

**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**

|  |  |   |   |
|--|--|---|---|
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Naples</u> State: <u>Florida</u><br>ZIP: <u>34104-3568</u> Country: <u>United States</u><br>Latitude: <u>26:09:14 N</u> (dd:mm:ss N/S) Longitude: <u>81:46:55 W</u> (ddd:mm:ss E/W)  |  | <b>Date/Time</b><br>Date: <u>01/22/2009</u> Local Time: <u>1915</u><br><i>mm/dd/yyyy</i><br>Time Zone: <u>EST</u>   |   |
| <b>Phase of Operation</b><br><input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input checked="" type="checkbox"/> Cruise <input type="checkbox"/> Hover<br><input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other<br><input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown |  | <b>Collision with Other Aircraft</b><br><input type="checkbox"/> Midair<br><input type="checkbox"/> On-ground<br><input checked="" type="checkbox"/> None | <b>Altitude of In-Flight Occurrence</b><br>_____ ft MSL |

**AIRCRAFT INFORMATION**

|   |   |
|---|---|
| Manufacturer: <u>Cessna</u><br>Model: <u>C402-C Utiliner</u><br>Serial Number: <u>402C0101</u><br>Registration Number: <u>N2615G</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Max Gross Weight: <u>7,210</u> lbs<br>Weight at Time of Accident/Incident: <u>6,175</u> lbs<br>Location of Center of Gravity at Time of Accident/Incident:<br>_____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum<br>-or- _____ Percent Mean Aerodynamic Cord (% MAC) |
|---|---|

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| <b>Category of Aircraft</b><br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyrocraft<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown | <b>Type of Airworthiness Certificate</b><br>(Check all that apply)<br><b>Standard</b><br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Utility<br><input type="checkbox"/> Acrobatic<br><input type="checkbox"/> Transport<br><b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Light Sport | <b>Number of Seats:</b> <u>10</u><br>If Large Aircraft, how many seats for:<br>Flight Crew: _____<br>Cabin Crew: _____<br>Passengers: _____ | <b>Landing Gear</b> <input checked="" type="checkbox"/> Retractable<br>Check any additional landing gear configuration that applies:<br><input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Unknown |
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| <b>Type of Maintenance Program</b><br><input type="checkbox"/> Annual<br><input type="checkbox"/> Conditional (Amateur-built only)<br><input type="checkbox"/> Manufacturer's Inspection Program<br><input checked="" type="checkbox"/> Other Approved Inspection Program (AAIP)<br><input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> Other, specify: _____ | <b>Last Inspection Type</b><br><input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness<br><input checked="" type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input type="checkbox"/> Annual <input type="checkbox"/> Unknown | <b>Date Last Inspection:</b> <u>01/13/2009</u><br><i>mm/dd/yyyy</i><br><b>Airframe Total Time:</b> <u>23,631</u> hrs<br>hours measured at (check one)<br><input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident |
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| <b>IFR Equipped</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Stall Warning System Installed</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Type of Fire Extinguishing System</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Specify <u>Halon handheld extinguisher</u> |
|---|---|---|

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|--|--|
| <b>ELT Installed</b> <b>ELT Activated</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>ELT Manufacturer:</b> <u>Dorne &amp; Margolin</u><br><b>Model/Series:</b> <u>BS2173</u><br><b>Serial Number:</b> <u>N/A</u><br><b>Battery Type:</b> <u>Six cell battery</u> <b>Battery Exp. Date:</b> <u>04/30/2009</u> |
|--|--|

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| <b>Engine Type</b><br><input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet<br><input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan<br><input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | <b>Reciprocating Fuel System Type</b><br><input type="checkbox"/> Carburetor<br><input checked="" type="checkbox"/> Fuel Injected | <b>Propeller</b><br><input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch<br>Manufacturer: <u>McCauley</u><br>Model: <u>3AF32C505-C</u> |
|---|---|---|

| Engine | Engine Manufacturer                 | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. <i>mm/dd/yyyy</i> | Engine Rated Power Measured as (check one)<br><input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|-------------------------------------|---------------------|------------------------------|--------------------------------|--|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | Teledyne Continental Motors (Left)  | TCIO 520 VB         | 836162-R                     | 07/31/2008                     | 325  | 470                | 38                            | 470                         |
| Eng. 2 | Teledyne Continental Motors (Right) | TCIO 520 VB         | 832068-R                     | 03/08/2007                     | 325  | 1,732              | 38                            | 1,732                       |
| Eng. 3 |                                     |                     |                              |                                |  |                    |                               |                             |
| Eng. 4 |                                     |                     |                              |                                |  |                    |                               |                             |

**OWNER/OPERATOR INFORMATION**

|  |   |
|--|---|
| <b>Registered Aircraft Owner</b><br>Name: <u>Hyannis Air Service, Inc.</u><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Owner Address</b><br>City: <u>Hyannis</u><br>State: <u>MA</u> ZIP: <u>02601</u><br>Country: <u>United States</u> |
|--|---|

|  |  |
|--|--|
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>Name: _____<br>Doing Business As: <u>Cape Air / Nantucket Airlines/Continental Connection</u><br>Air Carrier/Operator Designator (4 Character Code): <u>9K</u> | <b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____ |
|--|--|

|   |  |
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| <b>Regulation Flight Conducted Under</b><br><input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type)<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local<br><input type="checkbox"/> FAR 121 <input checked="" type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|

|   |   |  |
|---|---|--|
| <b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b><br><input type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input checked="" type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown | <b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b><br><input checked="" type="checkbox"/> Scheduled or Commuter<br><input type="checkbox"/> Non-Scheduled or Air Taxi<br><b>Domestic or International</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International<br><b>Cargo Operation</b><br><input type="checkbox"/> Passenger/Cargo<br><input type="checkbox"/> Passenger _____ How many?<br><input type="checkbox"/> Cargo _____ lbs<br><input type="checkbox"/> Mail | <b>Type of Commercial Operating Certificate Held (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Flag Carrier Operating Certificate (121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (129)<br><input checked="" type="checkbox"/> Commuter Air Carrier (135)<br><input type="checkbox"/> On-Demand Air Taxi (135)<br><input type="checkbox"/> Large Helicopter (127)<br><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input type="checkbox"/> Agricultural Aircraft (137)<br><input type="checkbox"/> Other Operator of Large Aircraft |
|---|---|--|

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

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

**Registered Owner of Other Aircraft**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

**Pilot of Other Aircraft**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

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

|   |  |
|---|--|
| Was there Mechanical Malfunction/Failure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)<br>The fuel selector had a mechanical malfunction. | <b>Total Time/Cycles On Part</b><br>_____ Hours<br>_____ Cycles<br><b>Time Since This Part Inspected/Overhauled</b><br>_____ 0 Hours |
|---|--|

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

|  |   |  |
|--|---|--|
| <b>Aircraft Damage</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Substantial<br><input type="checkbox"/> Minor <input type="checkbox"/> Destroyed | <b>Aircraft Fire</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground | <b>Aircraft Explosion</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground |
|--|---|--|



## 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  
 After stopping, all passengers and the pilot exited the aircraft through the main cabin door.

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>Weather Observation Facility</b><br>Facility ID: <u>KAPF</u><br>Observation Time: <u>2353Z</u><br>Time Zone: <u>Eastern</u><br>Distance from Accident Site: <u>0</u> NM<br>Direction from Accident Site: <u>0</u> degrees MAG  |   | <b>Source of Weather Information</b><br>(Check all that apply)<br><input type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input checked="" type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet<br><input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Unknown<br><input type="checkbox"/> Commercial Weather Service (DUATS) |   | <b>Method of Briefing</b><br>(Check all that apply)<br><input type="checkbox"/> In Person<br><input type="checkbox"/> Teletype<br><input type="checkbox"/> Telephone/Computer<br><input type="checkbox"/> Aircraft Radio<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Unknown   |  |
| <b>Briefing Type/Completeness</b><br><input type="checkbox"/> Full <input type="checkbox"/> Abbreviated<br><input type="checkbox"/> Partial / Limited By Pilot <input checked="" type="checkbox"/> Unknown<br><input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent        |   | <b>Light Condition</b><br><input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night<br><input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Bright Night<br><input type="checkbox"/> Not Reported  |   | <b>Visibility</b><br><u>10</u> miles  |  |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken<br><input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast<br><input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown<br><input type="checkbox"/> Scattered |   | <b>Ceiling</b><br><input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured<br><input type="checkbox"/> Broken <input type="checkbox"/> Indefinite<br><input type="checkbox"/> Overcast <input type="checkbox"/> Unknown   |   | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |  |
| <b>Lowest Cloud Condition Height</b><br>_____ ft AGL  |   | <b>Ceiling Height</b><br>_____ ft AGL   |   |   |  |
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Indicated:<br><u>330</u> degrees MAG<br><br><input type="checkbox"/> Variable  | <b>Wind Speed</b><br>Velocity: <u>3</u> KTS<br>-or-<br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable | <b>Wind Gusts</b><br>Velocity: _____ KTS<br><br><input type="checkbox"/> Gusting<br><input checked="" type="checkbox"/> Not Gusting   | <b>Type of Turbulence</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds<br><input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm<br><br><b>Severity of Turbulence</b><br><input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light<br><input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop |   |  |
| <b>NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident</b>   |   |   |   |   |  |

|  |  |   |
|--|--|---|
| Temperature: <u>13</u> (C)<br>or _____ (F)<br><br>Altimeter Setting: <u>3026</u> in. HG<br>or _____ MB<br><br>Density Altitude: _____ ft<br><br>Dew Point: <u>03</u> (C)<br>or _____ (F) | <b>Icing Forecast</b><br>Amount    Type<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime<br><input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear<br><input type="checkbox"/> Light <input type="checkbox"/> Mixed<br><br><b>Icing Actual</b><br>Amount    Type<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime<br><input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear<br><input type="checkbox"/> Light <input type="checkbox"/> Mixed | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle<br><input checked="" type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals<br><input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle<br><br><b>Intensity of Precipitation</b><br><input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
|--|--|---|



**PILOT "B" INFORMATION**

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

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

|  |  |   |  |
|--|--|---|--|
| <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single | <b>Seat Belt</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Shoulder Harness</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|---|--|

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

|   |  |  |   |
|---|--|--|---|
| <b>Principal Occupation</b><br><input type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers<br><input type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown | <b>Date of Last Medical</b><br>_____<br><i>mm/dd/yyyy</i> |
|---|--|--|---|

**Medical Certificate Limitations**

**Medical Certificate Waivers**

|  |  |
|--|--|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br>_____<br><i>mm/dd/yyyy</i> | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____ |
|--|--|

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

|                     |  |
|---------------------|--|
| <b>Type Ratings</b> | <b>Student Endorsements</b> <i>(Include dates)</i> |
|---------------------|--|

| Flight Time <i>(enter appropriate number of hours in each box)</i> | 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 CREW MEMBERS** (Exclusive of cabin attendants, complete the following information)

|                               |                         |   |
|-------------------------------|-------------------------|---|
| <b>Pilot Name and Address</b> |                         | <b>Degree of Injury</b>   |
| First Name: _____             | City: _____             | <input type="checkbox"/> None <input type="checkbox"/> Fatal    |
| Middle Initial: _____         | State: _____ ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____              | Country: _____          | <input type="checkbox"/> Serious                                |

|  |  |   |
|--|--|---|
| <b>Pilot Certificate(s)</b> (Check all that apply)   |  | <b>Seat Occupied</b>  |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign | <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | <input type="checkbox"/> Left <input type="checkbox"/> Front    |
|  |  | <input type="checkbox"/> Right <input type="checkbox"/> Rear    |
|  |  | <input type="checkbox"/> Center <input type="checkbox"/> Single |
|  |  | <input type="checkbox"/> Unknown                                |

|   |   |
|---|---|
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |
|---|---|

|                               |                         |   |
|-------------------------------|-------------------------|---|
| <b>Pilot Name and Address</b> |                         | <b>Degree of Injury</b>   |
| First Name: _____             | City: _____             | <input type="checkbox"/> None <input type="checkbox"/> Fatal    |
| Middle Initial: _____         | State: _____ ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____              | Country: _____          | <input type="checkbox"/> Serious                                |

|  |  |   |
|--|--|---|
| <b>Pilot Certificate(s)</b> (Check all that apply)   |  | <b>Seat Occupied</b>  |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign | <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | <input type="checkbox"/> Left <input type="checkbox"/> Front    |
|  |  | <input type="checkbox"/> Right <input type="checkbox"/> Rear    |
|  |  | <input type="checkbox"/> Center <input type="checkbox"/> Single |
|  |  | <input type="checkbox"/> Unknown                                |

|   |   |
|---|---|
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |
|---|---|

|                               |                         |  |
|-------------------------------|-------------------------|--|
| <b>Pilot Name and Address</b> |                         | <b>Degree of Injury</b>  |
| First Name: _____             | City: _____             | <input type="checkbox"/> None <input type="checkbox"/> Fatal               |
| Middle Initial: _____         | State: _____ ZIP: _____ | <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____              | Country: _____          | <input type="checkbox"/> Serious   |

|  |  |   |
|--|--|---|
| <b>Pilot Certificate(s)</b> (Check all that apply)   |  | <b>Seat Occupied</b>  |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign | <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | <input type="checkbox"/> Left <input type="checkbox"/> Front    |
|  |  | <input type="checkbox"/> Right <input type="checkbox"/> Rear    |
|  |  | <input type="checkbox"/> Center <input type="checkbox"/> Single |
|  |  | <input type="checkbox"/> Unknown                                |

|   |   |
|---|---|
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |
|---|---|

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

| Name and Address   | Seat | Crew                     | Non-Revenue              | Revenue                             | Non-Occupant             | FAA                      | Fatal Injury             | Serious Injury           | Minor Injury             | No Injury                           | Unknown                  |
|--|------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| First Name: <u>Brian</u> City: <u>Liverpool</u><br>Middle Initial: _____ State: <u>England</u> ZIP: <u>L25LN</u><br>Last Name: <u>Simcock</u> Country: <u>United Kingdom</u>   |      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| First Name: <u>Kenneth</u> City: <u>Simsbury</u><br>Middle Initial: <u>J</u> State: <u>CT</u> ZIP: <u>06070</u><br>Last Name: <u>Eiters</u> Country: <u>United States</u>      |      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| First Name: <u>Elizabeth</u> City: <u>Burlington</u><br>Middle Initial: <u>P</u> State: <u>VT</u> ZIP: <u>05408</u><br>Last Name: <u>McBroom</u> Country: <u>United States</u> |      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| First Name: <u>Dave</u> City: <u>Sarasota</u><br>Middle Initial: _____ State: <u>FL</u> ZIP: <u>34234</u><br>Last Name: <u>Branch</u> Country: <u>United States</u>            |      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| First Name: <u>Jamie</u> City: <u>Venice</u><br>Middle Initial: <u>R</u> State: <u>FL</u> ZIP: <u>34293</u><br>Last Name: <u>Morgan</u> Country: <u>United States</u>          |      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| First Name: <u>Jerry</u> City: <u>Naples</u><br>Middle Initial: _____ State: <u>FL</u> ZIP: <u>34104</u><br>Last Name: <u>Neal</u> Country: <u>United States</u>               |      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____  |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____  |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

**NARRATIVE HISTORY OF FLIGHT** (Please type or print in this)

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. En route from EYW to RSW, lost power to both engines at 4000 feet approximately 4km north of Naples airport. Unable to restart the engines the pilot declared an emergency and requested vectors to APF. The pilot completed the two engine out emergency check list and landed at APF. There were no injuries to passengers or crew and no damage to the aircraft.

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

Operator/Owner Safety Recommendation



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

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

[Empty space for additional information]

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

|   |   |
|---|---|
| Date of this Report<br><u>01/31/2009</u><br><small>mm/dd/yyyy</small> | Signature and Name of Pilot/Operator<br>Signature: _____<br>Type or Print Name: _____ |
|---|---|

|   |  |
|---|--|
| Signature and Name of Person Filing Report if Other than Pilot/Operator |  |
| Signature: _____  |  |
| Type or Print Name: <u>TAMMIE IRWIN</u>                                 |  |
| Title: <u>DIRECTOR OF SAFETY + COMPLIANCE</u>                           |  |

**FOR NTSB USE ONLY**

|   |  |   |   |
|---|--|---|---|
| NTSB Accident/Incident No.<br><u>ERA09IA140</u> | Reviewed by NTSB Regional Office<br><u>MIAMI, FL</u> | Name of Investigator<br><u>MONVILLE</u> | Date Report Received<br><u>01/31/2009</u> |
|---|--|---|---|