

**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: Spruce Creek State: Florida  
 ZIP: 33859 Country: USA  
 Latitude: 29-04-48.6750N (00:00:00 N/S) Longitude: 081-02-47.8650W (00:00:00 E/W)

**Date/Time**

Date: ~~April 28 2014~~ Local Time: 11:30  
 mm/dd/yyyy  
04/26/14 Time Zone: EST

**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**

Field elevation          ft MSL

**WEATHER INFORMATION AT THE ACCIDENT SITE**

**Weather Observation Facility**

Facility ID: KDAB  
 Observation Time: 10:50 approx  
 Time Zone: EST  
 Distance from Accident Site: 6 NM  
 Direction from Accident Site: 360 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)

**Method of Briefing**

(Check all that apply)

In Person  
 Teletype  
 Telephone/Computer  
 Aircraft Radio  
 TV/Radio  
 Unknown

**Briefing Type/Completeness**

Full  Abbreviated  
 Partial / Limited By Pilot  Unknown  
 Partial / Limited By Briefer  Not Pertinent

**Light Condition**

Dawn  Dusk  Dark Night  
 Day  Night  Bright Night  
 Not Reported

**Visibility**

Unlimited 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**

         ft AGL

**Ceiling Height**

         ft AGL

**Wind Direction**

Indicated:          degrees MAG  
 Variable

**Wind Speed**

Velocity:          KTS  
 -or-  
 Calm  
 Light and Variable

**Wind Gusts**

Velocity:          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**

PIREP : reported a turtle on the runway

Temperature: 25 (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

<b>AIRCRAFT INFORMATION</b>																																																						
<b>Manufacturer:</b> <u>Cessna</u> <b>Model:</b> <u>C525B</u> <b>Serial Number:</b> <u>0014</u> <b>Registration Number:</b> <u>N300ET</u> <b>Amateur-built:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<b>Max Gross Weight:</b> <u>13,870</u> lbs <b>Weight at Time of Accident:</b> <u>Approx. 11,000</u> lbs <b>Location of Center of Gravity at Time of Accident:</b> _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)																																																	
<b>Category of Aircraft</b> <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		<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <b>Standard</b> <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input checked="" type="checkbox"/> Transport <b>Special</b> <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			<b>Number of Seats:</b> <u>10</u> If Large Aircraft, how many seats for: Flight Crew: <u>2</u> Cabin Crew: <u>0</u> Passengers: <u>8</u>		<b>Landing Gear</b> <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																																															
<b>Type of Maintenance Program</b> <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input checked="" type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			<b>Last Inspection Type</b> <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown			<b>Date Last Inspection:</b> _____ <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>2,756.2</u> hrs hours measured at <i>(check one)</i> <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident																																																
<b>IFR Equipped</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None      2 Portable in Cabin <input checked="" type="checkbox"/> Specify _____ Engine fire bottles																																																
<b>ELT Installed</b> <b>ELT Activated</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<b>ELT Manufacturer:</b> _____ <b>Model/Series:</b> _____ <b>Serial Number:</b> _____ <b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____																																																			
<b>ELT Aided in Locating Accident / Incident</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>Engine Type</b> <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 <b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected <b>Propeller</b> <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Engine</th> <th style="width: 15%;">Engine Manufacturer</th> <th style="width: 15%;">Engine Model/Series</th> <th style="width: 15%;">Manufacturing Serial Number</th> <th style="width: 10%;">Date of Mfg. <i>mm/dd/yyyy</i></th> <th style="width: 10%;">Engine Rated Power Measured as <i>(check one)</i> <input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust</th> <th style="width: 5%;">Total Time (hours)</th> <th style="width: 5%;">Time Since Inspection (hours)</th> <th style="width: 5%;">Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td>Williams</td> <td>FJ44-3A</td> <td></td> <td></td> <td>2,820</td> <td>2734.8</td> <td></td> <td>2,734.8</td> </tr> <tr> <td>Eng. 2</td> <td>Williams</td> <td>FJ44-3A</td> <td></td> <td></td> <td>2,820</td> <td>2756.2</td> <td></td> <td>2,756.2</td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> <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	Williams	FJ44-3A			2,820	2734.8		2,734.8	Eng. 2	Williams	FJ44-3A			2,820	2756.2		2,756.2	Eng. 3									Eng. 4								
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<b>OWNER/OPERATOR INFORMATION</b>																																																						
<b>Registered Aircraft Owner</b> Name: <u>Aviat, LLC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<b>Owner Address</b> City: <u>Irvine</u> State: <u>Ca</u> ZIP: <u>92603</u> Country: <u>USA</u>																																																	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: <u>Aviat, LLC / Bahman Sadeghi</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____					<b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner City: <u>Santa Ana</u> State: <u>CA</u> ZIP: <u>92707</u> Country: <u>USA</u>																																																	
<b>Regulation Flight Conducted Under</b> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces					<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																																																	

<b>Purpose of Flight</b> for FAR 91, 103, 133, 137 (Select one) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Personal</li> <li><input type="checkbox"/> Business</li> <li><input type="checkbox"/> Executive/Corporate</li> <li><input type="checkbox"/> Other Work Use</li> <li><input type="checkbox"/> Instructional</li> <li><input type="checkbox"/> Ferry</li> <li><input type="checkbox"/> Positioning</li> <li><input type="checkbox"/> Aerial Application</li> <li><input type="checkbox"/> Aerial Observation</li> <li><input type="checkbox"/> Air Drop</li> <li><input type="checkbox"/> Air Race / Show</li> <li><input type="checkbox"/> Flight Test</li> <li><input type="checkbox"/> Public Use</li> <li><input type="checkbox"/> Unknown</li> </ul>	<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one) <ul style="list-style-type: none"> <li><input type="checkbox"/> Scheduled or Commuter</li> <li><input type="checkbox"/> Non-Scheduled or Air Taxi</li> </ul> <b>Domestic or International</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Domestic    <input type="checkbox"/> International</li> </ul> <b>Cargo Operation</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Passenger/Cargo</li> <li><input type="checkbox"/> Passenger _____ How many?</li> <li><input type="checkbox"/> Cargo _____ lbs</li> <li><input type="checkbox"/> Mail</li> </ul>	<b>Type of Commercial Operating Certificate Held</b> (Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Flag Carrier Operating Certificate (121)</li> <li><input type="checkbox"/> Supplemental</li> <li><input type="checkbox"/> Air Cargo</li> <li><input type="checkbox"/> Foreign Air Carriers (129)</li> <li><input type="checkbox"/> Commuter Air Carrier (135)</li> <li><input type="checkbox"/> On-Demand Air Taxi (135)</li> <li><input type="checkbox"/> Large Helicopter (127)</li> <li><input type="checkbox"/> Rotorcraft External Load (133)</li> <li>- or -</li> <li><input type="checkbox"/> Agricultural Aircraft (137)</li> <li><input type="checkbox"/> Other Operator of Large Aircraft</li> </ul>
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**OTHER AIRCRAFT – COLLISION** (If air or ground collision occurred, complete this section for *other* aircraft)

Aircraft Registration Number: _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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**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 the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: 7FL6 Distance From Airport Center: \_\_\_\_\_ SM  
 Airport Name: Spruce Creek 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     Landing     Base leg     Final     Go Around  
 Crosswind     Downwind     Low Approach     Aborted Landing (after touchdown)

<b>IFR Approach</b> (Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> None    <input type="checkbox"/> PAR    <input type="checkbox"/> MLS    <input type="checkbox"/> Practice</li> <li><input type="checkbox"/> ADF/NDB    <input type="checkbox"/> Sideslip    <input type="checkbox"/> LDA    <input type="checkbox"/> GPS</li> <li><input type="checkbox"/> SDF    <input type="checkbox"/> ILS    <input type="checkbox"/> ASR    <input type="checkbox"/> Loran</li> <li><input type="checkbox"/> VOR/TVOR    <input type="checkbox"/> Localizer Only    <input type="checkbox"/> Visual    <input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> VOR/DME    <input type="checkbox"/> LOC-back course    <input type="checkbox"/> Contact</li> <li><input type="checkbox"/> TACAN    <input type="checkbox"/> RNAV    <input type="checkbox"/> Circling</li> </ul>	<b>VFR Approach</b> (Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> None    <input type="checkbox"/> Stop and Go</li> <li><input checked="" type="checkbox"/> Traffic Pattern    <input type="checkbox"/> Touch and Go</li> <li><input type="checkbox"/> Straight-In    <input type="checkbox"/> Simulated Forced Landing</li> <li><input type="checkbox"/> Valley/Terrain Following    <input type="checkbox"/> Forced Landing</li> <li><input type="checkbox"/> Go Around    <input type="checkbox"/> Precautionary Landing</li> <li><input checked="" type="checkbox"/> Full Stop    <input type="checkbox"/> Unknown</li> </ul>
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**Runway Information**

Runway ID: 23 (L/R/C) Length: 4000 ft Width: 170 ft

<b>Runway/Landing Surface</b> (Check all that apply) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Asphalt    <input type="checkbox"/> Grass/Turf    <input type="checkbox"/> Macadam    <input type="checkbox"/> Water</li> <li><input type="checkbox"/> Concrete    <input type="checkbox"/> Gravel    <input type="checkbox"/> Metal/Wood    <input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Dirt    <input type="checkbox"/> Ice    <input type="checkbox"/> Snow</li> </ul>	<b>Condition of Runway/Landing Surface</b> (Check all that apply) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Dry    <input type="checkbox"/> Snow-Compacted    <input type="checkbox"/> Water-Calm</li> <li><input type="checkbox"/> Holes    <input type="checkbox"/> Snow-Crusted    <input type="checkbox"/> Water-Choppy</li> <li><input type="checkbox"/> Ice Covered    <input type="checkbox"/> Snow-Dry    <input type="checkbox"/> Water-Glassy</li> <li><input type="checkbox"/> Rough    <input type="checkbox"/> Snow-Wet    <input type="checkbox"/> Wet</li> <li><input type="checkbox"/> Rubber Deposits    <input type="checkbox"/> Soft    <input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Slush Covered    <input type="checkbox"/> Vegetation</li> </ul>
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**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>KOPF</u> City: <u>Miami Opa Locka</u> State: <u>Florida</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>10:30 am local</u> Time Zone: <u>EST</u>	<b>Destination</b> Airport ID: <u>7FL6</u> City: <u>Spruce Creek</u> State: <u>Florida</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> None    <input type="checkbox"/> VFR/IFR</li> <li><input type="checkbox"/> Company VFR    <input checked="" type="checkbox"/> IFR</li> <li><input type="checkbox"/> Military VFR    <input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> VFR</li> </ul> Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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 occurred** (Check all that apply)

<input type="checkbox"/> Class A	<input type="checkbox"/> Class E	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area		

**Aircraft Load Description** (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists	<input type="checkbox"/> Livestock
<input checked="" type="checkbox"/> Passengers	<input type="checkbox"/> Towing Banner	<input type="checkbox"/> Water	<input type="checkbox"/> Unknown
<input type="checkbox"/> Cargo	<input type="checkbox"/> Other External	<input type="checkbox"/> Chemical/Fertilizer/Seeds	

**FUEL & SERVICES INFORMATION**

<b>Fuel on Board at Last Takeoff</b> (convert from pounds, as necessary)	<b>Fuel Type</b>
500 _____ Gallons	<input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> 100 Low Lead <input checked="" type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5

**Other Services, if Any, Prior to Departure**

None

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

<p><b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown          (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</p>	<p><b>Total Time/Cycles On Part</b></p> <p>_____ Hours</p> <p>_____ Cycles</p>
	<p><b>Time Since This Part Inspected/Overhauled</b></p> <p>_____ Hours</p>

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

<p><b>Aircraft Damage</b></p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<p><b>Aircraft Fire</b></p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	<p><b>Aircraft Explosion</b></p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground
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**Description of Damage to Aircraft and Other Property** (use additional sheet if necessary)

**EVACUATION OF AIRCRAFT**

**Was an emergency evacuation of the aircraft performed?**  Yes  No

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

Aircraft was floating and water line was below main cabin door.  
 The door was opened and friends swam to the aircraft to assist with swimming to shore.

<b>PILOT "A" INFORMATION</b>										
<b>Pilot "A" Responsibilities at the Time of Accident</b>										
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew										
<b>Pilot "A" Identification</b>										
First Name: <u>Bahman</u>					City: <u>Irvine</u>					
Middle Initial: <u>None</u>					State: <u>Ca</u>			ZIP: <u>92603</u>		
Last Name: <u>Sadeghi</u>					Country: <u>USA</u>					
Age at time of Accident: <u>53</u>			Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> <small>mm/dd/yyyy</small>			Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span>				
<b>Degree of Injury</b>			<b>Seat Occupied</b>			<b>Seat Belt</b>			<b>Shoulder Harness</b>	
<input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<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			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pilot Certificate(s) (Check all that apply)</b>										
<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 checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military										
<b>Principal Occupation</b>		<b>Medical Certificate</b>			<b>Medical Certificate Validity</b>			<b>Date of Last Medical</b>		
<input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input checked="" 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			<input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<u>03/21/2014</u> <small>mm/dd/yyyy</small>		
<b>Medical Certificate Limitations</b>										
Corrective lens must be worn										
<b>Medical Certificate Waivers</b>										
None										
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b>					<b>Flight Review Aircraft</b>					
<u>08/27/2013</u> <small>mm/dd/yyyy</small>					Make: <u>Mitsubishi</u>					
					Model: <u>MU2B-40</u>					
<b>Airplane Rating(s) (Check all that apply)</b>		<b>Other Aircraft Rating(s) (Check all that apply)</b>			<b>Instrument Rating(s) (Check all that apply)</b>			<b>Instructor Rating(s) (Check all that apply)</b>		
<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		<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			<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input checked="" 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		
<b>Type Ratings</b>					<b>Student Endorsements (Include dates)</b>					
CE-525S , CE-750										
<b>Flight Time (enter appropriate number of hours in each box)</b>										
	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
	Actual	Simulated								
Total Time	2906.9	904.9	473.1	2487.7	150.2	104.4	135.3	18.5	0	0
Pilot in Command (PIC)	2654.1	904.9	413.0	2450	148	104	108	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model										
Last 90 Days	68.7	68.7	0	68.7	5.6	2.2	0	0	0	0
Last 30 Days	19.2	19.2	0	19.2	0	0.6	0	0	0	0
Last 24 Hours	1.6	1.6	0	1.6	0	0	0	0	0	0

<b>PILOT "B" INFORMATION</b>																																																																																																				
<b>Pilot "B" Responsibilities at the Time of Accident</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
<b>Pilot "B" Identification</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident: _____ Date of Birth: _____ Certificate Number: _____ <div style="text-align: center; margin-top: 5px;"><i>mm/dd/yyyy</i></div>																																																																																																				
<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<b>Seat Occupied</b> <input 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			<b>Seat Belt</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Shoulder Harness</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i> <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																																																																																																				
<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Medical Certificate</b> <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			<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<b>Date of Last Medical</b> _____ <div style="text-align: center; margin-top: 5px;"><i>mm/dd/yyyy</i></div>																																																																																												
<b>Medical Certificate Limitations</b>																																																																																																				
<b>Medical Certificate Waivers</b>																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <div style="text-align: center; margin-top: 5px;"><i>mm/dd/yyyy</i></div>					<b>Flight Review Aircraft</b> Make: _____ Model: _____																																																																																															
<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <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		<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <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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<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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**ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)**

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> U.S. Military
		<input type="checkbox"/> Foreign	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> U.S. Military
		<input type="checkbox"/> Foreign	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> U.S. Military
		<input type="checkbox"/> Foreign	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ 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: <u>John</u> City: <u>Bellevue</u> Middle Initial: <u>P</u> State: <u>WA</u> ZIP: <u>98004</u> Last Name: <u>[REDACTED]</u> Country: <u>USA</u>	2	<input checked="" 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>Mary</u> City: <u>Miami Lakes</u> Middle Initial: <u>E</u> State: <u>Florida</u> ZIP: <u>33016</u> Last Name: <u>[REDACTED]</u> Country: _____	6	<input checked="" 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"/>
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, 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.

"I departed KOPF on an IFR flight plan at approximately 10:20 am on April 26.  
Once I had 7FL6 in sight, I cancelled IFR.  
I had noted the Metar at KDAB and winds were 310 at 6.

Also prior to 50 miles out, I was simultaneously listening to 7FL6 Unicom.  
There were numerous traffic reports including Young Eagles flights, in the pattern and all were using runway 23.

I positioned the aircraft for a left downwind traffic to runway 23. The CTAF was very busy with numerous radio calls.  
There was also PIREP for a turtle on the runway. I received a traffic alert for another aircraft in the downwind.  
An RV reported me in sight and advised that they would follow me.

I continued my approach and noticed a house directly in the approach end of 23 that seemed close to the runway.  
I landed slightly long and as I approached the end of the runway,  
I realized I would not be able to stop the aircraft and felt a go around at that stage may be a greater hazard."

**RECOMMENDATION (How could this accident have been prevented?)**

Operator/Owner Safety Recommendation

Taking a longer final, greater familiarity with the airport,  
earlier recognition of long landing and aborting the landing at  
a safe stage of approach.

**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

<b>Date of this Report</b> May 30, 2014 <small>mm/dd/yyyy</small>	<b>Signature and Name of Pilot/Operator</b> Signature: _____ Type or Print Name: Bahman Sadeghi
---	---

**Signature and Name of Person Filing Report if Other than Pilot/Operator**  
Signature: \_\_\_\_\_  
Type or Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b> ERA14IA237	<b>Reviewed by NTSB Regional Office</b> Ashburn, VA	<b>Name of Investigator</b> L. Schiada	<b>Date Report Received</b> 9/28/2015
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