

**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: <u>LAS VEGAS/MCCARRAN INTL AIRPOR</u> State: <u>NV</u> ZIP: <u>89119</u> Country: <u>USA</u> Latitude: <u>36-04-48N</u> (dd:mm:ss N/S) Longitude: <u>115-09-08W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>07/05/2013</u> Local Time: <u>18:45</u> <i>mm/dd/yyyy</i> Time Zone: _____	
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input checked="" type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	Altitude of In-Flight Occurrence _____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>SABRELINER</u> Model: <u>NA-265-65</u> Serial Number: <u>465-55</u> Registration Number: <u>XB-RSC</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Max Gross Weight: <u>24,000</u> lbs Weight at Time of Accident/Incident: <u>17,500</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
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Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>10</u> If Large Aircraft, how many seats for: Flight Crew: <u>2</u> Cabin Crew: _____ Passengers: <u>8</u>	Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
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Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input checked="" type="checkbox"/> Other, specify: <u>CAMP</u>	Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Unknown	Date Last Inspection: _____ <i>mm/dd/yyyy</i> Airframe Total Time: <u>9,940</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input type="checkbox"/> Specify _____
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ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input checked="" type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected	Propeller <input type="checkbox"/> Fixed Pitch Manufacturer: _____ <input type="checkbox"/> Controllable Pitch Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	GARRETT	TFE-731-3R-1D	83215		3700	9,550		
Eng. 2	GARRETT	TFE-731-3R-1D	83216		3700	9,795		
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: ESEASA CONTRUCCIONES S.A DE C.V.

Fractional Ownership Aircraft: Yes No

Owner Address

City: BAHIA DE AB AIR S/N M-1,L-5 COL.PAR
 State: TAMAULIPA ZIP: 89608
 Country: MEXICO

Operator of Aircraft

Same As Registered Owner

Name: _____
 Doing Business As: _____
 Air Carrier/Operator Designator (4 Character Code): _____

Operator Address

Same As Registered Owner

City: _____
 State: _____ ZIP: _____
 Country: _____

Regulation Flight Conducted Under

- FAR 91 FAR 129 FAR 91 Special Flight Public Use (select type)
 FAR 103 FAR 133 Non-US, Commercial Federal State Local
 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: _____

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

Was there Mechanical Malfunction/Failure? Yes No Unknown
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part

_____ Hours
 _____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- None Substantial
 Minor Destroyed

Aircraft Fire

- None Both Ground and In-Flight
 In-Flight Unknown Origin
 On-Ground

Aircraft Explosion

- None Both Ground and In-Flight
 In-Flight Unknown Origin
 On-Ground

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

DAMAGE IN LANDING GEAR
LEFT WING DAMAGE
LEFT SIDE OF THE AVIONICS COMPARTMENT

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

Airport Identifier: KLAS Distance From Airport Center: _____ SM
Airport Name: MCCARRAN INTERNATIONAL AIRPORT Direction From Airport: _____ degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: 2,181 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 Sideslep 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: 25 L (L/R/C) Length: 10,526 ft Width: 150 ft

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

Runway/Landing Surface (Check all that apply)

Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KBRO
City: BROWNSVILLE
State: TX
Country: USA

Time of Departure

Time: 17:55
Time Zone: _____

Destination

Airport ID: KLAS
City: LAS VEGAS
State: NV
Country: USA

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)
650 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 AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each locationEVERYBODY EXIT THE AIRCRAFT THROUGH THE MAIN DOOR
6 PEOPLE TOTAL**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: LASObservation Time: 18:45

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

Visibility10 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:
190 degrees MAG Variable**Wind Speed**Velocity: 14 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

SOME TAXIWAYS CLOSED

Temperature: 40 (C)
or _____ (F)Altimeter Setting: 2962 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

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: JORGE City: TAMPICO
 Middle Initial: J State: TAMAULIPAS ZIP: 89110
 Last Name: JIMENEZ Country: MEXICO
 Age at time of Accident/Incident: 61 Date of Birth: Certificate Number:
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 checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" 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

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

02/13/2013
mm/dd/yyyy

Medical Certificate Limitations

PRESCRIPTION GLASSES

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 10/10/2012
mm/dd/yyyy

Flight Review Aircraft

Make: SABRELINER 65
 Model: NA-265

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

TPI
 CAP 6-650,NA-265-65

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	7,400	2,100	200			5,950				
Pilot in Command (PIC)	7,100	2,100	150			5,900				
Time as Instructor										
This Make/Model										
Last 90 Days	75					75				
Last 30 Days	25					25				
Last 24 Hours	4					4				

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "B" Identification

First Name: JESUS City: TAMPICO
 Middle Initial: A State: TAMAULIPAS ZIP: 89219
 Last Name: RAMOS Country: MEXICO
 Age at time of Accident/Incident: 39 Date of Birth: mm/dd/yyyy Certificate Number: 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" 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 type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>05/10/2012</u> mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>10/10/2012</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>SABRELINER 65</u> Model: <u>NA-265</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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Type Ratings COP, NA-265-65	Student Endorsements (Include dates)
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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	1,939	788	363	1,000		1,674				
Pilot in Command (PIC)			150			150				
Time as Instructor										
This Make/Model										
Last 90 Days	75					75				
Last 30 Days	25					25				
Last 24 Hours	4					4				

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____		Country: _____

Pilot Certificate(s) (Check all that apply)		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	

Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs
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Pilot Name and Address		Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____		Country: _____

Pilot Certificate(s) (Check all that apply)		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	

Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs
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Pilot Name and Address		Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____		Country: _____

Pilot Certificate(s) (Check all that apply)		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	

Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs
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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: <u>REYNALDO</u> City: <u>BROWNSVILLE</u> Middle Initial: <u>RAMON</u> State: <u>TX</u> ZIP: <u>78521</u> Last Name: <u>SANTOS DE LA CRUZ</u> Country: <u>USA</u>	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>JOSE</u> City: <u>BROWNSVILLE</u> Middle Initial: <u>MAURIC</u> State: <u>TX</u> ZIP: <u>78521</u> Last Name: <u>SANTOS RUIZ</u> Country: <u>USA</u>	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>ALDO</u> City: <u>BROWNSVILLE</u> Middle Initial: State: <u>TX</u> ZIP: <u>78521</u> Last Name: <u>SANTOS RUIZ</u> Country: <u>USA</u>	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>MARLENE</u> City: <u>BROWNSVILLE</u> Middle Initial: State: <u>TX</u> ZIP: <u>78521</u> Last Name: <u>RICO VILLANUEVA</u> Country: <u>USA</u>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

WE TOOK OFF FROM BROWNSVILLE, TX AIRPORT WITH 4 PASANGERS AND TWO CREW HEADED TO LAS VEGAS MCCARRAN AIRPORT. FINAL ALTITUTUDE WAS 38000 FT, IT WAS VERY NORMAL FLIGHT. IT WAS A VERY REGULAR DESCENT. ABOUT 20 MILES FROM KLAS, WE HAD AN INDICATION OF LOW HYDROLIC PRESS. WE CHECK THE PROCEDURE TO BE DONE IN THE EMERGENCY CHECK LIST(WE BELIEVE IT WAS DONE COMPLETE), WE DID A VERY NORMAL LANDING, USING TRUST REVERSERS AS NORMAL AND APPLYING BRAKES. IN THAT MOMENT WE NOTICED THAT BRAKES WERE NOT WORKING; THE TOWER TOLD US TO EXIT RUNWAY IN THE NEXT AVAILABLE TAXIWAY TO THE RIGHT. WITH STILL SOME AERODINAMIC CONTROL , WE START TO EXIT RUNWAY AT ABOUT APROXIMATELY 30 KNOTS OF SPEED AFTER THAT WE EXIT THE RUNWAY IN THE NEXT AVAILABLE TAXIWAY TO THE RIGHT, WE LOSE CONTROL OVER THE BRAKES AND WE DIDN'T HAVE ANY STEERING ALSO AND THAT MOMENT THE AIRCRAFT WAS HEADED IN TO A DITCH, IT COULD BE BETWEEN A TAXIWAY AND MAYBE A RUNWAY. AFTER THAT THE AIRCRAFT WITHOT ANY CONTROL ON THE GROUND HEADED TO A BIG DITCH WITH I HAD ABOUT 2 OR 3 METERS IN DEEP. WE THOUGHT THAT MAYBE THE AIRCRAFT COULD HAVE STOPPED BEFORE WE REACH THE EDGE OF THE DITCH, BECAUSE THE AIRCRAFT WAS GETTING SLOW SPEED. AFTER THE AIRCRAFT FALL SLOWLY IN TO THE PRONUNCE SLOPE AND IT STARTED GETTING SOME MORE SPEED AGAIN FALLING IN TO THE MIDDLE AREA OF THE DITCH. BEFORE THE AIRCRAFT STOPPED, WE WERE ABLE TO SEE 2 OR 3 BIG GRAVEL PILES AND IN ONE OF THEN THERE WAS A A IRON STRUCTURE, THAT WE FIRST HIT WITH THE LEFT FORDWARD NOSE SECTION (LEFT SIDE) AND AFTER THAT HITING ALSO THE LEFT WING CLOSE TO THE FUSELAGE.. AFTER WE IMMEDIATLY EVACUATE THE AIRCRAFT THROU THE MAIN DOOR. EVERYBODY WAS SAFE AND HAD NO INJURY AFTER EVACUATION.

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

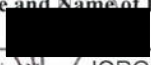
Operator/Owner Safety Recommendation

WE DO NOT AVOID THE FACT THAT THIS ACCIDENT COULD BE CAUSED BY A HUMAN ERROR, BECAUSE WE HAD COULD TAKE THE DECISION OF NOT LANDING IN THE AIRPORT UNTIL WE HAD HAVE MORE TIME TO TAKE A BETTER ACTION IN THE AIR BEFORE LANDING.

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 07/08/2013 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature:  Type or Print Name: JORGE DE JESUS JIMENEZ DIAZ
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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. WPR13LA310	Reviewed by NTSB Regional Office WPR- Aviation	Name of Investigator Albert P. Nixon	Date Report Received 07/08/13
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