

**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: Marco Island Airport (KMKY) State: Florida  
 ZIP: 34114 Country: USA  
 Latitude: 26.00 N Longitude: 81.67 W  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 03/01/2015 Local Time: 1620  
*mm/dd/yyyy* Time Zone: Eastern  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N600NP  
**Manufacturer:** Bombardier  
**Model:** Challenger 601  
**Serial Number:** 3002  
**Year of Manufacture:** 1983  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design Make: \_\_\_\_\_

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 45,250 lbs  
**Weight at Time of Accident/Incident:** 35,000 lbs  
**Number of Seats:** 13 Flight Crew Seats: 3  
 Cabin Crew Seats: 0 Passenger Seats: 10  
**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  Tailwheel  
 Amphibian  High Skid  
 Emergency Float  Skid  
 Float  Ski  
 Hull  Ski/Wheel  
 Other Launch/Recovery System  
 None  Unknown

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

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm dd yyyy</i> | Rated Power<br><input type="radio"/> Horsepower or<br><input checked="" type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|--|--------------------|--------------------------------|------------------|
| Eng. 1 | General Electric    | CF34-3A             | 350103                       |                                   | 8729   | 15,419.6           |                                |                  |
| Eng. 2 | General Electric    | CF34-3A             | 350102                       |                                   | 8729   | 15,419.6           |                                |                  |
| Eng. 3 |                     |                     |                              |                                   |  |                    |                                |                  |
| Eng. 4 |                     |                     |                              |                                   |  |                    |                                |                  |

**Last Inspection Type**  
 100-Hour  Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown  
**Date Last Inspection:** \_\_\_\_\_  
*mm/dd/yyyy*  
**Airframe Total Time:** 15,771.2 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

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

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

- Type of Maintenance Program (Select one)**  
 Annual  
 Conditional (Amateur-built only)  
 Manufacturer's Inspection Program  
 Other Approved Inspection Program (AAIP)  
 Continuous Airworthiness  
 Other, specify: \_\_\_\_\_

**ELT Installed:**  Yes  No  
*If Yes:*  
**ELT Manufacturer:** \_\_\_\_\_  
**Model or Part No.:** \_\_\_\_\_  
**TSO No.:**  C91 (121.5 MHz)  C91a (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: \_\_\_\_\_

**Description of Fire Extinguishing System**  
 None  
 Specify: Fire bottles on each engine and APU. Also two handhelds





**"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: Rowley City of Residence: La Crosse  
 Middle Initial: J State: Indiana ZIP: 46348  
 Last Name: Sheely Country: USA  
 Age at time of Accident/Incident: 65 Date of Birth: [REDACTED] mm/dd/yyyy  
 Certificate Number: [REDACTED]

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

**Pilot Certificate(s)** (Check all that apply)  
 None  Flight Instructor  Commercial  US Military  
 Private  Recreational  Airline Transport  Foreign  
 Student  Sport  Flight Engineer

|   |   |   |  |
|---|---|---|--|
| <b>Principal Occupation</b><br><input checked="" type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input checked="" type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown | <b>Medical Certificate Validity</b><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance | <b>Date of Last Medical</b><br><u>02/24/2015</u><br>mm/dd/yyyy |
|---|---|---|--|

**Medical Certificate Limitations**

None

**Medical Certificate Special Issuance**

NA

|   |   |
|---|---|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br><u>11/25/2014</u><br>mm/dd/yyyy | <b>Flight Review Aircraft</b><br>Make: <u>Gulfstream</u><br>Model: <u>GIV</u> |
|---|---|

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

|   |   |
|---|---|
| <b>Type Ratings</b><br>CL600, GIV, GII59, CE500, HS 125, G200 | <b>Student Endorsements</b> (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  | 18,500       | 1,500             | 1,500                  | 17,000               |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                      | 17,000       | 1,200             | 1,300                  | 17,000               |       |            |           |            |        |                  |
| Time as Instructor  |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model   |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days  |              | 10                |                        |                      |       |            |           |            |        |                  |
| Last 30 Days  |              | 10                |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours   |              | 3                 |                        |                      |       |            |           |            |        |                  |

**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: _____                   | <input type="radio"/> Left  | <input type="radio"/> Front          | <input type="radio"/> None   |
| Middle Initial: _____   | State: _____ ZIP: _____                    | <input type="radio"/> Center  | <input type="radio"/> Rear           | <input type="radio"/> Minor  |
| Last Name: _____  | Country: _____                             | <input type="radio"/> Right   | <input type="radio"/> Single         | <input type="radio"/> Serious  |
|   |  |   | <input type="radio"/> Unknown        | <input type="radio"/> Fatal  |
|   |  |   |                                      | <input type="radio"/> Unknown  |
| <b>Pilot Certificate(s) (Check all that apply)</b>  |  | <b>Restraint Type:</b>  |                                      | <b>Inflatable Restraints</b>   |
| <input type="checkbox"/> None   | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial                                       | <input type="checkbox"/> US Military | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <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>Available</b>  | <b>Used</b>                          |  |
|   |  | <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>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: _____                   | <input type="radio"/> Left  | <input type="radio"/> Front          | <input type="radio"/> None   |
| Middle Initial: _____   | State: _____ ZIP: _____                    | <input type="radio"/> Center  | <input type="radio"/> Rear           | <input type="radio"/> Minor  |
| Last Name: _____  | Country: _____                             | <input type="radio"/> Right   | <input type="radio"/> Single         | <input type="radio"/> Serious  |
|   |  |   | <input type="radio"/> Unknown        | <input type="radio"/> Fatal  |
|   |  |   |                                      | <input type="radio"/> Unknown  |
| <b>Pilot Certificate(s) (Check all that apply)</b>  |  | <b>Restraint Type:</b>  |                                      | <b>Inflatable Restraints</b>   |
| <input type="checkbox"/> None   | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial                                       | <input type="checkbox"/> US Military | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <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>Available</b>  | <b>Used</b>                          |  |
|   |  | <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>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; continue on separate sheet if necessary)**

| Name and Address   | Seat  | Injury  | Restraint Type  | Inflatable Restraints  | Age   |  |
|--|---|---|---|--|---|--|
| First Name: <u>Maisa</u> City: <u>Chicago</u><br>Middle Initial: _____ State: <u>IL</u> ZIP: _____<br>Last Name: <u>Farina</u> Country: <u>USA</u>       | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input checked="" type="radio"/> Unknown<br>Row: _____ | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: <u>Nick</u> City: <u>Valparaiso</u><br>Middle Initial: _____ State: <u>IN</u> ZIP: <u>46383</u><br>Last Name: <u>Popovich</u> Country: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input checked="" type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input checked="" type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: <u>Steve</u> City: <u>Valparaiso</u><br>Middle Initial: _____ State: <u>IN</u> ZIP: <u>46383</u><br>Last Name: <u>Chase</u> Country: _____   | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input checked="" type="radio"/> Unknown<br>Row: _____ | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: <u>Michael</u> City: <u>Valparaiso</u><br>Middle Initial: _____ State: <u>IN</u> ZIP: <u>46383</u><br>Last Name: <u>Chase</u> Country: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input checked="" type="radio"/> Unknown<br>Row: _____ | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

### FLIGHT ITINERARY INFORMATION

|   |   |  |  |
|---|---|--|--|
| <b>Last Departure Point</b><br>Airport ID: <u>KMTY</u><br>City: <u>Marathon</u><br>State: <u>Florida</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>1554</u><br>Time Zone: <u>E -5</u> | <b>Destination</b><br>Airport ID: <u>KMKY</u><br>City: <u>Marco Island</u><br>State: <u>Indiana</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input checked="" type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|---|---|--|--|

**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 checked="" type="checkbox"/> Class G | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  |
| <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 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                         |   |

**Altitude of In-Flight Occurrence:** NA ft msl

### WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|  |   |
|--|---|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet<br><input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None<br><input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input type="checkbox"/> On-Board Weather | <b>Weather Observation Facility</b><br>Facility ID: <u>KMTY</u><br>Observation Time: <u>2100z</u><br>Time Zone: <u>Eastern</u><br>Distance from Accident Site: <u>on site</u> nm<br>Direction from Accident Site: <u>on site</u> degrees true |
|--|---|

|   |   |
|---|---|
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night |
|---|---|

|  |  |   |
|--|--|---|
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear <input type="radio"/> Thin Broken<br><input checked="" type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl | <b>Ceiling</b><br><input type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input checked="" type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl | <b>Temperature:</b> <u>27</u> (C) or _____ (F)<br><b>Dew Point:</b> <u>20</u> (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>3021</u> in. Hg<br>or _____ MB |
|--|--|---|

|  |  |  |  |
|--|--|--|--|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: <u>250</u> degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: <u>5</u> kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> <u>10 plus</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |
|--|--|--|--|

|  |  |   |
|--|--|---|
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |
|--|--|---|

| <b>Icing Forecast</b><br><table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | Amount                            | Type | <input checked="" type="radio"/> None | <input type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <b>Icing Actual</b><br><table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | Amount | Type | <input checked="" type="radio"/> None | <input type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <b>Turbulence</b><br><table style="width:100%;"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table> | Type | Severity | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Light | <input type="checkbox"/> Clear Air | <input type="checkbox"/> Moderate | <input type="checkbox"/> Terrain-Induced | <input type="checkbox"/> Severe | <input type="checkbox"/> Convective Turbulence | <input type="checkbox"/> Extreme |
|--|-----------------------------------|------|---------------------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|--|--------|------|---------------------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|--|------|----------|--|--------------------------------|------------------------------------|-----------------------------------|--|---------------------------------|--|----------------------------------|
| Amount   | Type                              |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input checked="" type="radio"/> None  | <input type="radio"/> N/A         |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Trace  | <input type="radio"/> Rime        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Light  | <input type="radio"/> Clear       |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Moderate   | <input type="radio"/> Mixed       |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Severe   | <input type="radio"/> Unknown     |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Unknown  |                                   |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| Amount   | Type                              |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input checked="" type="radio"/> None  | <input type="radio"/> N/A         |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Trace  | <input type="radio"/> Rime        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Light  | <input type="radio"/> Clear       |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Moderate   | <input type="radio"/> Mixed       |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Severe   | <input type="radio"/> Unknown     |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Unknown  |                                   |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| Type   | Severity                          |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input checked="" type="checkbox"/> None   | <input type="checkbox"/> Light    |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="checkbox"/> Clear Air   | <input type="checkbox"/> Moderate |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="checkbox"/> Terrain-Induced   | <input type="checkbox"/> Severe   |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="checkbox"/> Convective Turbulence   | <input type="checkbox"/> Extreme  |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |      |          |  |                                |                                    |                                   |  |                                 |  |                                  |

**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
- In-Flight
- On-Ground
- Both Ground and In-Flight
- Fire at Unknown Time
- Unknown

**Aircraft Explosion**

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

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

Nose wheel collapsed, main wheels and landing gear damaged, left wing tip damage

**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.

This was the second leg of a three leg trip. I was the SIC. The first leg was out of KPBI to KMTM Pt 91 with three passengers, Steve Chase, Steve Chase's fourteen year old son Michael and Kathleen Handley. The PIC did the preflight and filed IFR to KMTM. Fuel was brought up to 9500 lbs. to give us a takeoff weight of 36,750. We took off at 1948 on 10L in VFR weather. The weather in KMTM was also VFR. Once we got the Marathon airport in sight we were cleared for a visual. Our Vref was computed at 134K and the PIC made a normal landing just at 35,000 lbs. on runway 07. The ground and flight spoilers and thrust reversers all deployed normal. There was no issues with the anti-skid brakes. The runway was 5000 ft. long and we were asked to turn off at A6 to accommodate ramp space at the FBO. We requested no service and kept the APU running while we waited thirty minutes for three more passengers, Mr. Nick Popovich, owner and Mr. & Mrs. Joe Buczak.

Once everyone was on board we did a normal engine start and checks and taxied back to runway 07 for departure. Takeoff weight was computed at 35,100 lbs. The weather was VFR but we filed IFR to KMKY at 10,000. We got our IFR clearance and void clearance time from FSS. We took off at 20-54 UTC and everything checked normal. The PIC did comment after the gear was raised that the nose wheel took a few seconds longer than usual to secure and lights go out. Other than that it was a short flight to KMKY. Descent and approach check were completed. The AWOS was received VFR with winds 250 at 5 K with visibility better than 10 miles. Vref was computed at 133 k with a landing distance of 3166 ft. and the runway was 5000 ft. Once we had the airport in sight we were cleared for a visual approach. The wind favored runway 17 and the PIC set up his approach. The plane was fully configured on final and speed slowed to Vref plus 10 knots. Before landing check were completed and all systems checked normal.

The landing was normal on a dry runway. The first indication of a problem was when the PIC could not get the spoilers to deploy. This is an early serial number Challenger and the ground and flight spoilers do not automatically deploy on landing. He immediately went to the thrust reversers and he could not get them to unlock. Verbally he said no TRs and then immediately said no brakes and anti-skid off. The anti-skid was turned off and we were left with manual brakes. I felt no deceleration while the PIC was applying manual braking and keeping the aircraft on the center line. It quickly became apparent his braking was not getting us stopped before the end of the runway I applied maximum braking also. The plane departed at the end of the runway at about 35 k veered to the right in soft sand. The nose wheel collapsed and the plane came to a stop about 25 ft. from the edge of a swamp. The engines were shut down and secured and all the passengers were able to evacuate the aircraft on their own with no apparent injuries. The flight attendant kept all the passengers together and upwind from the aircraft.

An airport employee was on the scene immediately to offer assistance. They had already called fire and rescue and contacted Fort Meyers Center. Everyone was loaded in a van and taken back to the FBO. The PIC and I returned to the aircraft to assist the fire department. I was asked to disconnect the battery witch I did immediately because there was an odor of jet fuel. The fire department put down a small layer of foam just as a precaution.

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

Operator/Owner Safety Recommendation

**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.)

We had a Ground Spoiler failure to deploy, Thrust Reversers failed to deploy and anti skid failed. We only had manual brakes.

Total Time/Cycles  
On Part

\_\_\_\_\_ Hours  
 \_\_\_\_\_ Cycles

Time Since This Part  
Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)

1155 \_\_\_\_\_ Gallons

Fuel Type

- 80/87                       115/145                       Jet B                       Other, specify \_\_\_\_\_  
 100 Low Lead               Jet A                       JP8  
 100/130                       Jet A-1                       Automotive

Other Services, if Any, Prior to Departure

none

**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

All passengers exited the main entrance door

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

Aircraft Registration Number

NA \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Damage to Other Aircraft

- Destroyed                       Minor  
 Substantial                       None

Registered Owner of Other Aircraft

Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Country: \_\_\_\_\_

Pilot of Other Aircraft

Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Country: \_\_\_\_\_

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

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

Additional passengers:

Joe Buczak, no injury, lap belt

Susie Buczak, Wife of Joe Buczak, no injury, lap belt

Kathleen Handley, went to hospital for check up, no injury, lap belt.

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE****Date of this Report**03/16/2015  
*mm/dd/yyyy***Name of Pilot/Operator:** Rowley James Sheely**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.**  
ERA15LA140**Reviewed by NTSB Regional Office**  
Ashburn, VA**Name of Investigator**  
Monville**Date Report Received**  
3/16/2015