

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: ROBIN
 Middle Initial: G.
 Last Name: SMITH

 City: [Redacted]
 State: [Redacted]
 Country: USA

 Age at time of Accident/Incident: 69 Date of Birth: [Redacted] Certificate Number: [Redacted]
mm/dd/yyyy

Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>11-15-2012</u> <small>mm/dd/yyyy</small>
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Medical Certificate Limitations

Holder shall possess lenses for NEAR VISION while exercising privileges

Medical Certificate Waivers

Defective color vision

Waiver # 10F19215

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 06-09-2013
mm/dd/yyyy
Flight Review Aircraft
 Make: Challenger CL-600
 Model: 601

Airplane Rating(s) <small>(Check all that apply)</small> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) <small>(Check all that apply)</small> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input checked="" type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) <small>(Check all that apply)</small> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <small>(Check all that apply)</small> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings

BE-300 BE-400 BE-1900 CE-500 CE-525S CE-560XL
 CE-650 CL-600 DA-10 DA-20 DA-50 FA-C123 G-100
 G-159 G-1159 G-IV HS-125 IA-1125 IA-JET L-1329
 LR-45 LR-JET MS-760 MU-300 N-265 SA-227

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	20,000 ⁺	3000 ⁺	1500 ⁺	20,000 ⁺	3000 ⁺	3000 ⁺		100 ⁺	15 ⁺	
Pilot in Command (PIC)	20,000 ⁺	3000 ⁺	1500 ⁺	20,000 ⁺	3000 ⁺	3000 ⁺		100 ⁺	15 ⁺	
Time as Instructor	20,000 ⁺	3000 ⁺	1500 ⁺	20,000 ⁺	3000 ⁺	3000 ⁺				
This Make/Model										
Last 90 Days	90	0	0	90	0	0		0	0	
Last 30 Days	30	0	0	30	0	0		0	0	
Last 24 Hours	0	0	0							

NARRATIVE HISTORY OF FLIGHT (Place type or print mark)

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.

Landing began with an ILS approach. Aircraft was stabilized from the outer marker inbound. Landing gear down and locked, full flaps, landing checklist complete at the outer marker. Tower confirmed "Clear for the option," at approximately 1 mile final.

Throttle closed at 50 ft AGL, touchdown normal, nose lowered to the runway on center line. Flaps set to 20 deg, throttle advanced to max power. As speed approached VR, aircraft lurched to the left, left wing dropped. Flying pilot reacted with aileron hard deflected to the right. Throttle closed. Right wing touched runway.

Aircraft veered to the right edge of the runway, then left wing came down and aircraft slowly veered to the left, with left wing tip on the runway.

Aircraft did not leave the ground again after initial touchdown. Aircraft came to rest on the runway. NTSB report filed.

RECOMMENDATION (If you, as pilot, have a recommendation that has not been presented)

Operator/Owner Safety Recommendation