

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

*This form to be used for reporting civil and public aircraft accidents and incidents*

**BASIC INFORMATION**

**Accident/Incident Location**  
 Nearest City/Place: DANBURY State: CONN  
 ZIP: 06810 Country: USA  
 Latitude: 41.37°N Longitude: 73.48W  
 (Enter in decimal degrees or degrees:minutes:seconds)

**Accident/Incident Date/Time**  
 Date: 08/21/2015 Local Time: ~~1400~~  
 mm/dd/yyyy Time Zone: EASTERN

**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N120EA  
**Manufacturer:** ECLIPSE  
**Model:** 500PLUS  
**Serial Number:** 199  
**Year of Manufacture:** 2008  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design Make: \_\_\_\_\_

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft

**Maximum Gross Weight:** 5995 lbs  
**Weight at Time of Accident/Incident:** ±4700 lbs  
**Number of Seats:** 4 Flight Crew Seats: 1  
 Cabin Crew Seats: 3 Passenger Seats: 3  
**Number of Engines:** 2

- Category of Aircraft**
- Airplane
  - Balloon
  - Blimp/Dirigible
  - Glider
  - Gyroplane
  - Helicopter
  - Powered Lift
  - Rocket
  - Ultralight
  - Unknown

- Type of Airworthiness Certificate**  
 (Check all that apply)
- Standard**
- Normal
  - Aerobatic
  - Balloon
  - Commuter
  - Transport
  - Utility
  - Certificate of Authorization or Waiver (COA)
  - None
- Special**
- Restricted
  - Limited
  - Provisional
  - Special Flight
  - Experimental
  - Special Light-Sport
  - Experimental Light-Sport
  - Unknown

- Landing Gear**  
 (Check all that apply)
- Retractable
  - Tricycle
  - Amphibian
  - Emergency Float
  - Float
  - Hull
  - Other Launch/Recovery System
  - None
  - Tailwheel
  - High Skid
  - Skid
  - Ski
  - Ski/Wheel
  - Unknown

- Engine Type (Select one)**
- Reciprocating
  - Turbo Shaft
  - Turbo Prop
  - Turbo Jet
  - Turbo Fan
  - Electric
  - Liquid Rocket
  - Solid Rocket
  - Hybrid Rocket
  - None
  - Unknown
- Fuel System Type (Reciprocating)**
- Carburetor
  - Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input type="radio"/> Horsepower or <input checked="" type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>PRATT WHITNEY</u>	<u>PW 610F-A</u>	<u>0413</u>	<u>05/19/08</u>	<u>950 T/O</u>	<u>858.1</u>	<u>858.1</u>	<u>858.1</u>
Eng. 2	<u>"</u>	<u>"</u>	<u>0404</u>	<u>05/19/08</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Eng. 3								
Eng. 4								

**Last Inspection Type**

- 100-Hour
- AAIP
- Annual
- Continuous Airworthiness
- Conditional Inspection
- Unknown

**Date Last Inspection:** 05/26/2015  
 mm/dd/yyyy

**Airframe Total Time:** 858.1 hrs  
 hours measured at (Select one)  
 Last Inspection  Time of Accident/Incident

**Propeller 1**  Fixed Pitch  Controllable Pitch  Ground Adjustable  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

**Propeller 2**  Fixed Pitch  Controllable Pitch  Ground Adjustable  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

**ELT Installed:**  Yes  No  
 If Yes:  
**ELT Manufacturer:** \_\_\_\_\_  
**Model or Part No.:** \_\_\_\_\_  
**TSO No.:**  OC91 (121.5 MHz)  OC91a (121.5 MHz)  C126 (406 MHz)

**Was ELT still mounted in aircraft?**  Yes  No  
**Was ELT still connected to antenna?**  Yes  No  
**Did ELT Activate?**  Yes  No  
 If activated:  
**Did ELT Aid in Locating Aircraft:**  Yes  No  
 If not activated:  
**Indicate Reason:**  Impact Damage  Fire Damage  Battery Expired/Damaged  Unknown

**Additional Equipment (Check all that apply)**

- ADS-B
- Airframe Parachute
- Angle of Attack Indicator
- Autopilot
- Data Recorder
- Electronic Flight Bag or Handheld Device
- Electronic Multifunction Display
- Electronic Primary Flight Display
- Handheld GPS
- Heads Up Display
- Onboard Weather
- Satellite Tracking Device
- Stall Warning System
- Video Recording Device
- Other, Specify: \_\_\_\_\_

**Type of Maintenance Program (Select one)**

- Annual
- Conditional (Amateur-built only)
- Manufacturer's Inspection Program
- Other Approved Inspection Program (AAIP)
- Continuous Airworthiness
- Other, specify: \_\_\_\_\_

**Description of Fire Extinguishing System**

- None
- Specify: HAND HELD EXTINGUISHER  
ENGINE FIRE BOTTLE

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: UF EQUIPMENT LLC

City: NAPLES

State: FL ZIP: 34103

Fractional Ownership Aircraft:  Yes  No

Country: USA

**Operator of Aircraft**

Same As Registered Owner

Same Address as Registered Owner

Name: \_\_\_\_\_

City: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: \_\_\_\_\_

**Operating Certificates Held**

(Check all that apply)

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 132)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

- FAR 91  FAR 129  FAR 415
- FAR 103  FAR 133  FAR 431
- FAR 121  FAR 135  FAR 435
- FAR 125  FAR 137  FAR 437
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial
- Public Aircraft (Select one)
  - Armed Forces
  - Federal
  - State
  - Local
- Unknown

**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- Scheduled or Commuter  Domestic
- Non-Scheduled or Air Taxi  International
- Passenger
- Cargo
- Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

- Aerial Application  Firefighting  Unknown
- Aerial Observation  Flight Test
- Air Drop  Glider Tow
- Air Race/Show  Instructional
- Banner Tow  Other Work Use
- Business  Personal
- Executive/Corporate  Positioning
- External Load  Skydiving
- Ferry

**Revenue Sightseeing Flight**

Yes  No

**Air Medical Flight**

Yes  No

**AIRPORT INFORMATION** (Fill in face and incident occurrence information, and flight departure or arrival miles from airport)

Airport Name: DANBURY, CONN

Distance From Airport Center: 0 sm

Airport Identifier: KDXR

Direction From Airport: 0 degrees true

Proximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  N/A

Airport Elevation: 453 ft. msl

**Runway Information**

Runway ID: 26 (L/R/C) Length: 4422 ft Width: 150 ft

**Condition of Runway/Landing Surface** (Check all that apply)

**Runway/Landing Surface** (Check all that apply)

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

- Dry  Snow-Compacted  Water-Calm
- Holes  Snow-Crusted  Water-Choppy
- Ice Covered  Snow-Dry  Water-Glassy
- Rough  Snow-Wet  Wet
- Rubber Deposits  Soft
- Slush-Covered  Vegetation  Unknown

**Approach/Departure Segment** (Select one)

- Taxi  VFR Departure  On Instrument Approach  Downwind  Low Approach
- Takeoff  IFR Departure Procedure/Clearance  Landing  Base  Go Around
- Initial Climb  Final  Aborted Landing (after touchdown)
- Crosswind  Unknown

**IFR Approach** (Check all that apply)

- None
- ADF/NDB  PAR  MLS  Practice
- SDF  Sidestep  LDA  GPS
- VOR/TVOR  ILS  ASR
- VOR/DME  Localizer Only  Visual
- TACAN  LOC-back course  Contact
- RNAV  Circling
- Unknown

**VFR Approach** (Check all that apply)

- None
- Traffic Pattern  Stop and Go
- Straight-In  Touch and Go
- Valley/Terrain Following  Simulated Forced Landing
- Go Around  Forced Landing
- Full Stop  Precautionary Landing
- Unknown

**"FLIGHT CREWMEMBER 1" INFORMATION**

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident  
 Pilot    Co-Pilot    Student Pilot    Flight Instructor    Check Pilot    Flight Engineer    Other Flight Crew

"Flight Crewmember 1" was pilot flying    Yes    No

"Flight Crewmember 1" Identification  
 First Name: JON   City of Residence: NAPLES  
 Middle Initial: D.   State: FL   ZIP: 34103  
 Last Name: McMURTRAIE   Country: USA  
 Age at time of Accident/Incident: 62   Date of Birth: [REDACTED] mm/dd/yyyy  
 Certificate Number: [REDACTED]

<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input checked="" type="radio"/> Serious	<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	<b>Restraint Type</b> Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown

<b>Principal Occupation</b> <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None <input checked="" type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	<b>Date of Last Medical</b> <u>04/07/2015</u> mm/dd/yyyy
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**Medical Certificate Limitations**  
MUST WEAR CORRECTIVE LENSES

**Medical Certificate Special Issuance**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 03/27/2015 mm/dd/yyyy  
**Flight Review Aircraft**  
 Make: LAKE   11/19/14  
 Model: LA-4-200   ECLIPSE  
EASO

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

**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	7846	1111	2484	2528	457	791	195			
Pilot in Command (PIC)	7846	1111	3484	2528	457	791	195			
Time as Instructor										
This Make/Model										
Last 90 Days	43.6	11.3	26.3	17.3	1.2	1.9	-			
Last 30 Days	6.7	3.7	3	3.7	-	-	-			
Last 24 Hours	2.3	2.3	-	2.3	-	-	-			

## FLIGHT CREWMEMBER 2 INFORMATION

**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

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

"Flight Crewmember 2" was pilot flying     Yes     No

**"Flight Crewmember 2" Identification**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	<b>Restraint Type</b> <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>	Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																
<input type="radio"/> None	<input type="radio"/> None																
<input type="radio"/> Lap only	<input type="radio"/> Lap only																
<input type="radio"/> 3-point	<input type="radio"/> 3-point																
<input type="radio"/> 4-point	<input type="radio"/> 4-point																
<input type="radio"/> 5-point	<input type="radio"/> 5-point																
<input type="radio"/> Unknown	<input type="radio"/> Unknown																

**Pilot Certificate(s)** (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer	

<b>Principal Occupation</b> <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	<b>Date of Last Medical</b> _____ mm/dd/yyyy
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**Medical Certificate Limitations**

\_\_\_\_\_

**Medical Certificate Special Issuance**

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<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: _____ Model: _____
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<b>Airplane Rating(s)</b> (Check all that apply) <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> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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<b>Type Ratings</b> _____ _____ _____	<b>Student Endorsements</b> (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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

**ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)**

<b>Crew Name and Address</b>		<b>Seat Occupied</b>	<b>Injury</b>
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		<b>Restraint Type:</b> <b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<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>Crew Name and Address</b>		<b>Seat Occupied</b>	<b>Injury</b>
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		<b>Restraint Type:</b> <b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<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 cabin crew, complete for each passenger if necessary)**

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>NANCY</u> City: <u>NAPLES</u> Middle Initial: <u>L.</u> State: <u>F</u> ZIP: <u>34103</u> Last Name: <u>MCQUARIE</u> Country: <u>USA</u> <input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input checked="" type="radio"/> Right <input type="radio"/> Unknown Row: <u>FRT</u>	<input type="radio"/> None <input checked="" type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: <u>RYAN</u> City: <u>WINNECONNE</u> Middle Initial: <u>J.</u> State: <u>WI</u> ZIP: <u>5</u> Last Name: <u>MCQUARIE</u> Country: <u>USA</u> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input checked="" type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: <u>REAR</u>	<input type="radio"/> None <input checked="" type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____    City: _____ Middle Initial: _____    State: _____    ZIP: _____ Last Name: _____    Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____    City: _____ Middle Initial: _____    State: _____    ZIP: _____ Last Name: _____    Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>KOSH</u> City: <u>OSHKOSH</u> State: <u>WI</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>12:00</u> Time Zone: <u>CENTRAL</u>	<b>Destination</b> Airport ID: <u>KDXR</u> City: <u>DANBURY</u> State: <u>CONN</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> VFR/IFR <input checked="" type="radio"/> IFR <input type="radio"/> Unknown
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**Type of ATC Clearance/Service (Check all that apply)**

<input type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input checked="" type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

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

<input type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	<b>Altitude of In-Flight Occurrence:</b> <u>153</u> ft msl
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown	
<input checked="" type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

<b>Source of Pilot Weather Information (Check all that apply)</b> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input checked="" type="checkbox"/> Commercial Weather Service (DUATS) <input checked="" type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Weather Observation Facility</b> Facility ID: <u>KDXR</u> Observation Time: <u>14:30</u> Time Zone: <u>EASTERN</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>0</u> degrees true
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<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	<b>Light Condition</b> <input type="radio"/> Dawn <input checked="" type="radio"/> Day <input type="radio"/> Dusk <input type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Bright Night <input type="radio"/> Unknown
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<b>Sky/Lowest Cloud Condition</b> <input checked="" type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown <b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling</b> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown <b>Ceiling Height</b> _____ ft agl	<b>Temperature:</b> _____ (C) or <u>70</u> (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. Hg or _____ MB
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<b>Wind Direction</b> <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: _____ kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>10+</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft
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<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	<b>Restriction to Visibility (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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<b>Icing Forecast</b> Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	<b>Icing Actual</b> Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	<b>Turbulence</b> Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme
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**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

**Aircraft Damage**

- None
- Substantial
- Minor
- Destroyed
- Unknown

**Aircraft Fire**

- None
- Both Ground and In-Flight
- In-Flight
- Fire at Unknown Time
- On-Ground
- Unknown

**Aircraft Explosion**

- None
- Both Ground and In-Flight
- In-Flight
- Explosion at Unknown Time
- On-Ground
- Unknown

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

AIRCRAFT DAMAGE: R wing, NOSE, ALL 3 GEAR, + OTHER  
NO DAMAGE TO OTHER PROPERTY

**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 departure time and location, services obtained, and intended destination. Provide as much detail as possible.

SEE ATTACHED PILOT STATEMENT TO FAA

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

Operator/Owner Safety Recommendation

- 1) COMMUNICATION OF ABS SERVICE PROBLEMS IN OTHER A/C THAT LEAD TO FAILED OPERATION, SHOULD HAVE BEEN COMMUNICATED TO OPERATORS, FOR AN AWARENESS OF POSSIBLE FAILURE.
- 2) TRAINING: POST ACCIDENT COMMUNICATION REVEALS THAT APPROVED RECURRENT TRAINING PROVIDERS AND THE LATEST MAJORITY OF PILOT OPERATORS WERE NOT ADEQUATELY AWARE OF SYSTEM DESIGN, SERVICE DIFFICULTIES THAT HAVE LEAD TO FAILED OPERATION, AND EMERGENCY PROCEDURES.
- 3) ELECTRONIC QRH, PROVIDED AT TRANSITION TRAINING TO ME, DOES NOT APPEAR TO COVER ABS EMERGENCY PROCEDURE.

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

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

ABS BRAKES

<b>Total Time/Cycles On Part</b>
105,5 Hours
62 Cycles
<b>Time Since This Part Inspected/Overhauled</b>
105,5 Hours

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff**  
 (Convert from pounds, as necessary)  
 247± Gallons

**Fuel Type**

<input type="radio"/> 80/87	<input type="radio"/> 115/145	<input type="radio"/> Jet B	<input type="radio"/> Other, specify _____
<input type="radio"/> 100 Low Lead	<input checked="" type="radio"/> Jet A	<input type="radio"/> JP8	
<input type="radio"/> 100/130	<input type="radio"/> Jet A-1	<input type="radio"/> Automotive	

Other Services, if Any, Prior to Departure

**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  
 DOOR EXIT OF 3 OCCUPANTS

**OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

<b>Aircraft Registration Number</b>	<b>Manufacturer:</b> _____ <b>Model:</b> _____	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b>	<b>Pilot of Other Aircraft</b>	
Name: _____	Name: _____	
City: _____	City: _____	
State: _____ ZIP: _____	State: _____ ZIP: _____	
Country: _____	Country: _____	



**ADDITIONAL INFORMATION** (Please type or print in ink)

Use this space if additional space is needed for any answers.

HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

08/29/2015  
mm/dd/yyyy

Name of Pilot/Operator:

JON D. MCMURTRIE

Signature: \_\_\_\_\_

-- or --  Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

-- or --  Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.  
ERA15LA322

Reviewed by NTSB Regional Office  
ERA - VA

Name of Investigator  
H. Moats

Date Report Received  
9/8/2015