

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>BARRON AVIATION LLC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>PERRY</u> State: <u>MO</u> ZIP: <u>63462</u> Country: <u>USA</u>
--	---

Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>BARRON AVIATION PRIVATE FLIGHT SERVICES LLC (LESSOR)</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>HANNIBAL</u> State: <u>MO</u> ZIP: <u>63401</u> Country: <u>USA</u>
---	---

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 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Destroyed	Aircraft Fire <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	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 DESTROYED WITH REPORTED MINOR DAMAGE TO HOUSE/FENCE.

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

Airport Identifier: _____ Distance From Airport Center: _____ SM
 Airport Name: _____ 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

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

Airport ID: KTAZ
 City: TAYLORVILLE
 State: IL
 Country: USA

Time of Departure

Time: _____
 Time Zone: CENTRAL

Destination

Airport ID: _____
 City: _____
 State: _____
 Country: _____

Type Flight Plan Filed

None VFR/IFR
 Company VFR IFR
 Military VFR Unknown
 VFR
 Activated? Yes 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)
150 (REPORTED) Gallons

Fuel Type

80/87 115/145 JP3 Other, specify _____
 100 Low Lead Jet A JP4
 100/130 Automotive JP5

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

SKYDIVERS WERE PREPARING TO ALL JUMP TOGETHER WHEN AIRCRAFT STALLED AND BEGAN ITS ROLL TO THE LEFT. ALL 12 EXITED IMMEDIATELY THROUGH THE DOOR.

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

(Check all that apply)

- National Weather Service
- Flight Service Station
- TV/Radio
- Automated Report
- Commercial Weather Service (DUATS)
- Company
- Military
- Internet
- Unknown

Method of Briefing

(Check all that apply)

- In Person
- Teletype
- Telephone/Computer
- Aircraft Radio
- TV/Radio
- Unknown

Briefing Type/Completeness

- Full
- Partial / Limited By Pilot
- Partial / Limited By Briefer
- Abbreviated
- Unknown
- Not Pertinent

Light Condition

- Dawn
- Day
- Dusk
- Night
- Dark Night
- Bright Night
- Not Reported

Visibility

10+ miles

Sky/Lowest Cloud Condition

- Clear
- Few
- Partial Obscuration
- Scattered
- Thin Broken
- Thin Overcast
- Unknown

Ceiling

- None (clear)
- Broken
- Overcast
- Obscured
- Indefinite
- Unknown

Restriction to Visibility (Check all that apply)

- None
- Blowing Dust
- Blowing Sand
- Blowing Snow
- Blowing Spray
- Dust
- Fog
- Ground Fog
- Haze
- Ice Fog
- Smoke
- Unknown

Lowest Cloud Condition Height

ft AGL

Ceiling Height

ft AGL

Wind Direction

- Indicated: _____ degrees MAG
- Variable

Wind Speed

- Velocity: _____ KTS
- or-
- Calm
- Light and Variable

Wind Gusts

- Velocity: _____ KTS
- Gusting
- Not Gusting

Type of Turbulence (Check all that apply)

- None
- Clear Air
- In Clouds
- Vicinity of Thunderstorm

Severity of Turbulence

- Extreme
- Severe
- Moderate
- Moderate Chop
- 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
- None
 - Trace
 - Light
 - Moderate
 - Severe

- Type
- Rime
 - Clear
 - Mixed

Icing Actual

- Amount
- None
 - Trace
 - Light
 - Moderate
 - Severe

- Type
- Rime
 - Clear
 - Mixed

Type of Precipitation (Check all that apply)

- None
- Rain
- Snow
- Hail
- Rain Showers
- Freezing Rain
- Snow Shower
- Drizzle
- Ice Pellets
- Snow Pellets
- Snow Grains
- Ice Crystals
- Ice Pellets Shower
- Freezing Drizzle

Intensity of Precipitation

- Light
- Moderate
- Heavy

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.

SEE ATTACHED REPORT : BA-468 ACCIDENT

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

Operator/Owner Safety Recommendation

SEE ATTACHED REPORT : BA-468 ACCIDENT

ADDITIONAL INFORMATION (Please type or print in ink)

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

(SEE ATTACHED REPORT : BA-468 ACCIDENT)

* NOTE 1 : NO BARRON AVIATION PRIVATE FLIGHT SERVICES, LLC. PERSONNEL WERE INVOLVED WITH OR PRESENT DURING THE SKYDIVING OPERATIONS ON THIS DATE AT THE TAYLORVILLE AIRPORT. IN AN EFFORT TO HELP IN ANY WAY POSSIBLE AND PER REQUEST FROM MR. TOM LATSON I HAVE COMPLETED AS MUCH OF THIS FORM AS POSSIBLE FROM THE KNOWLEDGE I HAVE. ANY "NOTED" QUESTIONS I EITHER DO NOT HAVE INFORMATION FOR OR AM NOT CERTAIN OF AND DO NOT WANT TO CORRUPT THE INFORMATION POOL WITH ANY ASSUMPTIONS. [REDACTED]

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

Date of this Report <u>08-13-2012</u>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: [REDACTED] Type or Print Name: <u>JON MICHAEL BARRON - MEMBER BAPFS / BA</u> Title: <u>OWNER / LESSOR</u>	

FOR NTSB USE ONLY

NTSB Accident/Incident No. <u>CEN12 FA 534</u>	Reviewed by NTSB Regional Office <u>CENTRAL REGION</u>	Name of Investigator <u>THOMAS J. LATSON, JR.</u>	Date Report Received <u>SEP 18 2012</u>
---	---	--	--