</u> lbs Location of Center of Gravity at Time of Accident/Incident: inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- <u>21.6'</u> Percent Mean Aerodynamic Cord (% MAC)																																																	
Category of Aircraft <input checked="" 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 (Check all that apply) 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 checked="" 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: <u>3</u> Cabin Crew: <u>24</u> Passengers: <u>0</u>		Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" 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 checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			Last Inspection Type <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown		Date Last Inspection: <u>05/02/2011</u> <small>mm/dd/yyyy</small> Airframe Total Time: <u>47,856</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident																																																	
IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>FREON</u>																																																		
ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ELT Manufacturer: <u>RAISINAD</u> Model/Series: <u>406 AP</u> Serial Number: <u>2611566-0007</u> Battery Type: <u>HSY BAK 200</u> Battery Exp. Date: <u>APRIL 2012</u>																																																				
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input type="checkbox"/> No		Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input checked="" type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown			Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <u>NA</u> <input type="checkbox"/> Fuel Injected		Propeller <input type="checkbox"/> Fixed Pitch <u>NA</u> Manufacturer: _____ <input type="checkbox"/> Controllable Pitch Model: _____																																															
<table border="1"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. <small>mm/dd/yyyy</small></th> <th>Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td>PEW</td> <td>JT3D-3B</td> <td>645181</td> <td>9/24/1965</td> <td>18,000</td> <td>57932</td> <td>1026</td> <td>N/A</td> </tr> <tr> <td>Eng. 2</td> <td>PEW</td> <td>JT3D-3B</td> <td>668448</td> <td>8/16/1965</td> <td>18,000</td> <td>48119</td> <td>1338</td> <td>N/A</td> </tr> <tr> <td>Eng. 3</td> <td>PEW</td> <td>JT3D-3B</td> <td>668147</td> <td>12/12/1967</td> <td>18,000</td> <td>51182</td> <td>5474</td> <td>N/A</td> </tr> <tr> <td>Eng. 4</td> <td>PEW</td> <td>JT3D-3B</td> <td>668804</td> <td>4/23/1971</td> <td>18,000</td> <td>19399</td> <td>1176</td> <td>N/A</td> </tr> </tbody> </table>										Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	Eng. 1	PEW	JT3D-3B	645181	9/24/1965	18,000	57932	1026	N/A	Eng. 2	PEW	JT3D-3B	668448	8/16/1965	18,000	48119	1338	N/A	Eng. 3	PEW	JT3D-3B	668147	12/12/1967	18,000	51182	5474	N/A	Eng. 4	PEW	JT3D-3B	668804	4/23/1971	18,000	19399	1176	N/A
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OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>OMEGA AIR INC.</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>SAN ANTONIO</u> State: <u>TX</u> ZIP: <u>78216</u> Country: <u>USA</u>
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>OMEGA AIR SERVICE SEVICES, INC.</u> Doing Business As: <u>Omega</u> Air Carrier/Operator Designator (4 Character Code): <u>L6P</u>		Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>ALEXANDRIA</u> State: <u>VA</u> ZIP: <u>22314</u> Country: <u>USA</u>
Regulation Flight Conducted Under <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input checked="" type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input checked="" 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 Sightsceing 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 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 checked="" type="checkbox"/> Public Use <u>FEDERAL</u> <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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <u>N/A</u> <input type="checkbox"/> Passenger <u>N/A</u> How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input checked="" 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: _____ Middle Initial: <u>N/A</u> Last Name: _____		City: _____ State: _____ ZIP: _____ Country: _____
Pilot of Other Aircraft		
First Name: _____ Middle Initial: _____ Last Name: _____		City: _____ State: _____ ZIP: _____ 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 checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed	Aircraft Fire <input type="checkbox"/> None <input checked="" 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 checked="" 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)

AIRCRAFT CAME TO REST IN A WETLAND AREA ADJACENT TO THE OVERWIND OF RWY 21 AT KNTD. FIRE CONSUMED THE LEFT WING AND EXISTE INTERIOR OF THE AIRCRAFT.

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

Airport Identifier: KNTD Distance From Airport Center: .5 SM
 Airport Name: NBVC POINT MORGAN Direction From Airport: 210 degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: +13 ft. MSL

Approach Segment (Select one)
 On Instrument Approach Landing N/A 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 LDA GPS Traffic Pattern Stop and Go
 SDF ILS N/A ASR Loran Straight-In Touch and Go
 VOR/TVOR Localizer Only Visual Unknown Valley/Terrain Following Simulated Forced Landing
 VOR/DME LOC-back course Contact Go Around Forced Landing
 TACAN RNAV Circling Full Stop Precautionary Landing Unknown

Runway Information
 Runway ID: 21 (L/R/C) Length: 11,102 ft Width: 200 ft

Runway/Landing Surface (Check all that apply)
 Asphalt Grass/Turf Macadam Water Concrete Gravel Metal/Wood Unknown Dirt Ice Snow

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

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>KNTD</u> City: <u>NBVC, PM</u> State: <u>CA</u> Country: <u>USA</u>	Time: <u>1727</u> Time Zone: <u>-7</u>	Airport ID: <u>KNTD</u> City: <u>NBVC, PM</u> State: <u>CA</u> Country: <u>USA</u>	<input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input checked="" 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	Fuel Type
(convert from pounds, as necessary) <u>23,433</u> 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

Other Services, if Any, Prior to Departure
NONE

EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location ALL THOSE OCCUPANTS EXITED THROUGH THE FORWARD LEFT MAIN CABIN DOOR.			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>KNTD</u> Observation Time: <u>1653</u> Time Zone: <u>-7</u> Distance from Accident Site: <u>1</u> NM Direction from Accident Site: <u>270</u> degrees MAG		Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input checked="" type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <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 checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent		Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input checked="" type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown	
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 <u>7</u> miles	
Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input checked="" 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 (Check all that apply) <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 <u>4500</u> ft AGL	
Ceiling Height <u>N/A</u> ft AGL		Wind Direction <input checked="" type="checkbox"/> Indicated: <u>260</u> degrees MAG <input type="checkbox"/> Variable	
Wind Speed Velocity: <u>24</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable		Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	
Type of Turbulence (Check all that apply) <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 <u>SEE ATTACHED SHEET.</u>			
Temperature: <u>16</u> (C) or _____ (F) Altimeter Setting: <u>29.76</u> 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 (Check all that apply) <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: Christopher City: Chichester
 Middle Initial: J State: KS ZIP: 66062
 Last Name: Tharmsted Country: USA
 Age at time of Accident/Incident: 41 Date of Birth: mm/dd/yyyy Certificate Number: ATP mm/dd/yyyy

Degree of Injury Seat Occupied Seat Belt Shoulder Harness
 None Fatal Left Front Unknown Used Yes No
 Minor Unknown Right Rear Available Yes No
 Serious Center Single Single No Yes No

Pilot Certificate(s) (Check all that apply)
 None Student Recreational Commercial SEL Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation Medical Certificate Medical Certificate Validity Date of Last Medical
 Pilot None Without limitations/waivers 02/14/2011
 Other Class 1 Driver's License (Sport Pilot only) With limitations/waivers
 Unknown Class 2 Unknown Unknown

Medical Certificate Limitations
None

Medical Certificate Waivers
None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: PIC PIC 01/08/2011 Flight Review Aircraft
 Make: B707
 Model: B707

Airplane Rating(s) (Check all that apply) Other Aircraft Rating(s) (Check all that apply) Instrument Rating(s) (Check all that apply) Instructor Rating(s) (Check all that apply)
 None None None None
 Single-Engine Land Airship Airplane Airplane Single-Engine
 Single-Engine Sea Free Balloon Helicopter Airplane Multi-Engine
 Multi-Engine Land Gyroplane Powered Lift Gyroplane
 Multi-Engine Sea Helicopter Powered Lift Powered Lift Sport

Type Ratings Student Endorsements (include class)
A320, B-707, B-720, BE-200

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	5117.5	2730.8	2388.3	4829.2	966.3	1033.1	276.9	-	-	-
Pilot in Command (PIC)	2504.5	1620	132.8	2371.7	451	430	101.8	-	-	-
Time as Instructor	244.2	90.4	178.6	175.6	48	69	43.7	-	-	-
This Make/Model					222.6	633.0	143.9			
Last 90 Days	140	140	0	140	33.2	16.9	2.0	-	-	-
Last 30 Days	58.4	58.4	0	58.4	26.3	6.1	0.8	-	-	-
Last 24 Hours Prior to 3/8/11	5.7	5.7	0	5.7	0	0	0	-	-	-

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury	
First Name: <u>KENNETHA</u>	City: <u>BELLAVILLE</u>	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: <u>K</u>	State: <u>IL</u> ZIP: <u>72715</u>	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: <u>MCNAMARA</u>	Country: <u>USA</u>	<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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input checked="" type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
Type Rating/Endorsement for Accident/Incident Aircraft? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: <u>9,000</u> 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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

AIRCRAFT WAS ENGAGED IN PUBLIC USE OPERATIONS SUPPORTING U.S. NAVY FLEET TRAINING OPERATIONS AND TERMINATED AT NAVAL BASE VENTURA COUNTY - POINT MUEB (KMD). AIRCRAFT WEIGHT APPROXIMATELY 12,000 LBS OF JP-8 FUEL PRIOR TO DEPARTURE. AIRCRAFT EXPERIENCED NORMAL START, TAXI, AND TAKE-OFF ROLL THROUGH ROTATION AT V_R 5 KNOTS. AT APPROXIMATELY 25 FEET AGL, THE NUMBER 2 ENGINE THROTTLE SLAMMED DOWN BACK TO IDLE. CAPTAIN AND FIRST OFFICER APPLIED RIGHT RUDDER AND LOWERED THE NOSE SLEIGHTLY TO MAINTAIN V₂. AIRCRAFT STOPPED CLIMBING AND SETTLED BACK TO THE RUNWAY. AIRCRAFT DEPARTED THE LEFT SIDE OF THE RUNWAY AND CAME TO REST IN A WETLAND AREA ADJACENT TO THE RWY 21 OVERFLOW.

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

Operator/Owner Safety Recommendation

TBD.

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 05/31/2011 <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: ROBERT S. PRANO Title: VICE PRESIDENT, OPERATIONS	

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
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Sort By: Default Report

Keyword Sort:

Locations:KNTD, KPMD, KNKX, KNUC, KNID, KVBG, KNLC, KNZY,
KNUW, KNSI

Data Current as of: Wed, 18 May 2011 16:37:00 GMT

KNTD POINT MUGU NAS (NAVAL BASE VENTURA CO)

M0132/11 - CAUTION FOR LOW-FLYING AIRCRAFT - MOVIE LIGHTS AND LASERS POINTED OUT TOWARDS THE OCEAN, AT A LOCATION APPROX 3 MILES SOUTHEAST OF THE APPROACH END OF RWY 27 (34° 05' 15.60" N, 119° 03' 48.80" W). LASERS WILL NOT BE ELEVATED AT MORE THAN A 30° ANGLE ABOVE THE HORIZON. 19 MAY 23:00 2011 UNTIL 20 MAY 14:00 2011. CREATED: 17 MAY 15:22 2011

M0131/11 - CAUTION: LASER LIGHTS LOCATED 4.5 MILES EAST OF POINT MUGU TOWER AIMED OVER THE OCEAN FROM 1900L TO 2000L. LASERS WILL NOT BE POINTED MORE THAN A 30 DEGREE ANGLE. ADDITIONAL FLOOD LIGHTS LOCATED IN THE SAME VICINITY FROM DUSK TO 0700L. 16 MAY 23:00 2011 UNTIL 19 MAY 14:00 2011. CREATED: 16 MAY 22:58 2011

M0108/11 - TACAN CHECKPOINT FOR RWY 21 UNUSABLE. 25 APR 16:10 2011 UNTIL 20 JUL 14:00 2011. CREATED: 25 APR 16:08 2011

W0414/11 - US DOD PROCEDURE, TACAN OR VOR/DME RWY 3: IN PROFILE VIEW; FIM 29 DME FIX LEGE, FIX NAME SHOULD READ LEGEY (VICE LEGE). 03 MAY 11:50 2011 UNTIL 02 JUN 00:01 2011. CREATED: 03 MAY 11:52 2011

KPMD PALMDALE RGNL/USAF PLANT 42

M0064/11 - CRANE LOCATED AT SITE 3 WEST HUSH HOUSE BLDG 335T, DAILY, MON-FRI FROM 1330-2330. APPROX. CRANE HEIGHT 120FT. 20 APR 17:55 2011 UNTIL 20 MAY 23:30 2011. CREATED: 20 APR 17:59 2011

M0063/11 - AERODROME HOURS OF SERVICE ARE INCORRECT IN IFR SUPPLEMENT, CORRECT HOURS OF SERVICE ARE 1330-0600++ OR LOCAL 0530L-2200L. 14 APR 17:52 2011 UNTIL 30 JUN 09:00 2011. CREATED: 14 APR 17:55 2011

M0059/11 - THE PORTION OF TAXIWAY BRAVO THAT PARALLELS RWY 07/25 HAS BEEN RENAMED LZ. AIRFIELD SIGNS ARE INSTALLED INDICATING THE CHANGE. 12 APR 23:20 2011 UNTIL 30 JUN 09:00 2011. CREATED: 12 APR 23:24 2011

FDC 0/7293 (A0074/10) - FI/T PALMDALE REGIONAL/USAF PLANT 42, PALMDALE, CA.
HI ILS/DME RWY 25, ORIG-A...
S-ILS 25 VIS 1 MILE ALL CATS.
S-LOC 25 MDA 2920/HAT 417 ALL CATS.
CIRCLING AT NIGHT NA TO RWY 7. WIE UNTIL UFN. CREATED: 26 APR 18:21 2010

L0059/11 - TAXIWAY JULIET BETWEEN RUNWAY 25 AND THE LZ CLOSED TO ALL AIRCRAFT OPERATIONS DUE TO REPAIRS NEEDED. 12 MAY 19:00 2011 UNTIL 29 JUL 23:00 2011. CREATED: 12 MAY 19:07 2011

L0046/11 - NEW PHONE NUMBERS IN USE TO REQUEST PPR'S 661 272-6619/6614. 12 APR 23:18 2011 UNTIL 30 JUN 09:00 2011. CREATED: 12 APR 23:23 2011

KNKX MIRAMAR MCAS

M0126/11 - MCAS MIRAMAR ADJUSTED AIRFIELD HOURS ISO DAYLIGHT SAVING TIME (DST) ARE AS FOLLOWS:
MON-THURS 0830L-0100L (1530Z-0800Z)
FRI 0730L-1800L (1430Z-0100Z)
SAT CLOSED
SUN 1400L-1800L (2100Z-0100Z) X-COUNTRY RECOVERY WINDOW. 18 MAY 16:16 2011 UNTIL

<https://www.notams.jcs.mil/dinsQueryWeb/queryRetrievalMapAction.do>

5/18/2011