

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
This form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

Location					
Nearest City/Place, State, Zip Code Aspen, Colorado 81611	Date of Accident 3/29/2001	Local Time (24 HOUR CLOCK) 1901	Zone MDT	Elevation At Accident Site Feet MSL Feet MSL appr. 7900	
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information					
Proximity To Airport					
1. <input checked="" type="checkbox"/> On Approach	3. <input type="checkbox"/> Within 1/2 Mile	5. <input type="checkbox"/> Within 1 Mile	7. <input type="checkbox"/> Within 3 Miles		
2. <input checked="" type="checkbox"/> Within 1/4 Mile	4. <input type="checkbox"/> Within 3/4 Mile	6. <input type="checkbox"/> Within 2 Miles	8. <input type="checkbox"/> Beyond 3 Miles		
Airport Name Aspen Pitken County	Airport Ident KASE	Runway/Landing Surface Conditions:			
		1. <input type="checkbox"/> Direction: 150	3. <input type="checkbox"/> Width: 100'	5. <input type="checkbox"/> Condition: Dry	
		2. <input type="checkbox"/> Length: 7006	4. <input type="checkbox"/> Surface: asphalt		
Phase Of Operation:					
1. <input type="checkbox"/> Standing	3. <input type="checkbox"/> Takeoff	5. <input type="checkbox"/> Cruise	7. <input checked="" type="checkbox"/> Approach	9. <input type="checkbox"/> Hover/Maneuver	
2. <input type="checkbox"/> Taxi	4. <input type="checkbox"/> Climb	6. <input type="checkbox"/> Descent	8. <input type="checkbox"/> Landing	10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL	
Aircraft Information					
Registration Mark N303GA	Aircraft Manufacturer Gulfstream	Aircraft Type/Model G-1159A	Serial Number 303	Cert Max Gross WT 70,200	
Type Of Aircraft		Type Of Airworthiness Certificate		Amateur Built	
1. <input checked="" type="checkbox"/> Airplane	5. <input type="checkbox"/> Blimp/Dirigible	1. <input type="checkbox"/> Normal	5. <input type="checkbox"/> Restricted	1. <input type="checkbox"/> Yes	
2. <input type="checkbox"/> Helicopter	6. <input type="checkbox"/> Ultralight	2. <input type="checkbox"/> Utility	6. <input type="checkbox"/> Limited	2. <input checked="" type="checkbox"/> No	
3. <input type="checkbox"/> Glider	7. <input type="checkbox"/> Gyroplane	3. <input type="checkbox"/> Acrobatic	7. <input type="checkbox"/> Experimental		
4. <input type="checkbox"/> Balloon	8. <input type="checkbox"/> Specify _____	4. <input checked="" type="checkbox"/> Transport	8. <input type="checkbox"/> Specify _____		
Landing Gear				No. Of Seats	
1. <input type="checkbox"/> Tricycle—Fixed	4. <input type="checkbox"/> Tailwheel—Retractable	7. <input type="checkbox"/> Skid	Flight/Cabin		
2. <input checked="" type="checkbox"/> Tricycle—Retractable	5. <input type="checkbox"/> Tailwheel—Retractable Mains	8. <input type="checkbox"/> Limited	Crew 3		
3. <input type="checkbox"/> Tailwheel—Fixed	6. <input type="checkbox"/> Amphibian	9. <input type="checkbox"/> Specify _____	Pax 15		
Stall Warning System Installed	IFR Equipped	Engine Type			
1. <input checked="" type="checkbox"/> Yes	1. <input checked="" type="checkbox"/> Yes	1. <input type="checkbox"/> Reciprocating—Carburetor	3. <input type="checkbox"/> Turbo Prop	5. <input type="checkbox"/> Turbo Fan	
2. <input type="checkbox"/> No	2. <input type="checkbox"/> No	2. <input type="checkbox"/> Reciprocating—Fuel Injected	4. <input checked="" type="checkbox"/> Turbo Jet	6. <input type="checkbox"/> Turbo Shaft	
Engine Manufacturer Rolls Royce	Engine Model/Series Spey 511-8	Engine Rated Power	Type Of Fire Extinguishing System Used		
		1. _____ Horsepower	1. None		
		2. 11,400 lbs Thrust	2. Specify Halon		
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	unk	11005	7116.2	Hours 89	Hours 2367
Engine No. 2	unk	11006	7562.7	Hours 89	Hours 2367
Engine No. 3				Hours	Hours
Engine No. 4				Hours	Hours
Type Of Maintenance Program		Type Of Last Inspection		Date Last Inspection Performed	
1. <input type="checkbox"/> Annual	2. <input type="checkbox"/> Manufacturer's Inspection Program	1. <input type="checkbox"/> Annual	2. <input type="checkbox"/> 100 Hours	3/26/2001 (M/D/Y)	
3. <input type="checkbox"/> Other Approved Inspection Program(AAIP)	4. <input checked="" type="checkbox"/> Continuous Airworthiness	3. <input type="checkbox"/> AAIP	4. <input type="checkbox"/> Continuous Airworthiness	Time Since Last Inspection 3.0 Hours	
5. <input type="checkbox"/> Specify _____				Airframe Total Time 7265.7 Hours	
Emergency Locator Transmitter (ELT)	ELT Manufacturer unk	Model/Series DMELT-6	Serial Number 42481	Battery Date (M/D/Y) 1/19/01	
	Switch 1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input checked="" type="checkbox"/> Armed	Operated 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Aided In Accident Location 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No	
Registered Aircraft Owner Airborne Charter, Inc., A Nevada Corporation			Address C/O 4301 Empire Ave. Burbank, CA 91505		
Operator Of Aircraft 1. Same As Registered Owner 2. Name Avjet Corporation 3. DBS:			Address 1. <input type="checkbox"/> Same As Registered Owner 2. 4301 Empire Ave. Burbank, CA 91505		

Owner / Operator Information (cont.)											
Operator (Certificate Number)			Operator Designator (4 Letter Designator)								
[REDACTED]			ABFA								
Purpose Of Flight And Type Of Operation											
Regulation Flight Conductor Under					Operator Authority			FAR 121, 125, 127, 129, 135 Revenue Operations			
1. <input type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 5. <input type="checkbox"/> FAR 125 8. <input checked="" type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137					FAR121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 135 4. <input checked="" type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR125 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign		1. <input type="checkbox"/> Scheduled 2. <input checked="" type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____	
Purpose of Flight											
1. <input type="checkbox"/> Personal 2. <input checked="" type="checkbox"/> Business 3. <input type="checkbox"/> Educational 4. <input type="checkbox"/> Executive/Corporate 5. <input type="checkbox"/> Aerial Application 6. <input type="checkbox"/> Aerial Observation 7. <input type="checkbox"/> Other Work Use 8. <input type="checkbox"/> Public Use 9. <input type="checkbox"/> Ferry 10. <input type="checkbox"/> Positioning											
Pilot Information											
Pilot Name			Pilot Certificate No.		Address			Nationality			
Robert Frisbie			[REDACTED]		Fallbrook, CA 92028			US			
Certificate (s)											
1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____											
Rating (s)				Instrument Rating (s)		Instructor Rating (s)					
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input checked="" type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea 6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane				1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. <input type="checkbox"/> Specify _____					
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)		BFR Aircraft					
B737, BE300, CE500, IA JET, G-1159				12/08/00		1. Make Gulfstream 2. Model G-1159 Simulator					
Medical Certificate			Date Of Last Medical (M/D/Y)		Limitations			Date Of Birth (M/D/Y)			
1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input checked="" type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3			10/16/00		Glasses for Near Vision			[REDACTED]/56			
Waivers			None								
Degree Of Injury		Seat Occupied		Person At Controls At Time Of Accident				Seat Belt Available			
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input checked="" type="checkbox"/> Fatal		1. <input checked="" type="checkbox"/> Left 4. <input checked="" type="checkbox"/> Front 2. <input type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		1. <input checked="" type="checkbox"/> Pilot In Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots				1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No			
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		Source Of Pilot Flight Time Information					
1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Pilot Logbook 4. <input checked="" type="checkbox"/> Company 2. <input checked="" type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records					
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiegnine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time		10000	500est	2300	7900	1100	Actual	Simulated			
Pilot In Command (PIC)		8000	500est	unk	unk	unk	unk	unk			
Instructor											
This Make & Model											
Last 90 Days		85	85	0	85	32	1.4				
Last 30 Days		20	20	0	20	0					
Last 24 Hours		0	0	0	0	0	0				
Second Pilot Information											
Second Pilot Responsibilities At The Time Of Accident											
1. <input checked="" type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)											
Pilot Name			Pilot Certificate No.		Address			Nationality			
PETER Kowalczyk			[REDACTED]		Simi Valley, CA 93063			US			
Certificate (s)											
1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input checked="" type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. None 2. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____											

Second Pilot Information (cont.)																			
Rating (s)			Instrument Rating (s)			Instructor Rating (s)													
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input checked="" type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea			6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane			1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane S.E. 3. <input checked="" type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. <input type="checkbox"/> Specify _____ 10. <input type="checkbox"/> Specify _____										
Type Ratings/Student Endorsements			Date Of Biennial Flight Review or Equivalent (M/D/Y)			BFR Aircraft													
G-1159			2/9/01			1. Make <u>Gulfstream</u> 2. Model <u>G-1159 Simulator</u>													
Medical Certificate		Date Of Last Medical (M/D/Y)		Limitations			Date Of Birth (M/D/Y)												
1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3		12/08/2000		None			62												
Degree Of Injury		Seat Occupied			Seat Belt Available														
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input checked="" type="checkbox"/> Fatal		1. <input type="checkbox"/> Left 2. <input checked="" type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input checked="" type="checkbox"/> Front 5. <input type="checkbox"/> Rear			1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No														
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		Records													
1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Pilot Logbook 2. <input checked="" type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input checked="" type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____													
Flight Time		This Make & Model		Airplane Single Engine		Airplane Multiengine		Night		Instrument		Rotorcraft		Glider		Lighter Than Air			
Total Time		5600		900		unk		1500est		unk		unk		unk		unk			
Pilot In Command (PIC)		4612		0		unk		unk		unk		unk		unk		unk			
Instructor		unk		unk		unk		unk		unk		unk		unk		unk			
This Make & Model																			
Last 90 Days		48.6		48.6		0		48.6		10.0									
Last 30 Days		9.2		9.2		0		9.2		1.2									
Last 24 Hours		0		0		0		0		0									
Other Personnel																			
Name		Seat		Address (City & State)				Crew		Non-Revenue		Revenue		Non-Occupant		FAA		Fatal Serious Minor None	
1. Cathy Naranjo		JUMP		LOS Angeles, CA				F/A										Fatal	
2.																			
3.																			
4.																			
5.																			
6.																			
Flight Itinerary Information																			
Last Departure Point				Time Of Departure				Destination				Flight Plan Filed							
1. Airport ID <u>KLAX</u> 2. City/Place <u>Los Angeles</u> 3. State <u>CA</u>				1. Time <u>1615</u> 2. Time Zone <u>PDT</u>				1. Airport ID <u>KASE</u> 2. City/Place <u>Aspen</u> 3. State <u>CO</u>				1. <input type="checkbox"/> None 2. <input type="checkbox"/> VFR 3. <input checked="" type="checkbox"/> IFR 4. <input type="checkbox"/> VFR/IFR 5. <input type="checkbox"/> Company (VFR) 6. <input type="checkbox"/> Military (VFR)							
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished <p style="text-align: center;">Yes, Flight Service Station</p>																			
Fuel On Board At Last Takeoff						Fuel Type						Other							
_____ Gallons 14,000 or Pounds						1. <input type="checkbox"/> 80/87 2. <input type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input checked="" type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive 7. Specify _____													
Other Services, If Any, Prior to Departure																			
Weather Information At The Accident Site																			
Source Of Weather Information (Pilot/Operator, Weather Observation)						Light Condition						Visibility			Temp (°F)				
Hourly <u>ASOS</u> weather observat						1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input checked="" type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night						unk Miles			33				

Weather Information At The Accident Site (cont.)							
Dew Point 27 (°F)	Altimeter Setting 29.88 "Hg	Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Scattered _____ Feet AGL <input checked="" type="checkbox"/> Broken 5500 _____ Feet AGL <input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscured					
Wind Information 1. Direction 250 2. Velocity 05 Kts 3. Gusts un* Kts		Restriction To Visibility Snow squalls	Type Precipitation snow	Intensity Of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Heavy <input type="checkbox"/> Specify _____			
Turbulence (Multiple Entry) Unknown <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme <input type="checkbox"/> Clean Air <input type="checkbox"/> In Clouds							
Damage To Aircraft And Other Property							
Degree Of Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Destroyed			Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> In-Flight <input type="checkbox"/> No <input checked="" type="checkbox"/> On Ground				
Description Of Damage To Aircraft And Other Property Aircraft destroyed							
Mechanical Malfunction Failure							
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure Unknown		Total Time <table border="1"> <thead> <tr> <th>On Part</th> <th>At Overhaul</th> </tr> </thead> <tbody> <tr> <td>_____ Hours</td> <td>_____ Hours</td> </tr> </tbody> </table>		On Part	At Overhaul	_____ Hours	_____ Hours
On Part	At Overhaul						
_____ Hours	_____ Hours						
Collision Accident							
If Collision Accident Occurred, Complete The Information For Other Aircraft							
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None				
Registered Aircraft Owner		Address					
Pilot Name		Address	Pilot Certificate No.				
Evacuation Of Aircraft							
Assistance Received <input checked="" type="checkbox"/> Outside Person (s) <input type="checkbox"/> Slide <input type="checkbox"/> Ladder <input type="checkbox"/> Auxiliary Lighting <input type="checkbox"/> Rope <input type="checkbox"/> Specify _____							
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following 1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____ N/A							
Recommendation (How Could This Accident Have Been Prevented)							
Operator/Owner Safety Recommendation (Optional Entry)							

Additional Flight Crew Members

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

Name None	FAA Certificate No.	Address _____	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address _____	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address _____	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

The aircraft departed Los Angeles International airport at 1615 PDT with 15 passengers and a crew of three. The original schedule was for the aircraft to depart earlier (1530 PDT) but was delayed due to late arrival of the passengers.

The aircraft was on an IFR flight plan and arrived in the Aspen area at 1843 MDT (local). The reported weather was ceiling 5500 feet and 10miles visibility. The aircraft was cleared by Aspen Approach Control for the VOR/DME approach and reported the airport in sight. Snow squalls moved into the area according to witnesses on the ground. These ground witnesses reported a snow storm and swirling winds just prior to the aircraft impacting ground near Shale Bluffs approximately 500 yards short of the runway and 50 to 75 yards right of the runway centerline. The impact was at 1901 MDT. The Shale Bluffs area is noted among local pilots for wind shear.

The NTSB is conducting an investigation.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

4/9/01

Signature Of Pilot/Operator

Signature Of Person Filing Report (Other Than Pilot/Operator)

1. Signature

2. Type Or Print Name JOHN Messina

3. Title Chief Pilot

For NTSB Use Only

NTSB Accident No.

DCA01MA034

Reviewed By NTSB Office Located At

WASHINGTON, DC

Name Of Investigator

AL DICKINSON

Date Report Received