



## 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						442				
Accident/Incident Location		Messelle	I	Date/Time						
Nearest City/Place: Lanai City	State: Hi		Date: 02/26/2	2014 Loc	Local Time: 9:30					
ZIP:Country: Maui				mm/dd/yy	WV.	Time Zone: H.S.T.				
Latitude:(dd:mm:ss N/S) Longi	tude:	_(ddd:mm:ss E	E/W)	W) Time Zone: H.S.1.			.0.1.			
Phase of Operation			(	Collision with C	Other Aircraft		*1			
	Cruise Maneuvering	☐ Hover ☐ Other		Midair		SPP	atta	ched		
	Approach	Unknown		On-ground None						
AIRCRAFT INFORMATION					Veight:	ist	0+ 1	DAX		
Manufacturer: Piper				Max Gross V	Veight:	200	weigh-	+ &		
Model: Chieftain PA - 31-350T				Weight at Ti	me of Accident	01	weg			
Serial Number: 31-7552124				Location of C	Center of Gravi	halo	ince			
Registration Number: N 483 V A	Amateur	-built: Yes	No.		Inche					
6				-01-			lynamic Cord			
Category of Aircraft  ☐ Airplane  ☐ Check all that apple		Numb	per of Se	eats:	100	ng Gear	☑ Retra			
Balloon Standard	Special	If Larg	e Aircraf	t, how many seats		any addition uration that	onal landing g	ear		
Blimp/Dirigible Normal	Restricted	El	ight Cray	v:	[27] m	☐ Tricycle ☐ Tailwheel				
Gyrocraft Utility	☐ Limited ☐ Provisional			v:		.53				
Helicopter Transport	☐ Experimental	Do			Em	Amphibian High Skid Emergency Float Skid				
Ultralight	☐ Special Fligh ☐ Light Sport	t ra	isserigers.	Float				ki ki/Wheel		
Unknown	L. Light Sport				The state of the s	known		KII W HEET		
Type of Maintenance Program	Last In	spection Type	e		Date Last Inspec	tion:				
Annual	□ 100 F	27.000		Airworthiness		mm/dd/yyyy				
Conditional (Amateur-built only)  Manufacturer's Inspection Program	Annu Annu		onditional aknown	Inspection	41 C 70 4 F7	r:		Person		
☑ Other Approved Inspection Program (AAIP)	7.1110		ikilowii		Airframe Total 7	The state of the s		hrs		
Continuous Airworthiness Other, specify:					Last Inspect			dent/Incident		
IFR Equipped	Stall W	Warning System Installed			Type of Fire Extinguishing System					
✓ Yes ☐ No ☐ Unknown		□No □U			□ None	None				
					Specify Hand he	eld Halon				
ELT Installed ELT Activated	ELT M	anufacturer:								
☑ Yes ☐ No ☐ Yes ☐ No	Model/S	Series:								
ELT Aided in Locating Accident/Incident	Serial N	umber:								
☐ Yes ☐ No	Battery	Type:			Batte	ry Exp. D	ate:			
Engine Type Recip	rocating Fuel	Propeller								
Kecipiocating Tuibo set	m Type				Harteal					
	rburetor el Injected	Fixed P			turer: Hartsel					
		P Condon	iativic i itc	h Model: _	Feet Pet 1	1	1			
					Engine Rated Power Measured		Time	Time		
			2211	Date	as (check one)	Total	Since	Since		
Engine Engine Manufacturer Model/S	eries	Manufacturer Serial Number		of Mfg.	Horsepower or	(hours)	Inspection (hours)	Overhaul (hours)		
	7105403260	- Junioc		and the jyjy		1		(1.041.5)		
Eng. 2 LYC -7510-540	LT105452KD									
Eng. 3										
Eng. 4										

OWNER/OPERATOR IN	FORMATION						
Registered Aircraft Owner		Owner Address					
Name: MAUI AIRC	RAFT LE	City: Kahului					
Fractional Ownership Aircraft: [	2.600	State: KI ZIP: 9 6733 Country: USA					
Operator of Aircraft S	ame As Registered Ov	Operator Address Same As Registered Owner					
Name: MAUT TSLAND	AIR. I	NC.	City:	City:			
Name: MAUI ISLAND Doing Business As: MAUI	AIR"	State: ZIP:					
Air Carrier/Operator Designator (4	Character Code):						
	FAR 91 Special Flig		Revenue Sightseeing				
☐ FAR 121	Non-US, Commercia Non-US, Non-comm Armed Forces		Air Medical Flight	es 🛮 No			
Purpose of Flight for FAR 91, 103, 133, 137 (Select or		evenue Operation r FAR 121, 125, 129, 135 (Select one)	Type of Commercial (Check all that apply)	Operating Certificate Held			
Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning		Scheduled or Commuter Non-Scheduled or Air Taxi  Commestic or International  Domestic  International	None ☐ Flag Carrier Operatin ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers ☐ Commuter Air Carrie ☐ On-Demand Air Taxi ☐ Large Helicopter (12)	(129) er (135) i (135)			
Aerial Application Aerial Observation	C	argo Operation	Rotorcraft External L				
☐ Air Drop ☐ Air Race / Show		Passenger/Cargo Passenger 5 How many?	- or -	AVIAGE			
☐ Flight Test		Cargo lbs	☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft				
Public Use Unknown		] Mail					
	I I ISION # -:-	r or ground collision occurred, complete	this costion for other of	romoft\			
				Damage to Other Aircraft			
The state of the s				☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Registered Owner of Other Airc	raft						
First Name:		City:					
Middle Initial:		State:	ZIP:				
Last Name:		Country:					
Pilot of Other Aircraft							
First Name:		City:	ZIP:				
Last Name:		Country:	ZH				
MECHANICAL MALEUN	CTION/FAILU	RE (If more space is needed, continue	on separate sheet)				
Was there Mechanical Malfunct			on separate short,	Total Time/Cycles			
(If yes, list the name of the part, manuf				On Part			
				Hours			
				Cycles			
				Time Since This Part Inspected/Overhauled			
				Hours			
DAMAGE TO AIRCRAFT	AND OTHER	PROPERTY					
Aircraft Damage	Aircraft Fire		Aircraft Explosion				
None ☐ Substantial ☐ Minor ☐ Destroyed	☐ None ☐ In-Flight ☐ On-Ground	☐ Both Ground and In-Flight ☐ Unknown Origin	☐ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground				

Description of Damage to Aircraft and C	Other Property (use ad	lditional sheet if	necessary)				
AIRPORT INFORMATION (If the	14-48-14-4		and the star		-6	t assumble this section)	
	e accident/incident oc	curred on app					
Airport Identifier: LNY				m Airport Cen			
Airport Name: Lanai		10. 11. 11				70 degrees MAG	
Proximity to Airport Off Airport/Airst	rip On Airport	On Airstrip	Airport Eleva	ation:		ft. MSL	
Approach Segment (Select one)	Пр	2000 <b>4</b> 0000	П.			Пс	
☐ On Instrument Approach ☐ Landii ☐ Down	-	ase leg ow Approach		inal Aborted Landing (	after touchdov	Go Around	
IFR Approach (Check all that apply)			The second secon	h (Check all the			
▼ None	☐ MLS	Practice	☑ None			op and Go	
☐ ADF/NDB ☐ Sidestep ☐ ILS	Value of the second sec	GPS Loran	☐ Traffic Patter ☐ Straight-In	m	☐ Touch and Go ☐ Simulated Forced Landing		
□ VOR/TVOR □ Localizer Only		Unknown	☐ Valley/Terra	in Following	☐ Fe	orced Landing	
□ VOR/DME     □ LOC-back course       □ TACAN     □ RNAV	☐ Contact ☐ Circling		Go Around Full Stop			recautionary Landing nknown	
Runway Information	Chemig			Runway/Landi	-	(Check all that apply)	
A STATE OF THE STA	ft Width:	ft	☑ Dry	☐ Snow	-Compacted	☐ Water-Calm	
Runway/Landing Surface (Check all that			Holes Lee Covered	☐ Snow	-Crusted Water-Choppy -Dry Water-Glassy		
✓ Asphalt ☐ Grass/Turf ☐ Mac	33/13		Rough	☐ Snow		Wet	
☐ Concrete ☐ Gravel ☐ Met	al/Wood Unknov	wn	Rubber Depo			Unknown	
Dirt   Ice   Sno	100		Slush Covere	xd Vege	tation		
FLIGHT ITINERARY INFORMA		In a s			- FIL I	. Di Cita	
Last Departure Point	Time of Departure	Destination			None None	t Plan Filed  VFR/IFR	
Airport ID: LNY	Time: 9:30	Airport ID:	1.0	-	Company		
City: Lanai	Time Zone: H.S.T.	City: Kahu	lui		☐ Military		
State: Hi	Time Zone. Tho. T.	State: Hi			VFR	☐ Yes ☐ No	
Country: Maui	n	Country: Ma	iui		Activated.		
Type of ATC Clearance/Service (Check a  ☑ None ☐ Special VFR	Control of the Carlot	cial IFR	Пу	FR Flight Follow	ing	☐ Cruise	
□ VFR □ IFR		R On Top		raffic Advisory		Unknown / NA	
Airspace where the accident/incident occ	curred (Check all that a	apply)					
Class A Class E		rohibited Area		☐ Jet Training	Area	☐ Special ☐ Air Traffic Control Area	
☐ Class B ☐ Class G ☐ Demo Area	Section 1	estricted Area lilitary Operation	s Area (MOA)	☐ TRSA ☐ FAR 93		Unknown	
Class D Warning Area		irport Advisory					
Aircraft Load Description (Check all that	Control of the Contro						
□ None     □ Towing Glide       ☑ Passengers     □ Towing Bann	The second secon	arachutists /ater		☐ Livestock ☐ Unknown			
Cargo Other Externa		hemical/Fertilize	r/Seeds	Cikiowii			
FUEL & SERVICES INFORMAT	TION	No.	L VS LI S E PA		- Lake		
Fuel on Board at Last Takeoff	Fuel Type						
(convert from pounds, as necessary)	80/87	115/145	□ JP3	Oth	er, specify		
Gallons	☐ 100 Low Lead ☐ 100/130	☐ Jet A ☐ Automotiv	□ JP4 /e □ JP5				
Other Services, if Any, Prior to Departu							
•							

<b>EVACUATION OF AI</b>	RCRAFT					
Was an emergency evacuat	ion of the aircraft	performe	d? Yes	] No		
Method of Exit - Describe h	ow the occupants	exited and	how many occupants	evacuated each	h location	
WEATHER INCORN	ATION AT TH	FACCI	DENT/INCIDENT	CITE		
WEATHER INFORMA Weather Observation Facility ID: LNY ASOS Observation Time: Aprox 9:30 Time Zone: H.S.T Distance from Accident Site:	ity		Source of Weather (Check all that apply)  National Weather S Flight Service Stati TV/Radio Automated Report	Information Service on	Company Military Internet Unknown	Method of Briefing (Check all that apply)  In Person Teletype Telephone/Computer Aircraft Radio TV/Radio
Direction from Accident Site:	N.W. deg		Commercial Weath	er Service (DU	A1S)	Unknown  Visibility
✓ Full  ☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer	Abbreviat Unknown Not Pertir		□ Dawn □	Dusk Night	☐ Dark Night ☐ Bright Night ☐ Not Reported	10_miles
Sky/Lowest Cloud Condition  Clear  Few Partial Obscuration Scattered  Lowest Cloud Condition Ho	Thin Broken Thin Overcast Unknown	Ceiling None Broke Overe	(clear)	Obscured indefinite Inknown	Restriction to Visibilit  None Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust	y (Check all that apply)  ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☑ Unknown
Wind Direction  Indicated: 50 degrees MAG  Variable	Wind Speed  Velocity: -or- Calm Light and Var	24 KTS	Wind Gusts  Velocity:  Gusting  Not Gusting	29 KTS	Severity of Turbulenc	louds nity of Thunderstorm e
Temperature:(C or(F Altimeter Setting: or Density Altitude: Dew Point:(C)	in. HG [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Cing Fore Amou None Trace Light Cing Actu- Amou	nt   Moderate   Severe	Type   Rime   Clear   Mixed	Type of Precipitat  None Rain Snow Hail Rain Showers Freezing Rain Snow Shower	ion (Check all that apply)  Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Ice Pellets Shower Freezing Drizzle
or(F)	1	Trace Light	Severe	Clear Mixed	Intensity of Precip ☐ Light ☐ M	itation  Moderate Heavy

PILOT "A" INFORMA	ATION									
Pilot "A" Responsibilities a	t the Time of Accid									
☑ Pilot ☐ Co-Pilot	Student Pilot	Flight Ins	structor [] (	Check Pilot	Fligh	ht Engineer	Other	Flight Crew		
Pilot "A" Identification										
First Name: Richard	1			City	1					
Middle Initial:				State	e:	Z	TP:			
Last Name: Rooney				_ Cou	intry:					
Age at time of Accident/Incident	dent: 66 I	Date of Birtl	h: mm/dd/yyy	and the same of th	tificate l	Number:				
Degree of Injury	Seat Occupied	(~			Belt			Shoulder H	larness	
☐ None		Front	☐ Unknown	1 Used		✓ Yes [	] No	Used	✓ Yes	☐ No
☐ Minor ☐ Unknown ☐ Serious		Rear Single		Avail	lable	Yes [	No	Available	✓ Yes	□ No
		LI Single								
Pilot Certificate(s) (Check a		□ Dansont	tional	Commercia	o.l		Flight Engi	naar	Foreign	
	th Instructor	☐ Recreat		Airline Tra	ensport		U.S. Milita	ry		
	Medical Certificate					rtificate Va		Date of L	ast Medica	11
IV THOU	□ None         □ Cl           □ Class 1         □ Dr		on (Smort Bilat o			nitations/wai ations/waiver				
		nknown	se (Sport Pilot o		nknown	itions/warver	3	mm/dd	/yyyy	
Medical Certificate Limitat					W-					
Medical Certificate Waiver	rs				FA	the the deen AA/N	TSE	3		
Date of Last Flight Review		EE-ball	Davison Alasa	- 6						
or Equivalent, Including			Review Airer							
FAR 121/135 Checks: _										_
	mm/dd/yyyy	Model:								
Airplane Rating(s)	Other Aircraft R		1000 C C C C C C C C C C C C C C C C C C	nt Rating(s)		100 mg 100 kilomin (1 e 17 0 50 10 8	r Rating(s			
(Check all that apply)	(Check all that apply	y)	(Check all	4.5.55		(Check all		_	Lance Comment	14740014000000
☐ None ☐ Single-Engine Land	☐ None ☐ Airship		☐ None ☐ Airplan	0		None None	e Single-Eng		Instrument Instrument	
Single-Engine Sea	Free Balloon		Helicop	ter			e Multi-Eng		Helicopter	Tiencopiei
Multiengine Land	Glider		☐ Powered	d Lift		☐ Gyropla	ane		Glider	
☐ Multiengine Sea	Gyroplane Helicopter					Powere	d Lift	L	Sport	
	Powered Lift									
Type Ratings						Student I	Indorseme	nts (Include a	lates)	
Flight Time (enter appropriat	e AP	tie Mar	Airplane	A		Inst	rument			Lighter
number of hours in each box)		his Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Retercraft	Glider	Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model	THE REAL PROPERTY.									
Last 90 Days										
Last 30 Days										
Last 24 Hours										

PILOT "B" INFORMA	TION			313						
Pilot "B" Responsibilities a										
Pilot Co-Pilot	Student Pilot	☐ Flight Ins	structor	Check Pilot	Flig	ght Engineer	Other	Flight Crew		
Pilot "B" Identification										
First Name:						<u> </u>				
Middle Initial: Last Name:						Z				
				1						
Age at time of Accident/Incid	lent:	D	one		te	Number:				
Degree of Injury	Seat Occupied	- Y	1011					Shoulder H	arness	
☐ None ☐ Fatal	Left [	∃F₁					] No	Used	☐ Yes	☐ No
☐ Minor ☐ Unknown ☐ Serious	Right Center	Rc Sir				☐ Yes ☐	No	Available	☐ Yes	□ No
Pilot Certificate(s) (Check a				-						
□ None □ Stud		☐ Lureat	tional	☐ Commer	cial	П	Flight Engir	neer	☐ Foreign	
	ht Instructor	Sport		Airline 7			U.S. Militar			
Principal Occupation	Medical Certificat	e		Me	edical Ce	ertificate Va	lidity	Date of L	ast Medica	ıl
Luot		class 3	(C - + D)			imitations/wai				
1 I Cuici		Driver's Licens Inknown	se (Sport Pilo		Unknown	tations/waivers	\$	mm/dd/	vyyy	
Medical Certificate Limitat		200000							8.50	
Date of Last Flight Review		Flight	Review Air	craft						
or Equivalent, Including FAR 121/135 Checks:		Make:								
PAR 121/133 CHECKS.	mm/dd/yyyy	Model:								
Airplane Rating(s)	Other Aircraft	Rating(s)	Instrun	nent Rating(	s)	Instructor	Rating(s)			
(Check all that apply)	(Check all that app	oly)	100000000000000000000000000000000000000	ll that apply)		(Check all th	nat apply)	_		
☐ None ☐ Single-Engine Land	☐ None ☐ Airship		None			☐ None ☐ Airplane	Single-Engi		Instrument A Instrument F	and the second second
☐ Single-Engine Sea	Free Balloon		☐ Airpli			☐ Airplane	Multi-Engin	e 🔲	Helicopter	tencopiei
Multiengine Land Multiengine Sea	☐ Glider ☐ Gyroplane		Powe	ered Lift		Gyroplan Powered			Glider Sport	
i Mutterighte Sea	☐ Helicopter					Fowered	Litt		Sport	
m	Powered Lift					Or I P			- Y	
Type Ratings						Student Er	ndorsemen	ts (Include do	ites)	
			Airplane	1		Yeart	rument			
Flight Time (enter appropriate number of hours in each box)	e All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Nigh		Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	- Lines all	I I I I I I I I I I I I I I I I I I I	Linguit	unicingine	, right	Actual	Januared		3	
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model				THE REAL PROPERTY.						
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CRE	EW MEMBERS	(Exclusive of cabin	attendants, complete the	e following info	rmati	on)	
Pilot Name and Address						Degree of I	njury
First Name:		City:				☐ None	☐ Fatal
Middle Initial:		State:	ZIP:		- 1	Minor	Unknown
Last Name:				_		Serious	
Pilot Certificate(s) (Check all that	t apply)					Seat Occup	ied
□ None □ Student	Recrea		ht Engineer	Foreign	. 1	Left	Front
Private   Flight Instructor	Sport		Military	Little		Right	Rear
Type Rating/Endorsement for		none	Time			☐ Center	☐ Single
Accident/Incident Aircraft?	☐ Yes [	10110	:	hrs			Unknown
						D CI	7. rm./u
Pilot Name and Address					_	Degree of I	
First Name:						☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial:						Serious	LI Olikilowii
Last Name:		Country:					
Pilot Certificate(s) (Check all that	at apply)					Seat Occup	ied
☐ None ☐ Student	☐ Recreational	☐ Commercial	☐ Flight Engineer	☐ Foreign		☐ Left	Front
Private Flight Instructor	☐ Sport	☐ Airline Transport	U.S. Military			Right	Rear
Type Rating/Endorsement for			Time at the Time		1-1	☐ Center	☐ Single ☐ Unknown
Accident/Incident Aircraft?	☐ Yes ☐ No	of this Accide	ent/Incident:	hrs			
Pilot Name and Address						Degree of I	niury
		Calif.				None	Fatal
First Name:		City:	7m.			Minor	Unknown
Middle Initial:		Country:	ZIP:		- 1	☐ Serious	
Last Name:		Country,			-	Seat Occup	lad
Pilot Certificate(s) (Check all that						Left	Front
☐ None ☐ Student	Recreational	Commercial	Flight Engineer	☐ Foreign			Rear
	Cnort					Right	
☐ Private ☐ Flight Instructor	Sport		U.S. Military			☐ Right ☐ Center	Single
Private Flight Instructor  Type Rating/Endorsement for		Total Flight	Fime at the Time	hrs			
Private Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No	Total Flight of this Accide	Fime at the Time ent/Incident:			Center	Single
Private Flight Instructor  Type Rating/Endorsement for	☐ Yes ☐ No	Total Flight of this Accide	Fime at the Time ent/Incident:		essar	Center	☐ Single ☐ Unknown
Private Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No	Total Flight of this Accide	Fime at the Time ent/Incident:		essar	Center	☐ Single ☐ Unknown
Private Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No	Total Flight of this Accide	Fime at the Time ent/Incident:	rate sheet if nec	essar	Center	☐ Single ☐ Unknown
Private Flight Instructor Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address	Yes No	Total Flight of this Accide	Fime at the Time ent/Incident:		Crew Non-	Center	☐ Single ☐ Unknown
Private Flight Instructor Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address	Yes No	Total Flight of this Accide	Fime at the Time ent/Incident: lants; continue on separ	ate sheet if nec	Crew Non-	Revenue (K. Non-Occupant FAA	Fatal Serious Injury Minor Injury No Injury Vuknown
Private Flight Instructor Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address	Yes No	Total Flight of this Accide (Include flight attendance)  City:	Fime at the Time ent/Incident: lants; continue on separ	ate sheet if nec	Crew Non-	Revenue (K. Non-Occupant FAA	☐ Single ☐ Unknown
Private Flight Instructor Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address	Yes No	Total Flight of this Accide (Include flight attended)  City: State:	Fime at the Time ent/Incident:	ate sheet if nec	Crew Non-	Revenue (K. Non-Occupant FAA	Fatal Serious Injury Minor Injury No Injury Vuknown
Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address First Name: Middle Initial: Last Name:	Yes No	City: State: Country:	Fime at the Time ent/Incident: lants; continue on separ	ate sheet if nec	Crew Non-	Revenue (K. Non-Occupant FAA	Fatal Serious Injury Minor Injury No Injury Vuknown
Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:	Yes No	City: State: Country:	Fime at the Time ent/Incident: lants; continue on separ	ate sheet if nec	Crew	Revenue (K	Fatal Berious No Injury No Injury Cuknown
Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:   Other   Other    First Name:   Middle Initial:   Last Name:   Middle Initial:   Other    Middle Initial:   Middle Initial:   Other    Middle Initial:   Other   Other    Middle Initial:   Other    Middle In	Yes No	City: State: Country: State: State:	Fime at the Time ent/Incident:	ate sheet if nec	Crew	Revenue (K	Fatal Serious Injury Minor Injury No Injury Vuknown
Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:	Yes No	City: State: Country:	Fime at the Time ent/Incident: lants; continue on separ	ate sheet if nec	Crew	Revenue (K	Fatal Berious No Injury No Injury Cuknown
Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:   Other   Other    First Name:   Middle Initial:   Last Name:   Middle Initial:   Other    Middle Initial:   Middle Initial:   Other    Middle Initial:   Other   Other    Middle Initial:   Other    Middle In	Yes No	City: State: Country: State: Country: State: Country: State: Country: State: Country: State: Country:	Fime at the Time ent/Incident:  lants; continue on separ  ZIP:  ZIP:	ate sheet if nec	Crew	Revenue (A)	Fatal   Control   Control
Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:   Other   Other   Middle Initial:   Last Name:   Other   Middle Initial:   Last Name:   Other   First Name:   Other   Other   Middle Initial:   Last Name:   Other   Middle Initial:   Other   M	Yes No	City: State: Country: City: State: Country: State: Country:	Fime at the Time ent/Incident: lants; continue on separ	ate sheet if nec	Crew	Revenue (A)	Fatal Berious No Injury No Injury Cuknown
Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:   Other   Other    First Name:   Middle Initial:   Last Name:   Other    Last Name:   First Name:   First Name:   Other    First Name:   Other   Other    First Name:   Other   Other    First Name:    First Name:   Other    First	Yes No	City: State: Country: State: Country: State: Country: State: Country: State: Country: State: Country:	Fime at the Time ent/Incident:  lants; continue on separ  ZIP:  ZIP:	ate sheet if nec	Crew	Revenue (A)	Fatal   Control   Control
Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:	Yes No	City:	Time at the Time ent/Incident:  lants; continue on separ  ZIP:  ZIP:  ZIP:	ate sheet if nec	Crew	Center   Revenue (K	Calculation
Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:   Other   Other   Middle Initial:   Last Name:   Other   Middle Initial:   Last Name:   Other   First Name:   Other   Other   Middle Initial:   Last Name:   Other   Middle Initial:   Other   M	Yes No	City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: City: City: Country: City: City: City: Country: City: City:	I'ime at the Time ent/Incident:  lants; continue on separ  ZIP:  ZIP:  ZIP:	ate sheet if nec	Crew	Center   Revenue (K	Fatal   Control   Control
Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:	Yes No	City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: City: City: Country: City: City: City: Country: City: City:	Time at the Time ent/Incident:  lants; continue on separ  ZIP:  ZIP:  ZIP:	ate sheet if nec	Crew	Center   Revenue (K	Calculation
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Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:	Yes No	City:	Time at the Time ent/Incident:  lants; continue on separ  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:	ate sheet if nec	Crew	Center   Revenue   Coccupant   Coccupant	Calculation
Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:	Yes No	City:	I'ime at the Time ent/Incident:  lants; continue on separ  ZIP:  ZIP:  ZIP:  ZIP:	ate sheet if nec	Crew	Center   Revenue   Coccupant   Coccupant	Fatal   Control   Control
Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:	Yes No	City:	Time at the Time ent/Incident:  lants; continue on separ  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:	ate sheet if nec	Crew	Center   Revenue   Coccupant   Coccupant	Fatal   Control   Control
Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:	Yes No	City: State: Country: City:	ZIP:	ate sheet if nec	Crew	Center (Keyenne (Non-	Conknown
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Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:	Yes No	City: State: Country: City:	ZIP:	ate sheet if nec	Crew	Center (Keyenne (Non-	Conknown
Private   Flight Instructor  Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name:	Yes No	City:	I'ime at the Time ent/Incident:  lants; continue on separ  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:	ate sheet if nec		Center   C	Company   Comp
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Type Rating/Endorsement for Accident/Incident Aircraft?  PASSENGER(S) / OTHER  Name and Address  First Name: Middle Initial: Last Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:	Yes No	City: State: Country:  City: State: Country: City: State: Country: City: State: Country: City: State: Country:	ZIP:	ate sheet if nec		Center (Keyenue (Non-	Conknown

## Volcano Air Tours

## WEIGHT AND BALANCE - N483VA PA-31-350

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DATE 2/26/14

					DATE	2/20	/14		
					TIME	2100			
					FLT ID	MA83	\CHARTER		
					TO	OGG	FROM	LNY	
NUMBER OF PASSENGE	RS 5								
SEAT#		WEIGHT	MOME		Τ#			WEIGHT	MOMEN'
1 DICK ROONEY, PIC		205	194.	75 2				0	0.0
3 KERN, KATHLEEN		200	264.	00 4	KING, MAR	RK .		230	303.6
5 BALBERDI, TREMAINE		170	277.	95 6	GIROUX, J	IAMES		191	312.2
7		0	0.	8 00				0	0.0
9		0		00 10	MILLER, D	OUGLAS		170	404.6
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BAGGAGE		FC	DRWARD	0	0.00				
		FWD NA	ACELLE	0	0.00				
		REAR NA	ACELLE	0	0.00				
			REAR	50	127.50				
				0	0.00				
				0	0.00				
				0	0.00				
4	F	PAYLOAD	TOTAL	1216	1884.69				
	AIRCRAFT EM	MPTY WEI	GHT	4573	5598.27				
						Öáá	FUEL AT áá¢		
FUEL LOADING (POUNDS)	LOCATION	RAMP	TAXI	T/0		â DE	STINATION i		
	INBOARD	536	18	518	656.82	454	575.67		
	OUTBOARD	240	0	240	355.20	240	355.20		
		0	0	0	0.00	0	0.00		
		0	0	1000	0.00	0	0.00		
		ááááá	ááááá			ááááá			
FUEL LOA	ADING TOTALS	776	18	758		694			
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						FWD	Öááááááááá	iᢠAFT	CGs
				WEIGHT	MOMENT	CG	° ACTUAL	° CG	WITHIN
			AMP	6565		LIMIT		° LIMIT	L
		TAKE		6547	8494.98	121.19		° 135.00	_
		LAND	ING	6483	8413.83	120.97		° 135.00	
	WAY	DAME	UETOUE	7/10			âáááááááá	áì	
		. RAMP		7448	2011/201		199	725	
		AKEOFF		7368			(c), if app		
	MAX. L	ANDING	WEIGHT	7000			all availab		
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					flight	•	00	)	
					CAPTAIN	N			
						The Carlo			

SIGNATURE

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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.
On February 26th, 2014, I think Dick had a full night of sleep and woke up around 500 AM as usual, worked in the office most of the day, left office around 2:00 PM, met passengers at Kahului Commuter Terminal at 3:15 PM, departed OGG around 3:30 PM for LNY. Dropped the passengers off at Lanai and flew back to OGG. He ate dinner around 6:30 PM. He worked more in his office and left the office around 8:00 PM to go back to pick up passengers at Lanai for a planned 9:00 PM departure from Lanai to OGG.
RECOMMENDATION (How could this accident/incident have been prevented?)
Operator/Owner Safety Recommendation

ADDITIONAL II	NFORMA	TION (Please type or print in ink)		
		is needed for any answers.		
I HEREBY CERTIF	Y THAT T	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE	BEST OF MY KNOWLEDGE
Date of this Report		and Name of Pilot/Operator		
03/07/2014	Signature:_			
mm/dd/yyyy	Type or Pri	int Name: Sheila Me	agers "	
	of Person	Filing Report if Other than Pilot/Operate	or	
Title:			HOE ONLY	
Almon I. I.		FOR NTSB		
NTSB Accident/Inci	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
WPR14FA124		WPR-Seattle, WA	Andrew Swick	03/10/2014