

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: Roswell State: NM
 ZIP: 88201 Country: USA
 Latitude: N33:18:09 Longitude: W104:31:83
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 12/30/2014 Local Time: 8:30 am
mm/dd/yyyy Time Zone: MST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N950FE
 Manufacturer: Cessna
 Model: 208B
 Serial Number: 208B0056
 Year of Manufacture: 1987
 Amateur-Built: Yes No
 If Yes: Kit/Plans Original Design Make: _____

- IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 8750 lbs
 Weight at Time of Accident/Incident: 7188 lbs
 Number of Seats: 2 Flight Crew Seats: 1
 Cabin Crew Seats: 1 Passenger Seats: _____
 Number of Engines: 1

Category of Aircraft

- Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyroplane
 Helicopter
 Powered Lift
 Rocket
 Ultralight
 Unknown

Type of Airworthiness Certificate

(Check all that apply)

- | Standard | Special |
|---|---|
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted |
| <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited |
| <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional |
| <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental |
| <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport |
| | <input type="checkbox"/> Experimental Light-Sport |
| <input type="checkbox"/> Certificate of Authorization or Waiver (COA) | |
| <input checked="" type="checkbox"/> None <input type="checkbox"/> 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. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Pratt & Whitney	PT6A-114A	17281	08/28/1988	675	11535.1	53.6	3446.8
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 11/20/2014
mm/dd/yyyy

Airframe Total Time: 14945.4 hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident

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: _____

Propeller 1

- Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: Mc Cauley
 Model: 3GFR34C703-B

Propeller 2

- Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: _____
 Model: _____

ELT Installed: Yes No

If Yes:
 ELT Manufacturer: Artex
 Model or Part No.: G406-4
 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: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: Federal Express Corporation
 Fractional Ownership Aircraft: Yes No
 City: Memphis
 State: TN ZIP: 38118
 Country: USA

Operator of Aircraft Same As Registered Owner Same Address as Registered Owner
 Name: Baron Aviation Services, Inc.
 Doing Business As: N/A
 Air Carrier/Operator Designator (4 Character Code): DEMA
 City: Vichy
 State: MO ZIP: 65580
 Country: USA

<p>Operating Certificates Held (Check all that apply)</p> <p><input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input checked="" type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input checked="" type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft</p>	<p>Regulation Flight Conducted Under</p> <p><input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 415 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> FAR 431 <input type="checkbox"/> FAR 121 <input checked="" type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 435 <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 437</p> <p><input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Non-US, Non-commercial</p> <p><input type="checkbox"/> Public Aircraft (Select one) <input type="checkbox"/> Armed Forces <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Unknown</p>	<p>Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)</p> <p><input type="checkbox"/> Scheduled or Commuter <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Non-Scheduled or Air Taxi <input type="checkbox"/> International</p> <p><input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Cargo <input type="checkbox"/> Mail Contract Only</p>
<p>Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</p> <p><input type="checkbox"/> Aerial Application <input type="checkbox"/> Firefighting <input type="checkbox"/> Unknown <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Flight Test <input type="checkbox"/> Air Drop <input type="checkbox"/> Glider Tow <input type="checkbox"/> Air Race/Show <input type="checkbox"/> Instructional <input type="checkbox"/> Banner Tow <input type="checkbox"/> Other Work Use <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Positioning <input type="checkbox"/> External Load <input type="checkbox"/> Skydiving <input type="checkbox"/> Ferry</p>

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: Roswell International Air Center
Airport Identifier: ROW
Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A
Distance From Airport Center: 0 sm
Direction From Airport: 0 degrees true
Airport Elevation: 3671 ft. msl

<p>Runway Information Runway ID: <u>35</u> (L/R/C) Length: <u>9999</u> ft Width: <u>100</u> ft</p>	<p>Condition of Runway/Landing Surface (Check all that apply)</p> <p><input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input checked="" type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown</p>
<p>Runway/Landing Surface (Check all that apply)</p> <p><input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown</p>	

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

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

Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <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	Restraint Type <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	Inflatable Restraints <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																	
Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <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	Medical Certificate Validity <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	Date of Last Medical _____ mm/dd/yyyy														

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> 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 _____	Student Endorsements (Include dates) _____
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Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
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)

Crew Name and Address		Seat Occupied	Injury
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
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		Restraint Type: 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	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Crew Name and Address		Seat Occupied	Injury
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
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		Restraint Type: 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	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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: _____ 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	Available <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 Used <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="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> 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	Available <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 Used <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="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> 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	Available <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 Used <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="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> 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	Available <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 Used <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="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>LBB</u> City: <u>Lubbock</u> State: <u>TX</u> Country: <u>USA</u>	Time of Departure Time: <u>8:00am</u> Time Zone: <u>CST</u>	Destination Airport ID: <u>ROW</u> City: <u>Roswell</u> State: <u>NM</u> Country: <u>USA</u>	Type Flight Plan Filed <input type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input checked="" type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <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	Altitude of In-Flight Occurrence: _____ 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

Source of Pilot Weather Information (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather	Weather Observation Facility Facility ID: <u>KROW</u> Observation Time: <u>9:51</u> Time Zone: <u>MST</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>0</u> degrees true
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Basic Conditions <input type="radio"/> VMC <input checked="" type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night
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Sky/Lowest Cloud Condition <input type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered	Ceiling <input type="radio"/> None (Clear) <input type="radio"/> Obscured <input checked="" type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height <u>500</u> ft agl	Temperature: <u>-4</u> (C) or _____ (F) Dew Point: <u>-6</u> (C) or _____ (F) Altimeter Setting: <u>30.41</u> in. Hg or _____ MB
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Wind Direction <input type="checkbox"/> Variable -or- Direction: <u>020</u> degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>13</u> kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>1 3/4</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>1811</u> ft
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Intensity of Precipitation <input checked="" type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input checked="" type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
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Icing Forecast <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		Icing Actual <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input 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 checked="" type="radio"/> Moderate</td> <td><input checked="" 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 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 checked="" type="radio"/> Moderate	<input checked="" type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Turbulence <table style="width:100%;"> <tr> <th>Type (Check all that apply)</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 (Check all that apply)	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
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NOTAMs (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:
 HOB UA /OV HOB130010/TM 1353/FL070/TP E45X/TA M01/IC LGT-MOD RIME 050-070/RM AWC-WEB/KZFW

See additional information page 11

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)*

The left wing outboard of the fuel tank has indeterminate damage to the spar resulting in wing skin deformation and damage to the wing leading edge.

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.

The pilot arrived at the airport at 1135z for a 1235z departure. A weather briefing was obtained and the aircraft pre-flighted for departure. The aircraft was loaded and departed Lubbock, TX (KLBB) and hour and twenty-five minutes late at 1400z with Roswell, NM (KROW) as the destination airport. The aircraft entered instrument meteorological conditions shortly after takeoff with a clearance to 8,000 feet. The aircraft began to accumulate light to moderate ice 15-20 miles out of Lubbock between 4,000-5,000 feet MSL. The pilot was able shed ice on the protected surfaces with the aircraft's de-icing systems however the unprotected surfaces continued to accumulate ice. A company aircraft in the vicinity was on top of the clouds, the pilot requested a higher altitude, and ATC gave the pilot the latitude to find a better altitude. At 8,500 feet MSL he began to see indications of sunlight and the tops of the clouds but the continued accumulation of ice did not allow him to climb any higher. The pilot elected to continue on to Roswell instead of returning to Lubbock. Upon reaching Roswell, the pilot had accumulated a significant amount of ice. Roswell approach offered the pilot an ASR approach to runway 35. The pilot experienced difficulty maintaining pitch control and did not see runway 35 until at the midpoint of the runway. The pilot elected to circle left for runway 35. The elevator provided little pitch control and the pilot augmented pitch control by the use of power. Crossing the threshold of runway 35 the aircraft rolled dramatically to the left, the pilot attempted to correct the roll with aileron and rudder as the left wing contacted the runway. Once directional control was established, the pilot stopped the aircraft on the runway and shut down the engine.

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

Operator/Owner Safety Recommendation

The company gave the pilot additional training on flight in icing conditions including a thorough review of the Caravan Cold Weather Operations training.

A post incident interview determined that a company recommended cruise power setting was misunderstood by the pilot to be a maximum allowable power setting. This misunderstanding created the situation in which the pilot was not using all available power to manage the icing encounter. The company will review this information with each pilot on an individual basis.

The weather information the pilot used was dated by the time the aircraft actually departed. The pilot stated that had he known how the conditions had changed he may have elected not to depart. The company will find methods to provide the pilot with more sources of weather information.

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

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

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> 149 _____ 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

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

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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.

!ROW 12/010 ROW OBST ROW OBST TOWER LGT (ASR UNKNOWN) 334502.09N1043422.39W (27.07NM N ROW) 4375FT (200FT AGL) OUT OF SERVICE 1412231912-1501071858

!ROW 11/028 (KROW A0322/14) ROW TWY F CLSD 1411210002-1505300001

!ROW 11/027 (KROW A0323/14) ROW RWY 3/21 SW 5850FT CLSD. DECLARED DISTANCES: RWY 3 TORA 7151FT TODA 7151FT ASDA 7151FT LDA 7151FT. RWY 21 TORA 7151FT TODA 7151FT ASDA 7151FT LDA 7151FT. 1411210002-1505300001

!ROW 11/015 (KROW A0304/14) ROW NAV ILS RWY 21 TOPAN LOM OUT OF SERVICE 1411101400-1511102200 !ROW 11/014 (KROW A0302/14) ROW RWY 3 VASI OUT OF SERVICE 1411101400-1511102200

!ROW 11/012 (KROW A0298/14) ROW NAV ILS RWY 21 OUT OF SERVICE 1411101400-1511102200EST !FDC 4/1775 (KROW A0335/14) ROW IAP ROSWELL INTL AIR CENTER, ROSWELL, NM. ILS OR LOC RWY 21, AMDT 18... S-ILS 21 DA 3833. S-LOC 21 HAT 387 ALL CATS. CHART TDZE 3633, DELETE THRE 3624. THIS IS ILS OR LOC RWY 21, AMDT 18A. 1412212058-PERM !FDC 4/8545 (KROW A0331/14) ROW IAP ROSWELL INTL AIR CENTER, ROSWELL, NM. ILS OR LOC RWY 21, AMDT 18... S-LOC 21: DME REQUIRED EXCEPT FOR AIRCRAFT EQUIPPED WITH SUITABLE RNAV SYSTEM WITH GPS. TOPAN (RO) LOM OUT OF SERVICE. 1412121555-1506101554EST

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

Date of this Report

01/06/2015
mm/dd/yyyy

Name of Pilot/Operator: _____

Signature: _____

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

If a Person Other than Pilot/Operator is Filing Report

Name: STEVEN K MASON

Title: DIRECTOR OF OPERATIONS

Signature: _____

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

FOR NTSB USE ONLY

NTSB Accident/Incident No.

CEN15LA091

Reviewed by NTSB Regional Office

Central Region

Name of Investigator

Thomas J Latson Jr

Date Report Received

1-6-2015

I departed Lubbock, TX (KLBB) as I normally would with a normal takeoff at 1414z (at liftoff). I was in IMC the entire flight. It was a struggle to get to 8,500'. I picked up ice right away and I tried to climb out at 120 KIAS. My goal was to get up to 8,000' where the controllers were saying that it was clear above. A little while later, they were saying that the tops were around 9,000'. I never got above 8,500' throughout the flight. I choose to continue to Roswell, NM (KROW).

ROW was able to give me an ASR approach which helped guide me down and find the runway. During the descent, I discovered that the elevator control was frozen and I had to adjust my power to control my descent. I was late in picking up the runway and decided to circle the airport to bring it back to the final approach for the runway. I maintained contact with the runway throughout the circle. My airspeed during the approach was about 100 KIAS and I kept power in to help keep control of the aircraft. As I was coming down to the runway, the airplane started to roll to the left and the left wing contacted with the ground. I used aileron and rudder control to regain control of the aircraft. I was able to get the aircraft stabilized with wings level and landed. After the landing was complete, I declared an emergency and shut down the aircraft. The time after all was stabilized was about 0830 local. The aircraft was towed to a parking spot on the airport and secured.

Richard "Steve" Prochaska, IV

Cell - [REDACTED]

Questions from email from Tom Latson.

1. When did you arrive LBB on the previous evening? Approximately 2030 central time
2. When did you get to the apartment? Approximately 2100 central time
3. When did you go to sleep the night before? Approximately 2130 central time
4. What time did you wake-up? Approximately 0500 central time
5. What time did you arrive at LBB? Approximately 0600 central time
6. At LBB, specifically how did you get your weather information, who does this? The ramp agents that work at the FedEx terminal at LBB provide us with the weather packet. We do not have access on our own to access the computers at FedEx. If we want updated weather, we have to ask one of the ramp agents to give us that updated weather.
7. Is the weather information given to you when you arrive at LBB from the apartment? How? See question #6.
8. During the flight was there ever any ice on the side windows? I cannot specifically recall if there was any ice on the side window, although, I do not think there was any.
9. During the flight, did there appear to be multiple cloud layers or was it a single layer where the icing was building up? It appeared to me to be a large single layer.
10. Over what time period did the icing mainly occur? i.e. how long was ice accreting? The ice started from the time I had entered the clouds and did not stop for a long time. I was almost to ROW when I noticed that I had to use the boots less often to get rid of the ice.

7) What was the reason why you could not get above ~FL085? I believe that the reason I could not get above FL085 was due to ice getting to places on the wing that I could not get rid of. As you can see in some of the pictures of the wing, there is ice beyond the protected areas of the wing and that did not make my job easier to get above the clouds. I most likely had an encounter with freezing rain/drizzle that allowed the droplets to freeze past the protected edges of the wing.

What was your maximum power setting during climb? I was initially thinking it was a somewhat 'normal' day and the ice I would find would not be an issue. I did not use full power during the take off and initial climb. I believe my power setting was around 1700 lbs torque. Once I discovered things were worse than forecasted, I pushed the power up to top of the green arc of 1865 torque.

8) Describe your problem with jammed elevator controls? I first noticed the problem when the ATC controller had asked me to descend from FL070 to FL040. I pushed forward on the control stick to get the nose to come down and it wouldn't move more than ½ to ¼ of an inch. Even pulling back on the stick was difficult with the same response.

9) What was the slowest airspeed you ever got? During the trip over from LBB – 110 KIAS. During the approach for landing – 100 KIAS

10. What was the flap position for the final approach? UP

Go-around? UP

Downwind? UP

Base turn? UP

etc? During the flight over to LBB, I had taken a chance of using 10 degrees of flap to see if that would help me climb out of the clouds. It did not work as I had lost almost 1000' during the few seconds that I put them out. I immediately pulled the flaps back up and did not use them again during the entire flight.

11. Describe your 3-hour training program for C208 pilots related to icing conditions?

<http://www.aviationpros.com/news/10391707/with-mandatory-pilot-training-caravans-icing-problems-appear-under-control> The Cessna course was mandatory training for us and provided to us online. I would say that the training online was very educational and good quality. It would be hard to improve on a good product like that and I would do it again if given the opportunity. We had two (2) courses to do, one for the boot equipped 208 and the other was for the TKS system (we do not have any TKS equipped 208s in the Baron fleet).

12. Do you have any suggestions for improvement? I would suggest to new, low time or low experience pilots to have an instructor or more experienced pilot to work with them during the icing season till the pilot is proficient at the conditions. This should also

include training with using the autopilot during icing conditions. I'd like to see some form of protection for the elevator to keep ice from jamming the elevator like what happened to me.

13. During your climb-out from LBB what was your enroute climb speed? 120 KIAS