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: Cape Girardeau, MO State: MO
ZIP: _____ Country: USA
Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)

Date/Time
Date: 02/02/2007 (mm/dd/yyyy) Local Time: approx. 9:30AM
Time Zone: CST

Phase of Operation
☐ Standing ☐ Takeoff (incl. initial climb) ☒ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft
☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence
27,000 ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility
Facility ID: KCGI
Observation Time: _____
Time Zone: CST
Distance from Accident Site: approx 12 NM
Direction from Accident Site: approx 240 degrees MAG

Source of Weather Information *(Check all that apply)*
☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS) ☒ Tower

Method of Briefing *(Check all that apply)*
☐ In Person
☐ Teletype
☒ Telephone/Computer
☒ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness
☐ Full ☒ Abbreviated from Tower
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☐ Not Pertinent

Light Condition
☐ Dawn ☐ Dusk ☐ Dark Night
☒ Day ☐ Night ☐ Bright Night
☐ Not Reported

Visibility
approx. 10 miles

Sky/Lowest Cloud Condition
☐ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☒ Scattered

Ceiling
☒ None (clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Restriction to Visibility *(Check all that apply)*
☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Lowest Cloud Condition Height
Scattered ft AGL

Ceiling Height
? ft AGL

Wind Direction
☒ Indicated: ? degrees MAG
☐ Variable

Wind Speed
Velocity: 10 KTS
-or-
☐ Calm
☐ Light and Variable

Wind Gusts
Velocity: 16 KTS
☒ Gusting
☐ Not Gusting

Type of Turbulence *(Check all that apply)*
☒ None ☐ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence
☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☐ Moderate Chop

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident

Temperature: _____ (C) or _____ (F)
Altimeter Setting: _____ in. HG or _____ MB
Density Altitude: _____ ft
Dew Point: _____ (C) or _____ (F)

Icing Forecast
Amount: ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light
Type: ☐ Rime ☐ Clear ☐ Mixed

Icing Actual
Amount: ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light
Type: ☐ Rime ☐ Clear ☐ Mixed

Type of Precipitation *(Check all that apply)*
☒ None ☐ Drizzle
☐ Rain ☐ Ice Pellets
☐ Snow ☐ Snow Pellets
☐ Hail ☐ Snow Grains
☐ Rain Showers ☐ Ice Crystals
☐ Freezing Rain ☐ Ice Pellets Shower
☐ Snow Shower ☐ Freezing Drizzle

Intensity of Precipitation
☐ Light ☐ Moderate ☐ Heavy

AIRCRAFT INFORMATION

Manufacturer: Beechcraft
Model: BE 200
Serial Number: BB 1633
Registration Number: N777AJ Amateur-built: ☐ Yes ☐ No

Max Gross Weight: 12,500 lbs
Weight at Time of Accident: 11,700 approx lbs
Location of Center of Gravity at Time of Accident:
183.93 inches from ☐ nose or ☐ datum
-or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft
☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)
Standard: ☒ Normal ☐ Utility ☐ Aerobatic ☐ Transport
Special: ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport

Number of Seats: 9
If Large Aircraft, how many seats for:
Flight Crew: _____
Cabin Crew: _____
Passengers: _____

Landing Gear ☒ Retractable
Check any additional landing gear configuration that applies:
☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program
☐ Annual
☐ Conditional (Amateur-built only)
☒ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type
☐ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☐ Annual ☐ Unknown
☒ Phase I - IV

Date Last Inspection: 08/29/2006 (mm/dd/yyyy)

Airframe Total Time: 1834.8 hrs
hours measured at (check one)
☐ Last Inspection ☒ Time of Accident

IFR Equipped
☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed
☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System
☒ None
☐ Specify _____

ELT Installed ☒ Yes ☐ No
ELT Activated ☐ Yes ☒ No
ELT Aided in Locating Accident / Incident ☐ Yes ☒ No

ELT Manufacturer: _____
Model/Series: Part# 110-4
Serial Number: 61131
Battery Type: _____ **Battery Exp. Date:** 12-31-06

Engine Type
☐ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☒ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type
☐ Carburetor
☐ Fuel Injected

Propeller
☐ Fixed Pitch ☒ Controllable Pitch
Manufacturer: HARTZELL
Model: HC-E4N-3G

Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. (mm/dd/yyyy)	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Pratt and Whitney Canada	PT6A-42	PCE-PJ0233	09/1998	850 HP	1834.8	91	new
Eng. 2	Pratt and Whitney Canada	PT6A-42	PCE-PJ0234	09/1998	850 HP	1834.8	91	new
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: Horizon Timber Services
Fractional Ownership Aircraft: ☐ Yes ☒ No

Owner Address
City: ~~PO Box 515~~ Arkadelphia
State: AR ZIP: 71923
Country: USA

Operator of Aircraft ☐ Same As Registered Owner
Name: Sheldon Stone
Doing Business As: _____
Air Carrier/Operator Designator (4 Character Code): _____

Operator Address ☐ Same As Registered Owner
City: Malvern
State: AR ZIP: 72104
Country: USA

Regulation Flight Conducted Under
☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ Federal ☐ State ☐ Local
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces

Revenue Sightseeing Flight ☐ Yes ☒ No

Air Medical Flight ☐ Yes ☒ No

Purpose of Flight for FAR 91, 103, 133, 137 *(Select one)*
- ☐ Personal
- ☐ Business
- ☐ Executive/Corporate
- ☒ Other Work Use
- ☐ Instructional
- ☐ Ferry
- ☒ Positioning
- ☐ Aerial Application
- ☐ Aerial Observation
- ☐ Air Drop
- ☐ Air Race / Show
- ☐ Flight Test
- ☐ Public Use
- ☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135 *(Select one)*
- ☐ Scheduled or Commuter
- ☐ Non-Scheduled or Air Taxi

Domestic or International
- ☐ Domestic ☐ International

Cargo Operation
- ☐ Passenger/Cargo
- ☐ Passenger _____ How many?
- ☐ Cargo _____ lbs
- ☐ Mail

Type of Commercial Operating Certificate Held *(Check all that apply)*
- ☐ None
- ☐ Flag Carrier Operating Certificate (121)
- ☐ Supplemental
- ☐ Air Cargo
- ☐ Foreign Air Carriers (129)
- ☐ Commuter Air Carrier (135)
- ☐ On-Demand Air Taxi (135)
- ☐ Large Helicopter (127)
- ☐ Rotorcraft External Load (133)
- - or -
- ☐ Agricultural Aircraft (137)
- ☐ 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
- ☐ Destroyed ☐ Minor
- ☐ Substantial ☐ 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: _____

AIRPORT INFORMATION If this accident occurred on approach, takeoff or within 5 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
- ☐ Crosswind
- ☐ Landing
- ☐ Downwind
- ☐ Base leg
- ☐ Low Approach
- ☒ Final
- ☐ Aborted Landing (after touchdown)
- ☐ Go Around

IFR Approach *(Check all that apply)*
- ☐ None
- ☐ ADF/NDB
- ☐ SDF
- ☐ VOR/TVOR
- ☐ VOR/DME
- ☐ TACAN
- ☐ PAR
- ☐ Sidestep
- ☐ ILS
- ☐ Localizer Only
- ☐ LOC-back course
- ☐ RNAV
- ☐ MLS
- ☐ LDA
- ☐ ASR
- ☐ Visual
- ☐ Contact
- ☐ Circling
- ☐ Practice
- ☐ GPS
- ☐ Loran
- ☐ Unknown

VFR Approach *(Check all that apply)*
- ☐ None
- ☐ Traffic Pattern
- ☐ Straight-In
- ☐ Valley/Terrain Following
- ☐ Go Around
- ☐ Full Stop
- ☐ Stop and Go
- ☐ Touch and Go
- ☐ Simulated Forced Landing
- ☐ Forced Landing
- ☐ Precautionary Landing
- ☐ Unknown

Runway Information

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

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

Condition of Runway/Landing Surface *(Check all that apply)*
- ☐ Dry
- ☐ Holes
- ☐ Ice Covered
- ☐ Rough
- ☐ Rubber Deposits
- ☐ Slush Covered
- ☐ Snow-Compacted
- ☐ Snow-Crusted
- ☐ Snow-Dry
- ☐ Snow-Wet
- ☐ Soft
- ☐ Vegetation
- ☐ Water-Calm
- ☐ Water-Choppy
- ☐ Water-Glassy
- ☐ Wet
- ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: KROG
City: Rogers
State: AR
Country: USA

Time of Departure
Time: 08:38
Time Zone: CST

Destination
Airport ID: KSHD
City: Staunton
State: VA
Country: USA

Type Flight Plan Filed
- ☐ None
- ☐ Company VFR
- ☐ Military VFR
- ☐ VFR
- ☐ VFR/IFR
- ☒ IFR
- ☐ Unknown

Activated? ☒ Yes ☐ No

Type of ATC Clearance/Service *(Check all that apply)*
- ☐ None
- ☐ VFR
- ☐ Special VFR
- ☒ IFR
- ☐ Special IFR
- ☐ VFR On Top
- ☐ VFR Flight Following
- ☐ Traffic Advisory
- ☐ Cruise
- ☐ Unknown / NA

Airspace where the accident occurred *(Check all that apply)*.

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

Aircraft Load Description *(Check all that apply)*

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

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff *(convert from pounds, as necessary)*

544 Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? [X] Yes [ ] No [ ] Unknown

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

1. pilot windshield, ~~,~~ shattered at FL270 for no reason
2. O_2 failure, , pulled left O_2 handle - no O_2 seemed to be delivered, O_2 masks did not deploy in passenger cabin, pulled Standby O_2 handle, O_2 masks deployed in passenger cabin, still no O_2 delivered to crew masks

Total Time/Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- [ ] None
- [X] Substantial
- [ ] Minor
- [ ] Destroyed

Aircraft Fire

- [X] None
- [ ] In-Flight
- [ ] On-Ground
- [ ] Both Ground and In-Flight
- [ ] Unknown Origin

Aircraft Explosion

- [X] None
- [ ] In-Flight
- [ ] On-Ground
- [ ] Both Ground and In-Flight
- [ ] Unknown Origin

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

No other property damage. (1) Pilot windshield shattered, still in place (2) both wings have sheet metal buckled spar forward out side of nacelles (3) wrinkle in fuselage aft of cabin door (4) Left stablizer almost gone with approx 2½' of elevator remaining (5) right stabilizer in place with appox. ⅔ of elevator twisted ~~it~~ and hanging.

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? [ ] Yes [X] No

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

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident
☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: Sheldon
Middle Initial: G
Last Name: Stone
City: Malvern
State: AR ZIP: 72104
Country: USA

Age at time of Accident: 31 Date of Birth: [redacted] mm/dd/yyyy
Certificate Number: [redacted]

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
02/05/2007 mm/dd/yyyy

Medical Certificate Limitations
Holder must wear corrective lenses

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 08/24/2006 mm/dd/yyyy

Flight Review Aircraft
Make: Simulator at Simcom
Model: B200

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
none

Student Endorsements *(Include dates)*
none

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	4048	110	2138	1910	665	480	64	0	1	0
Pilot in Command (PIC)	3878	110	2069	1789	647	407	60			
Time as Instructor	2105	0	1746	359	193	183	1.5			
This Make/Model					17.9	14.6	.5			
Last 90 Days	48.9	46.8	42.1	46.8	46.8	10.1	0			
Last 30 Days	10.6	10.6	0	10.6	5.2	3.6	0			
Last 24 Hours	—	—	—	—	—	—	—	—	—	—

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident

☐ 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: _____ Date of Birth: _____ (mm/dd/yyyy) 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
_____ (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 *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
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

First Name: ____________ City: ____________
Middle Initial: ______ State: ______ ZIP: ______
Last Name: ____________ Country: ____________

Degree of Injury
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious

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

Seat Occupied
☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No
Total Flight Time at the Time of this Accident/Incident: ______ hrs

Pilot Name and Address

First Name: ____________ City: ____________
Middle Initial: ______ State: ______ ZIP: ______
Last Name: ____________ Country: ____________

Degree of Injury
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious

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

Seat Occupied
☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No
Total Flight Time at the Time of this Accident/Incident: ______ hrs

Pilot Name and Address

First Name: ____________ City: ____________
Middle Initial: ______ State: ______ ZIP: ______
Last Name: ____________ Country: ____________

Degree of Injury
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious

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

Seat Occupied
☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ 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: ______	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

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

Topped off Jet-A at KROG. Departed KROG at 08:38 CST. Climbed to FL270. At approx. 09:20 CST the pilot windshield shattered, but stayed in place. Within seconds I began depressurizing the aircraft and instructed my PNF to don O2 mask. I pulled left O2 handle, but did not seem to be receiving any O2. ~~Pulled~~ The handle was hard to pull and did not seem to engage properly. I then pulled right O2 handle. At that time the O2 masks deployed in rear cabin. O2 still did seem to be delivering to crew masks. I know this because by this time I had tunnel vision & was having trouble thinking clearly. The last thing I remember, at this phase of flight although not clearly, was begining an emergency desent. I disengaged the autopilot + pitched down, but never made it to reducing power to idle or extending the landing gear. (did not know what caused the windshield to shatter.... falling object or birdstrike ect. ~~Everything~~ because the integrity of the windshield was unknown ~~the~~ I made the decision to depressurize the cabin)

Every thing from this point on is not clear to me. I remember the airspeed pegged, so I immediatly reduced power to idle and began ~~to~~ pitching towards a level altitude slowly. Due to very limited vision from Oxygen deprevation, a shattered windshield + a failed altitude indicator, overcoming disorientation was very difficult, over coming disorientation was very difficult, Satisfactory control of the aircraft, under present contions, was After an unkown amount of ~~oscillations~~, satisfactory control of the aircraft, under present contions, was obtained. I then contacted Memphis center, advised them of our situation, requested vectors to the nearest suitable airport, declared an emergency, and request emergency assistance at Cape Girardeau. We were given a vector to KCGI ~~[redacted]~~ by Memphis Center and shortly after handed off to KCGI tower. Although the aircraft was difficult to control, a successful landing was made with no injuries sustained to any persons. Governing officials were contacted.

(upon main gear touchdown, Oxygen began flowing from the ~~P~~ copilots Oxygen mask. It was still on his head, but shifted to the side of his face)

Our planned destination was KSHO

(After control of the aircraft was obtained, I removed my O2 mask)
(Satisfactory control of the aircraft was obtained at approx. 7000 MSL)

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

~~It~~ Initiating an auto pilot desent before ~~Oxygen deprivation had~~ being overcome by Oxygen deprivation might have worked.

[redacted] 02/07/2007

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	Signature and Name of Pilot/Operator
02/06/2007 *mm/dd/yyyy*	Signature: [redacted]
	Type or Print Name: Sheldon G. Stone

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.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CHI07LA063	CHICAGO, ILLINOIS	MITCHELL GALLO	02/02/07