NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
Nearest City/Place: Wray State: CO
ZIP: 80758 Country: USA
Latitude: 40:11:22.3N (dd:mm:ss N/S) Longitude: 102:14:29.4W (ddd:mm:ss E/W)

Date/Time
Date: 01/15/2009 (mm/dd/yyyy) Local Time: ~0655
Time Zone: MST

Phase of Operation
☐ Standing ☐ Takeoff (Incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☑ Approach ☐ Unknown

Collision with Other Aircraft
☐ Midair
☐ On-ground
☑ None

Altitude of In-Flight Occurrence
(impact w/ ground) ft MSL

AIRCRAFT INFORMATION

Manufacturer: Gulfstream
Model: Commander 690C
Serial Number: 11734
Registration Number: N840NK Amateur-built: ☐ Yes ☑ No

Max Gross Weight: 10,325 lbs
Weight at Time of Accident/Incident: (unknown) lbs
Location of Center of Gravity at Time of Accident/Incident:
(unknown) inches from ☐ nose or ☐ datum
-or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft
☑ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate *(Check all that apply)*

Standard	Special
☑ Normal	☐ Restricted
☐ Utility	☐ Limited
☐ Acrobatic	☐ Provisional
☐ Transport	☐ Experimental
	☐ Special Flight
	☐ Light Sport

Number of Seats: 8
If Large Aircraft, how many seats for:
Flight Crew: _____
Cabin Crew: _____
Passengers: _____

Landing Gear ☑ Retractable
Check any additional landing gear configuration that applies:
☑ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program
☐ Annual
☐ Conditional (Amateur-built only)
☑ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type
☐ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☐ Annual ☑ Unknown

Date Last Inspection: (unknown) (mm/dd/yyyy)

Airframe Total Time: (unknown) hrs
hours measured at *(check one)*
☐ Last Inspection ☐ Time of Accident/Incident

IFR Equipped
☑ Yes ☐ No ☐ Unknown

Stall Warning System Installed
☑ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System
☑ None
☐ Specify _____

ELT Installed
☑ Yes ☐ No

ELT Activated
☑ Yes ☐ No

ELT Aided In Locating Accident/Incident
☐ Yes ☑ No

ELT Manufacturer: (unkown)
Model/Series: _____
Serial Number: _____
Battery Type: _____ Battery Exp. Date: _____

Engine Type
☐ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☑ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type
☐ Carburetor
☐ Fuel Injected

Propeller
☐ Fixed Pitch ☑ Controllable Pitch
Manufacturer: Dowty
Model: (unknown)

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☑ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Honeywell	TPE 331-10T	unknown		717.6		(unknown)	
Eng. 2	Honeywell	TPE 331-10T	unknown		717.6		(unknown)	
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: David A. Miller, Trustee
Fractional Ownership Aircraft: ☐ Yes ☑ No

Owner Address
City: Palmer
State: TX ZIP: 76162-9538
Country: USA

Operator of Aircraft ☐ Same As Registered Owner
Name: J-W Operating Company
Doing Business As:
Air Carrier/Operator Designator (4 Character Code):

Operator Address ☐ Same As Registered Owner
City: Addison
State: TX ZIP: 75001
Country: USA

Regulation Flight Conducted Under
☑ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ *Federal* ☐ *State* ☐ *Local*
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces

Revenue Sightseeing Flight
☐ Yes ☑ No

Air Medical Flight
☐ Yes ☑ No

Purpose of Flight
for FAR 91, 103, 133, 137 *(Select one)*
☐ Personal
☐ Business
☑ Executive/Corporate
☐ Other Work Use
☐ Instructional
☐ Ferry
☐ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

Revenue Operation
for FAR 121, 125, 129, 135 *(Select one)*
☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International
☑ Domestic ☐ International

Cargo Operation
☐ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

Type of Commercial Operating Certificate Held
(Check all that apply)
☑ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
- or -
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

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

Aircraft Registration Number
Manufacturer:
Model:

Damage to Other Aircraft
☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft
First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

Pilot of Other Aircraft
First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

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

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

Total Time/Cycles On Part
_____ Hours
_____ Cycles

Time Since This Part Inspected/Overhauled
_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
☐ None ☐ Substantial
☐ Minor ☑ Destroyed

Aircraft Fire
☐ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☑ On-Ground

Aircraft Explosion
☐ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☑ On-Ground

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

Total destruction of aircraft upon impact and post-crash fire. Ground impact damage and contained fire damage to an open field.

AIRPORT INFORMATION (if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: 2V5
Airport Name: Wray Muni
Proximity to Airport: ☑ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip
Distance From Airport Center: 4 SM
Direction From Airport: 350 degrees MAG
Airport Elevation: 3,677 ft. MSL

Approach Segment *(Select one)* (Unknown)

☐ On Instrument Approach ☐ Crosswind ☐ Landing ☐ Downwind ☐ Base leg ☐ Low Approach ☐ Final ☐ Aborted Landing (after touchdown) ☐ Go Around

IFR Approach *(Check all that apply)*

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

VFR Approach *(Check all that apply)*

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

Runway Information

Runway ID: 17/35 (L/R/C) Length: 5,400 ft Width: 75 ft

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

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

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: KAPA
City: Centennial
State: CO
Country: USA

Time of Departure
Time: ~6:30
Time Zone: MST

Destination
Airport ID: 2V5
City: Wray
State: CO
Country: USA

Type Flight Plan Filed
☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☑ IFR ☐ Unknown
Activated? ☑ Yes ☐ No

Type of ATC Clearance/Service *(Check all that apply)*

☐ None ☐ VFR ☐ Special VFR ☑ IFR ☐ Special IFR ☐ VFR On Top ☐ VFR Flight Following ☐ Traffic Advisory ☐ Cruise ☐ Unknown / NA

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

☐ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class E ☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☑ Unknown

Aircraft Load Description *(Check all that apply)*

☐ None ☑ Passengers ☐ Cargo ☐ Towing Glider ☐ Towing Banner ☐ Other External ☐ Parachutists ☐ Water ☐ Chemical/Fertilizer/Seeds ☐ Livestock ☐ Unknown

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff *(convert from pounds, as necessary)*
>349 gal (see below) Gallons

Fuel Type
☐ 80/87 ☐ 100 Low Lead ☐ 100/130 ☐ 115/145 ☑ Jet A ☐ Automotive ☐ JP3 ☐ JP4 ☐ JP5 ☐ Other, specify

Other Services, If Any, Prior to Departure

Aircraft was reportedly fueled with 349 gal of Jet A prior to departure, plus would have had an unknown amount of fuel on board prior to fueling.

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility
Facility ID: _____
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ NM
Direction from Accident Site: _____ degrees MAG

Source of Weather Information *(Check all that apply)*
☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☑ Unknown
☐ Commercial Weather Service (DUATS)

Method of Briefing *(Check all that apply)*
☐ In Person
☐ Teletype
☐ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☑ Unknown

Briefing Type/Completeness
☐ Full ☐ Abbreviated
☐ Partial / Limited By Pilot ☑ Unknown
☐ Partial / Limited By Briefer ☐ Not Pertinent

Light Condition
☐ Dawn ☐ Dusk ☐ Dark Night
☐ Day ☐ Night ☐ Bright Night
☐ Not Reported

Visibility
(unknown) _____ miles

Sky/Lowest Cloud Condition
☐ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☑ Unknown
☐ Scattered

Ceiling
☐ None (clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☑ Unknown

Restriction to Visibility *(Check all that apply)*
☐ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☑ Unknown

Lowest Cloud Condition Height
_____ ft AGL

Ceiling Height
_____ ft AGL

Wind Direction
☐ Indicated: _____ degrees MAG
☐ Variable
(unknown)

Wind Speed
Velocity: _____ KTS
-or-
☐ Calm
☐ Light and Variable
(unknown)

Wind Gusts
Velocity: _____ KTS
☐ Gusting
☐ Not Gusting
(unknown)

Type of Turbulence *(Check all that apply)*
☐ None ☐ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm
(unknown)

Severity of Turbulence
☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☐ Moderate Chop
(unknown)

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident
(unknown)

Temperature: (unknown) _____ (C) or _____ (F)

Altimeter Setting: _____ in. HG or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C) or _____ (F)

Icing Forecast
Amount: (unknown)
☐ None ☐ Moderate
☐ Trace ☐ Severe
☐ Light
Type
☐ Rime
☐ Clear
☐ Mixed

Icing Actual
Amount: (unknown)
☐ None ☐ Moderate
☐ Trace ☐ Severe
☐ Light
Type
☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation *(Check all that apply)*
☐ None ☐ Drizzle (unknown)
☐ Rain ☐ Ice Pellets
☐ Snow ☐ Snow Pellets
☐ Hail ☐ Snow Grains
☐ Rain Showers ☐ Ice Crystals
☐ Freezing Rain ☐ Ice Pellets Shower
☐ Snow Shower ☐ Freezing Drizzle

Intensity of Precipitation (unknown)
☐ Light ☐ Moderate ☐ Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident (unknown)
☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☑ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: Daniel
Middle Initial:
Last Name: Rojas
City: Parker
State: CO ZIP: 80138
Country: USA
Age at time of Accident/Incident: 33 Date of Birth: [redacted] mm/dd/yyyy
Certificate Number: [redacted]

Degree of Injury
☐ None ☑ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied
☐ Left ☐ Front ☑ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt
Used (unknown) ☐ No
Available ☑ Yes ☐ No

Shoulder Harness
Used ☐ Yes ☐ No (unknown)
Available ☑ Yes ☐ No

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☑ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☑ Flight Instructor ☐ Sport ☑ Airline Transport ☐ U.S. Military

Principal Occupation
☑ Pilot
☐ Other
☐ Unknown

Medical Certificate
☐ None ☐ Class 3
☑ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity
☐ Without limitations/waivers
☐ With limitations/waivers
☑ Unknown

Date of Last Medical
3/2008
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: (unknown) mm/dd/yyyy

Flight Review Aircraft
Make:
Model:

Airplane Rating(s) *(Check all that apply)*
☐ None
☑ Single-Engine Land
☐ Single-Engine Sea
☑ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☑ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None
☑ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☐ None ☑ Instrument Airplane
☑ Airplane Single-Engine ☐ Instrument Helicopter
☑ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings
A/LR-JET - SIC Privileges Only

Student Endorsements *(Include dates)*

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time (unknown)										
Pilot In Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident (unknown)
☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "B" Identification

First Name: David
Middle Initial: K
Last Name: Carey
City: Wray
State: CO ZIP: 80758-1722
Country: USA
Age at time of Accident/Incident: 53 Date of Birth: [redacted] mm/dd/yyyy
Certificate Number: [redacted]

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☐ None ☑ Fatal ☐ Minor ☐ Unknown ☐ Serious	☐ Left ☐ Front ☑ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Used ☐ Yes ☐ No Available ☑ Yes ☐ No	Used ☐ Yes ☐ No Available ☑ Yes ☐ No

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☑ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☑ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☑ Pilot ☐ Other ☐ Unknown	☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☑ Class 2 ☐ Unknown	☐ Without limitations/waivers ☐ With limitations/waivers ☑ Unknown	3/2008 mm/dd/yyyy

Medical Certificate Limitations
Must wear corrective lenses

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: (unknown) mm/dd/yyyy

Flight Review Aircraft
Make:
Model:

Airplane Rating(s) *(Check all that apply)*	Other Aircraft Rating(s) *(Check all that apply)*	Instrument Rating(s) *(Check all that apply)*	Instructor Rating(s) *(Check all that apply)*
☐ None ☑ Single-Engine Land ☐ Single-Engine Sea ☑ Multiengine Land ☐ Multiengine Sea	☑ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	☐ None ☑ Airplane ☐ Helicopter ☐ Powered Lift	☐ None ☑ Airplane Single-Engine ☑ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☑ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings
None

Student Endorsements *(include dates)*

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot In Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

(unknown)

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address

First Name: ______ City: ______
Middle Initial: ______ State: ______ ZIP: ______
Last Name: ______ Country: ______

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

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

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

Pilot Name and Address

First Name: ______ City: ______
Middle Initial: ______ State: ______ ZIP: ______
Last Name: ______ Country: ______

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

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

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

Pilot Name and Address

First Name: ______ City: ______
Middle Initial: ______ State: ______ ZIP: ______
Last Name: ______ Country: ______

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

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

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: Zachary; Middle Initial: L; Last Name: Hergott; City: Denver; State: CO; ZIP: 80207-3442; Country: USA		☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
First Name: ; Middle Initial: ; Last Name: ; City: ; State: ; ZIP: ; Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ; Middle Initial: ; Last Name: ; City: ; State: ; ZIP: ; Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ; Middle Initial: ; Last Name: ; City: ; State: ; ZIP: ; Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ; Middle Initial: ; Last Name: ; City: ; State: ; ZIP: ; Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ; Middle Initial: ; Last Name: ; City: ; State: ; ZIP: ; Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ; Middle Initial: ; Last Name: ; City: ; State: ; ZIP: ; Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ; Middle Initial: ; Last Name: ; City: ; State: ; ZIP: ; Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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 time and point of departure, intended destination, and services obtained.

See NTSB Initial report # CEN09FA135.

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

Operator/Owner Safety Recommendation

(Pending completion of investigation)

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	Signature and Name of Pilot/Operator
01/23/2009 *mm/dd/yyyy*	Signature: [redacted] for J-W Operating Company (operator of plane)
	Type or Print Name: Peter S. Jumper

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN09FA135	Denver, Colorado	Jennifer S. Rodi	01-24-2009