

**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		Date/Time	
Nearest City/Place: <u>TETERBORO</u> State: <u>NJ</u>		Date: <u>08/21/09</u> Local Time: <u>0319</u>	
ZIP: _____ Country: <u>USA</u>		mm/dd/yyyy Time Zone: <u>EDT</u>	
Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)			
Phase of Operation		Collision with Other Aircraft	Altitude of In-Flight Occurrence
<input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		<input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<u>N/A</u> ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility		Source of Weather Information		Method of Briefing	
Facility ID: <u>KTEB</u>		<i>(Check all that apply)</i>		<i>(Check all that apply)</i>	
Observation Time: <u>0730 Z</u>		<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 type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Commercial Weather Service (DUATS)		<input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Unknown	
Time Zone: <u>ZULU</u>					
Distance from Accident Site: <u>1/2</u> NM					
Direction from Accident Site: <u>010</u> degrees MAG					
Briefing Type/Completeness		Light Condition		Visibility	
<input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent		<input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		<u>10</u> miles	
Sky/Lowest Cloud Condition		Ceiling		Restriction to Visibility <i>(Check all that apply)</i>	
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered		<input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown		<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	
Lowest Cloud Condition Height		Ceiling Height			
<u>CLEAR</u> ft AGL		<u>CLEAR</u> ft AGL			
Wind Direction		Wind Speed		Wind Gusts	
<input checked="" type="checkbox"/> Indicated: <u>170</u> degrees MAG <input type="checkbox"/> Variable		Velocity: <u>6</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable		Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	
				Type of Turbulence <i>(Check all that apply)</i>	
				<input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm	
				Severity of Turbulence	
				<input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop	

NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident

Temperature: <u>27</u> (C) or _____ (F)		Icing Forecast		Type of Precipitation <i>(Check all that apply)</i>	
Altimeter Setting: <u>29.88</u> in. HG or _____ MB		Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light		<input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Clear <input type="checkbox"/> Hail <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Rain Showers <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> _____ <input type="checkbox"/> Freezing Drizzle	
Density Altitude: _____ ft		Icing Actual		Intensity of Precipitation	
Dew Point: <u>23</u> (C) or _____ (F)		Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light		<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
		Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed			
		Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed			

AIRCRAFT INFORMATION																																																						
Manufacturer: <u>BEECHCRAFT</u> Model: <u>BE-58 BARON</u> Serial Number: <u>TH 1905</u> Registration Number: <u>N167TB</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Max Gross Weight: <u>5424</u> lbs Weight at Time of Accident: <u>5280</u> lbs Location of Center of Gravity at Time of Accident: -or- <u>81.0</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum Percent Mean Aerodynamic Cord (% MAC)																																																	
Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport		Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <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"/> Unknown																																																
Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			Last Inspection Type <input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown		Date Last Inspection: <u>5-27-09</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>3497</u> hrs hours measured at <i>(check one)</i> <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident																																																	
IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>hand-held</u>																																																		
ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____			ELT Aided in Locating Accident / Incident <input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected		Propeller <input type="checkbox"/> Fixed Pitch Manufacturer: <u>HARTZELL</u> <input checked="" type="checkbox"/> Controllable Pitch Model: <u>PHC-J3YF-2F</u>																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Engine</th> <th style="width: 20%;">Engine Manufacturer</th> <th style="width: 20%;">Engine Model/Series</th> <th style="width: 20%;">Manufacturing Serial Number</th> <th style="width: 10%;">Date of Mfg. <i>mm/dd/yyyy</i></th> <th style="width: 10%;">Engine Rated Power Measured <i>(check one)</i></th> <th style="width: 10%;">Total Time (hours)</th> <th style="width: 10%;">Time Since Inspection (hours)</th> <th style="width: 10%;">Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td>Continental</td> <td>IO-550</td> <td>1000364</td> <td></td> <td><input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust</td> <td>285</td> <td>266</td> <td>67</td> <td>N/A</td> </tr> <tr> <td>Eng. 2</td> <td>Continental</td> <td>IO-550</td> <td>1000086</td> <td></td> <td></td> <td>285</td> <td>365</td> <td>67</td> <td>N/A</td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured <i>(check one)</i>	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	Eng. 1	Continental	IO-550	1000364		<input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	285	266	67	N/A	Eng. 2	Continental	IO-550	1000086			285	365	67	N/A	Eng. 3										Eng. 4										Engine Rated Power Measured <i>(check one)</i> <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust		Total Time (hours) Time Since Inspection (hours) Time Since Overhaul (hours)	
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Eng. 4																																																						
OWNER/OPERATOR INFORMATION																																																						
Registered Aircraft Owner Name: <u>Quest Diagnostics, Inc</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Owner Address City: <u>READING</u> State: <u>PA</u> ZIP: <u>19605</u> Country: <u>USA</u>																																																	
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____					Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____																																																	
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <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 <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces					Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																	

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

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

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

Airport Identifier: KTEB **Distance From Airport Center:** 1/2 (.5) SM
Airport Name: TETERBORO **Direction From Airport:** 010 degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** 009 ft. MSL

Approach Segment (Select one)

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

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

Runway ID: 01 (L/R/C) Length: 7000 ft Width: 150 ft

Runway/Landing Surface (Check all that apply) <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow	Condition of Runway/Landing Surface (Check all that apply) <input checked="" 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"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation
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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KPTW</u> City: <u>Pottstown</u> State: <u>PA</u> Country: <u>USA</u>	Time of Departure Time: <u>02:50</u> Time Zone: <u>EDT</u>	Destination Airport ID: <u>KTEB</u> City: <u>TETERBORO</u> State: <u>PA</u> Country: <u>USA</u>	Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Type of ATC Clearance/Service (Check all that apply)

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

Airspace where the accident occurred (Check all that apply)

<input type="checkbox"/> Class A	<input type="checkbox"/> Class E	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Special
<input checked="" type="checkbox"/> Class B	<input type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area		

Aircraft Load Description (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists	<input type="checkbox"/> Livestock
<input type="checkbox"/> Passengers	<input type="checkbox"/> Towing Banner	<input type="checkbox"/> Water	<input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Cargo	<input type="checkbox"/> Other External	<input type="checkbox"/> Chemical/Fertilizer/Seeds	

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type
_____ Gallons	<input type="checkbox"/> 80/87
125	<input checked="" type="checkbox"/> 100 Low Lead
	<input type="checkbox"/> 100/130
	<input type="checkbox"/> 115/145
	<input type="checkbox"/> Jet A
	<input type="checkbox"/> Automotive
	<input type="checkbox"/> JP3
	<input type="checkbox"/> JP4
	<input type="checkbox"/> JP5
	<input type="checkbox"/> Other, specify _____

Other Services, if Any, Prior to Departure

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

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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	Aircraft Fire	Aircraft Explosion
<input type="checkbox"/> None	<input type="checkbox"/> None	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Substantial	<input type="checkbox"/> Both Ground and In-Flight	<input type="checkbox"/> Both Ground and In-Flight
<input type="checkbox"/> Minor	<input type="checkbox"/> In-Flight	<input type="checkbox"/> In-Flight
<input checked="" type="checkbox"/> Destroyed	<input type="checkbox"/> On-Ground	<input type="checkbox"/> On-Ground
	<input type="checkbox"/> Unknown Origin	<input type="checkbox"/> Unknown Origin

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

AIRCRAFT DESTROYED BY POST-IMPACT FIRE. SOME VEGETATION AT CRASH SITE BURNED.

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

Both occupants exited aircraft through the cockpit door located on the right side of the aircraft

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "B" Identification

First Name: SANIL City: LAUREL
 Middle Initial: _____ State: MD ZIP: 20707
 Last Name: GOPINATH Country: USA

Age at time of Accident: 42 Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Serious	Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>11/18/08</u> <small>mm/dd/yyyy</small>
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Medical Certificate Limitations

NONE

Medical Certificate Waivers

NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <small>mm/dd/yyyy</small>	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings	Student Endorsements (Include dates)
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Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	1575	607								
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	225	146	79	146	225					
Last 30 Days	71	53	18	53	71					
Last 24 Hours	3.3	3.3	0	3.3	3.3					

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

Pilot Name and Address		Degree of Injury
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

Pilot Certificate(s) (Check all that apply)		Seat Occupied
<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
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Right <input type="checkbox"/> Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown

Pilot Name and Address		Degree of Injury
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

Pilot Certificate(s) (Check all that apply)		Seat Occupied
<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
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Right <input type="checkbox"/> Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown

Pilot Name and Address		Degree of Injury
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

Pilot Certificate(s) (Check all that apply)		Seat Occupied
<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
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Right <input type="checkbox"/> Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown

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: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Last Name: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
City: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
State: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
ZIP: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Country: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

PIC/SIC

Report for duty: 2200

Leg 1: RDG - HFD	22:35 - 23:37
Leg 2: HFD - OWD	23:54 - 00:21
Leg 3: OWD - PTW	01:07 - 02:34
Leg 4: PTW - TEB	02:50 - 03:15

SIC was a non-required crewmember who volunteered to ride along on this flight.

Flight crew flew multiple legs prior to the accident as described above.

Aircraft was on a visual approach for Runway 01 at TEB when the accident occurred. The aircraft came to rest approximately 1/2 mi north of the departure end of runway 01.

The crew was able to exit the aircraft through the cockpit entry located on the right side of the aircraft

The aircraft was subsequently consumed by a post accident fire

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

Pending the outcome of the accident investigation, we are examining possible improvements to our current operations

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 <u>08/31/09</u> <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____		
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: <u>NICHOLAS PAGERLY</u> Title: <u>SAFETY OFFICER</u>			
FOR NTSB USE ONLY			
NTSB Accident/Incident No. ERA09LA469	Reviewed by NTSB Regional Office ERA-VA	Name of Investigator RAYNER	Date Report Received 9/2/09