

**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

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|---|--|
| Accident/Incident Location Nearest City/Place: <u>Warning Area 291 (W-291)</u> State: <u>CA</u> ZIP: <u>N/A</u> Country: <u>USA</u> Latitude: <u>N31 39.31</u> Longitude: <u>W118 19.39</u> <i>(Enter in decimal degrees or degrees minutes.seconds)</i> | Accident/Incident Date/Time Date: <u>08/22/2017</u> Local Time: <u>1615</u> <i>mm/dd/yyyy</i> Time Zone: <u>PDT</u> Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None |
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AIRCRAFT INFORMATION

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|--|---|
| Registration Number: <u>N338AX</u> Manufacturer: <u>Hawker Siddeley</u> Model: <u>Hunter</u> Serial Number: <u>41H-697452</u> Year of Manufacture: <u>1959</u> Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If Yes:</i> <input type="radio"/> Kit/Plans <input type="radio"/> Original Design <i>Make:</i> _____ | <input checked="" type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>25,000</u> lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: <u>1</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>0</u> Number of Engines: <u>1</u> |
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|--|---|-----------------|----------------|---------------------------------|-------------------------------------|------------------------------------|----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---|------------------------------------|--|----------------------------------|--|--|---|---|---|
| Category of Aircraft <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown | Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width:100%;"> <tr> <td>Standard</td> <td>Special</td> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown | Standard | Special | <input 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 checked="" type="checkbox"/> Experimental | <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport | | <input type="checkbox"/> Experimental Light-Sport | Landing Gear <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Retractable <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown | Engine Type (Select one) <input type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input checked="" type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type (Reciprocating) <input type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |
| Standard | Special | | | | | | | | | | | | | | | | | | |
| <input 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 checked="" type="checkbox"/> Experimental | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Experimental Light-Sport | | | | | | | | | | | | | | | | | | |

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. <i>mm dd yyyy</i> | Rated Power <input type="radio"/> Horsepower or <input checked="" type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Time Since: Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|--|--------------------|--------------------------------|------------------------------|
| Eng 1 | Avon | 203/7 | 15747 | 11/17/1969 | 10,150 | NA | 40.9 | 323.3 |
| Eng 2 | | | | | | | | |
| Eng 3 | | | | | | | | |
| Eng 4 | | | | | | | | |

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| Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input checked="" type="radio"/> Conditional Inspection <input type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>05/11/2017</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>3242.6</u> hrs hours measured at <i>(Select one)</i> <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident | Propeller 1 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____ Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____ |
| Type of Maintenance Program (Select one) <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____ | ELT Installed: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: ELT Manufacturer: <u>Wulfberg Electronics</u> Model or Part No.: <u>453-6603</u> TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input type="radio"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input checked="" type="radio"/> No If activated: Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input type="radio"/> No If not activated: Indicate Reason: <input checked="" type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input checked="" type="checkbox"/> Unknown |
| Description of Fire Extinguishing System <input type="radio"/> None <input checked="" type="radio"/> Specify: <u>Engine fire extinguisher - pilot activated.</u> | Additional Equipment (Check all that apply) <input checked="" type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input checked="" type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input checked="" type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input checked="" type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____ |

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: Hunter Aviation International, Inc. City: Newark
 State: DE ZIP: 19713-1927
 Fractional Ownership Aircraft: Yes No Country: USA

Operator of Aircraft Same As Registered Owner Same Address as Registered Owner
 Name: Airborne Tactical Advantage Company City: Newport News
 Doing Business As: ATAC State: VA ZIP: 23602
 Air Carrier/Operator Designator (4 Character Code): N/A Country: USA

| | | |
|---|---|---|
| Operating Certificates Held <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input 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 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 | Regulation Flight Conducted Under <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 type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 435 <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 437 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Non-US, Non-commercial <input checked="" type="checkbox"/> Public Aircraft <i>(Select one)</i> <input type="checkbox"/> Armed Forces <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Unknown | Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Domestic <input type="checkbox"/> Non-Scheduled or Air Taxi <input type="checkbox"/> International <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Mail Contract Only |
| | Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No | Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No |

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

Airport Name: N/A Distance From Airport Center: _____ sm
 Airport Identifier: _____ Direction From Airport: _____ degrees true
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A
 Airport Elevation: _____ ft msl

| | |
|---|--|
| Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft | Condition of Runway/Landing Surface <i>(Check all that apply)</i> <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 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 |
| Runway/Landing Surface <i>(Check all that apply)</i> <input 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 | |

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 Crosswind Unknown
 Aborted Landing (after touchdown)

| | |
|--|---|
| IFR Approach <i>(Check all that apply)</i> <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 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 type="checkbox"/> Circling <input type="checkbox"/> Unknown | VFR Approach <i>(Check all that apply)</i> <input 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 |
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

| | | | |
|---|--|---|--------------------------------|
| Crew Name and Address | | Seat Occupied | Injury |
| First Name: <u>N/A</u> | City of Residence: _____ | <input type="radio"/> Left | <input type="radio"/> Front |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="radio"/> Center | <input type="radio"/> Rear |
| Last Name: _____ | Country: _____ | <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) | | Restraint Type: | Inflatable Restraints |
| <input type="checkbox"/> None | <input type="checkbox"/> Flight Instructor | Available | Used |
| <input type="checkbox"/> Private | <input type="checkbox"/> Recreational | <input type="radio"/> None | <input type="radio"/> None |
| <input type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only |
| | <input type="checkbox"/> Commercial | <input type="radio"/> 3-point | <input type="radio"/> 3-point |
| | <input type="checkbox"/> Airline Transport | <input type="radio"/> 4-point | <input type="radio"/> 4-point |
| | <input type="checkbox"/> Flight Engineer | <input type="radio"/> 5-point | <input type="radio"/> 5-point |
| | <input type="checkbox"/> US Military | <input type="radio"/> Unknown | <input type="radio"/> Unknown |
| | <input type="checkbox"/> Foreign | | |
| 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: _____ | <input type="radio"/> Left | <input type="radio"/> Front |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="radio"/> Center | <input type="radio"/> Rear |
| Last Name: _____ | Country: _____ | <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) | | Restraint Type: | Inflatable Restraints |
| <input type="checkbox"/> None | <input type="checkbox"/> Flight Instructor | Available | Used |
| <input type="checkbox"/> Private | <input type="checkbox"/> Recreational | <input type="radio"/> None | <input type="radio"/> None |
| <input type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only |
| | <input type="checkbox"/> Commercial | <input type="radio"/> 3-point | <input type="radio"/> 3-point |
| | <input type="checkbox"/> Airline Transport | <input type="radio"/> 4-point | <input type="radio"/> 4-point |
| | <input type="checkbox"/> Flight Engineer | <input type="radio"/> 5-point | <input type="radio"/> 5-point |
| | <input type="checkbox"/> US Military | <input type="radio"/> Unknown | <input type="radio"/> Unknown |
| | <input type="checkbox"/> Foreign | | |
| 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: <u>N/A</u> | <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 | Used | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown |
| City: _____ | | | <input type="radio"/> None | <input type="radio"/> None | |
| Middle Initial: _____ | | | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | |
| State: _____ ZIP: _____ | | | <input type="radio"/> 3-point | <input type="radio"/> 3-point | |
| Last Name: _____ | | | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="checkbox"/> Under 5 years <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |
| Country: _____ | <input type="radio"/> 5-point | <input type="radio"/> 5-point | | | |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Unknown | <input type="radio"/> Unknown | | | |
| | | | | | |
| First Name: _____ | <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 | Used | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown |
| City: _____ | | | <input type="radio"/> None | <input type="radio"/> None | |
| Middle Initial: _____ | | | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | |
| State: _____ ZIP: _____ | | | <input type="radio"/> 3-point | <input type="radio"/> 3-point | |
| Last Name: _____ | | | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="checkbox"/> Under 5 years <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |
| Country: _____ | <input type="radio"/> 5-point | <input type="radio"/> 5-point | | | |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Unknown | <input type="radio"/> Unknown | | | |
| | | | | | |
| First Name: _____ | <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 | Used | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown |
| City: _____ | | | <input type="radio"/> None | <input type="radio"/> None | |
| Middle Initial: _____ | | | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | |
| State: _____ ZIP: _____ | | | <input type="radio"/> 3-point | <input type="radio"/> 3-point | |
| Last Name: _____ | | | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="checkbox"/> Under 5 years <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |
| Country: _____ | <input type="radio"/> 5-point | <input type="radio"/> 5-point | | | |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Unknown | <input type="radio"/> Unknown | | | |
| | | | | | |
| First Name: _____ | <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 | Used | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown |
| City: _____ | | | <input type="radio"/> None | <input type="radio"/> None | |
| Middle Initial: _____ | | | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | |
| State: _____ ZIP: _____ | | | <input type="radio"/> 3-point | <input type="radio"/> 3-point | |
| Last Name: _____ | | | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="checkbox"/> Under 5 years <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |
| Country: _____ | <input type="radio"/> 5-point | <input type="radio"/> 5-point | | | |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Unknown | <input type="radio"/> Unknown | | | |
| | | | | | |

FLIGHT ITINERARY INFORMATION

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|--|--|---|--|
| Last Departure Point Airport ID: <u>KNTD</u> City: <u>Point Mugu</u> State: <u>CA</u> Country: <u>USA</u> | Time of Departure Time: <u>1517</u> Time Zone: <u>PDT</u> | Destination Airport ID: <u>KNTD</u> City: <u>Point Mugu</u> State: <u>CA</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 |
|--|--|---|--|

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 checked="" 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: <u>14,000</u> ft msl |
| <input type="checkbox"/> Class B | <input type="checkbox"/> Demo Area | <input type="checkbox"/> Airport Advisory Area | <input type="checkbox"/> Air Traffic Control Area | |
| <input type="checkbox"/> Class C | <input checked="" 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 | | |

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

| | | | | | | | | | | | | | |
|--|---|----------------------------------|---|-----------------------------------|-----------------------------------|--|---|-------------------------------|--|----------------------------------|--|--|--|
| Source of Pilot Weather Information (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input checked="" type="checkbox"/> Internet</td> </tr> <tr> <td><input type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input checked="" type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input checked="" type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table> | <input 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 checked="" type="checkbox"/> Internet | <input type="checkbox"/> Automated Report | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Commercial Weather Service (DUATS) | <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> On-Board Weather | | Weather Observation Facility Facility ID: <u>N/A</u> Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true |
| <input 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 checked="" type="checkbox"/> Internet | | | | | | | | | | | | |
| <input type="checkbox"/> Automated Report | <input type="checkbox"/> None | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Commercial Weather Service (DUATS) | <input type="checkbox"/> Unknown | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> On-Board Weather | | | | | | | | | | | | | |

| | |
|---|---|
| Basic Conditions <input checked="" type="radio"/> VMC <input 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 |
|---|---|

| | | |
|--|---|--|
| 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 Lowest Cloud Condition Height <u>1500'-3000' BKN</u> ft agl | 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>1500'</u> ft agl | Temperature: <u>20</u> (C) or _____ (F) Dew Point: <u>UNK</u> (C) or _____ (F) Altimeter Setting: <u>30.01</u> in Hg or _____ MB |
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| Wind Direction <input type="checkbox"/> Variable -or- Direction: <u>250</u> degrees true | Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>20</u> kts | Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts | Visibility <u>10</u> miles RVR: <u>N/A</u> feet RVV: <u>N/A</u> miles Density Altitude: <u>Unknown</u> ft |
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|--|--|---|----------------------------------|--|-------------------------------|--------------------------------------|--------------------------------------|-------------------------------|---------------------------------------|---|-------------------------------|--------------------------------------|---|---------------------------------------|---------------------------------------|--|---|--|------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|-------------------------------|---------------------------------------|----------------------------------|--|--------------------------------|-------------------------------|----------------------------------|
| Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown | Type of Precipitation (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table> | <input checked="" 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 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) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | <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 |
| <input checked="" 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 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 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 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 | Turbulence 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 |
|--|--|--|

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:
 None applicable.

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- None Substantial
 Minor Destroyed
 Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

Aircraft assessed to be completely destroyed upon high speed water impact. There was only an oil slick observed on the water surface with no debris observed.

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.

On August 22, 2017, at 1615 Pacific daylight time, a Hawker Hunter MK 58, single-seat turbojet fighter airplane, registration N338AX, operated by ATAC (Airborne Tactical Advantage Company) under contract to Naval Air Systems Command (NAVAIR), departed controlled flight and crashed in Warning Area 291 (W-291). The sole occupant pilot aboard commanded ejection from the aircraft prior to the aircraft impacting the water, sustaining minor injuries to his back. The mishap aircraft impacted the water at high speed and is assessed to be completely destroyed. The pilot was recovered from the water by a Navy helicopter and transported to the USS BUNKER HILL for initial observation and assessment prior to being transported by helicopter to Balboa Naval Hospital, San Diego. The flight was conducted under the provisions of a contract between ATAC and the United States Navy to provide ATAC operated aircraft to support adversary and electronic warfare training with Carrier Strike Group 15 (CSG 15). The airplane was operating as a non-military public aircraft under the provisions of Title 49 of the United States Code (U.S.C.) Sections 40102 and 40125.

The mishap aircraft departed KNTD at 1517PDT as the flight lead in a flight of two Hawker Hunters, intending to participate in an adversarial support air defense training exercise offshore in W-291. The flight's ATC radio callsign was "ATAC 11 / 12"; the mishap aircraft was "ATAC 11". The mishap occurred during the adversarial support portion of the mission. The adversary mission was in support of an Air Defense Vulnerability period for Carrier Air Wing 17/ USS THEODORE ROOSEVELT Carrier Strike group assets. Two F-35As from the U.S. Air Force's 62nd Fighter Squadron were participating in the exercise and were conducting a Defensive Counter Air mission. The F-35s had previously escorted and identified the mishap flight. They had broken off their escort, and the mishap flight turned to follow them. The F-35s then conducted what appeared to be a defensive maneuver to turn back towards the mishap flight, with one jet joining on the mishap pilot's aircraft and the other on the mishap wingman's aircraft. The mishap pilot was between 300 – 350 knots at approximately 13,000 – 14,000 feet MSL just prior to the event as confirmed through mishap flight member recall, SCORE LATR data (range tracking system), and the mishap wingman's Garmin G3X recorded data.

The mishap pilot stated that the F-35 was on his left side. The F-35 then got acute (forward) of the mishap pilot, and when he did, he flew ahead of and then crossed directly in front of the mishap pilot from left to right. The mishap flight members estimated the range was between 1500 and 2500 feet. The mishap pilot then flew through F-35 jet wash at close range and felt a violent thump as he went through it. The mishap pilot did not immediately lose control of the aircraft, and did not notice any damage to the aircraft at that time. The mishap pilot lost sight of the F-35 as it crossed his nose and then rolled the aircraft right with a gentle pull (approximately 2 Gs) to look for the F-35. As the mishap pilot rolled the aircraft right and began to pull, the mishap aircraft departed controlled flight to the left. The mishap pilot never regained sight of the F-35 and for the rest of mishap flight was solely focused on regaining control of his aircraft.

The mishap pilot was able to counter the roll despite a very stiff lateral stick force. He rolled the aircraft back to the right to level the wings. While correcting the roll, the mishap aircraft nose had begun to slice below the horizon, and so the mishap pilot initiated a light pull (2 – 3 Gs) back to the horizon. As the mishap pilot began this pull back to the horizon, the aircraft again departed controlled flight to the left. The mishap pilot repeated this cycle at least one more time, possibly two more times. Every time the mishap pilot would regain wings level and attempt to gently pull the nose to the horizon, the aircraft would depart to the left.

The mishap pilot did not believe he was in a spin, but as he was still out of control he pushed the stick forward in accordance with OCF procedures, just in case he was. As he did this, he saw the aircraft airspeed above 300 knots, confirming he was not in a spin. The mishap pilot recalls seeing both flight control magnetic indicators (aileron and elevator) indicating "black" during his attempts to recover controlled-flight. "Black" indicates that the flight controls are engaged and boosted. The mishap pilot did not recall seeing the Hydraulic Warning Light, which illuminates during low hydraulic pressure conditions, which is located right next to the Flight Control magnetic indicators. Following flying through the F-35A jet wash, the mishap pilot stated that he had high lateral stick forces, recalling moving the stick about an inch or so in order to roll wings level but that was as far as he could move the stick. This could indicate that the hydraulic boost was not functioning correctly or that the flight controls were physically jammed, preventing full range of motion. The mishap pilot does not specifically remember longitudinal forces, but he stated that he did not have a problem either pulling back to recover or pushing forward to execute the Out of Controlled Flight procedure. The mishap pilot stated that the engine appeared to operate normally throughout the incident and that the flight controls operated perfectly right up until he flew through the F-35A jet wash.

The mishap wingman stated that he watched the entire incident from a point prior to when the F-35A flew in front of the mishap aircraft and all the way until the mishap aircraft impacted the water. His recall of the event matches that of the mishap pilot. The mishap wingman further stated that he did not observe anything (fuel tank, aileron, etc) fall off the mishap aircraft at any point.

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

Operator/Owner Safety Recommendation

In the absence of a definitive causal factor(s) at this time, ATAC conducted an exhaustive review of all components, processes, and procedures that could be considered to be a possible causal factor, no matter how remote or unlikely, to include:

1. Immediately ceased all Hawker Hunter flight operations until the review was sufficiently complete.
2. ATAC worked with the Navy to inspect and NDI GFE LAU-7's, and/or insure all inspections are current;
3. One Time Inspection (OTI) 2017-006 – This OTI inspected all company Hawker Hunter aileron flight control systems.
4. OTI 2017-007 – This OTI inspected the Pod Plate, Tracking Pod, EW Pod, and LAU Rack for any potential fatigue or failure modes.
5. OTI 2017-008 - This OTI inspects the weapon station plate components, supporting, and internal wing structures. This inspection will take place at the next 60 hour inspection for each aircraft, and will be added to the Aircraft Inspection Program. ATAC anticipates all aircraft complete NLT November 2017.
6. ATAC sampled (1) aircraft from each of its CONUS based operations for a total of (2) aircraft to complete OTI 2017-008. Aircraft N334AX at NTD and aircraft N326AX at PHF were selected for OTI 2017-008 inspection. No abnormalities, corrosion or cracks were discovered supporting the inspection timing;
7. ATAC replaced 100% of rack carriage bolts with Cadmium Bolts for better corrosion resistance.
8. Hawker Hunter maintenance personnel conducted a thorough review of procedures, logged hands on training, and recorded completion of POD loading IAW HC-004, 005, 006 prior to conducting flying activities.
9. Hawker Hunter Aircrew reviewed POD loading video, Powered Flying Control/Trim systems, POD Pre-flight, and Aircraft Handling Characteristics tutorials. Refresher training was completed electronically and tracked via brianshark.com and recorded in GO/NO-GO

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.)

Unknown.

Total Time/Cycles
On Part

_____ Hours
 _____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

1160 _____ 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 AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes No

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

Ejection: Martin-Baker Type 3H ejection seat.

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

Aircraft Registration Number

N/A

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.

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

| | |
|---------------------------------------|--|
| Date of this Report mm/dd/yyyy | Name of Pilot/Operator: _____ Signature: _____ -- or -- <input type="checkbox"/> 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

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| NTSB Accident/Incident No. WPR17LA186 | Reviewed by NTSB Regional Office WPR - Federal Way | Name of Investigator S. Stein | Date Report Received September 6, 2017 |
|--|---|----------------------------------|---|