

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>US Bank NA Trustee</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>1 Federal St.</u> State: <u>MA</u> ZIP: <u>02110</u> Country: <u>USA</u>
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>Atlantic Southeast Airlines</u> Doing Business As: <u>Atlantic Southeast Airlines</u> Air Carrier/Operator Designator (4 Character Code): <u>ASOA029B</u>		Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>Atlanta</u> State: <u>Georgia</u> ZIP: <u>30354</u> Country: <u>USA</u>
Regulation Flight Conducted Under <input 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 checked="" 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 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 checked="" type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input checked="" 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 type="checkbox"/> None <input checked="" 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
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft 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 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) There was a failure of the left main landing gear to extend to the down and locked position, both by normal and alternate extension methods. The aircraft was placed on jacks and the system then operated normally. At this point we cannot identify where the failure occurred. Time/cycles are not included as we are unable to determine which part failed.		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i> Due to contact with runway surface, there was damage to the main landing gear tires and the left outboard main wheel. Both left wing flap panels and one flap actuator fairing sustained damaged and will be replaced. There is a minor scrape to the left wing near the tip.			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: <u>KATL</u>		Distance From Airport Center: _____ SM	
Airport Name: <u>Hartsfield-Jackson Atlanta International</u>		Direction From Airport: _____ degrees MAG	
Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input checked="" type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip		Airport Elevation: <u>1,026</u> ft. MSL	
Approach Segment <i>(Select one)</i>			
<input type="checkbox"/> On Instrument Approach <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final <input type="checkbox"/> Go Around <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)			
IFR Approach <i>(Check all that apply)</i>		VFR Approach <i>(Check all that apply)</i>	
<input 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 checked="" 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		<input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input 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	
Runway Information		Condition of Runway/Landing Surface <i>(Check all that apply)</i>	
Runway ID: <u>27R</u> (L/R/C) Length: <u>11,740</u> ft Width: <u>150</u> ft		<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	
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 checked="" 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			
FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KCSG</u> City: <u>Columbus</u> State: <u>Georgia</u> Country: <u>USA</u>	Time of Departure Time: <u>1705</u> Time Zone: <u>Eastern</u>	Destination Airport ID: <u>KATL</u> City: <u>Atlanta</u> State: <u>Georgia</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Type of ATC Clearance/Service <i>(Check all that apply)</i>			
<input type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i>			
<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 checked="" 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 <i>(Check all that apply)</i>			
<input type="checkbox"/> None <input type="checkbox"/> Towing Glider <input type="checkbox"/> Parachutists <input type="checkbox"/> Livestock <input checked="" type="checkbox"/> Passengers <input type="checkbox"/> Towing Banner <input type="checkbox"/> Water <input type="checkbox"/> Unknown <input type="checkbox"/> Cargo <input type="checkbox"/> Other External <input type="checkbox"/> Chemical/Fertilizer/Seeds			
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff <i>(convert from pounds, as necessary)</i> <u>930</u> Gallons	Fuel Type <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> 100 Low Lead <input checked="" type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5		
Other Services, if Any, Prior to Departure			

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

2 passengers exited from the galley service door, the remaining 17 passengers and 3 crew exited through the main cabin door. Passengers assembled approximately 100 yards in front of aircraft.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KATLObservation Time: 2152 GMTTime Zone: EasternDistance from Accident Site: 0 NMDirection from Accident Site: N/A degrees MAG**Source of Weather Information**

(Check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> National Weather Service | <input checked="" 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 type="checkbox"/> Commercial Weather Service (DUATS) | |

Method of Briefing

(Check all that apply)

- | |
|--|
| <input type="checkbox"/> In Person |
| <input type="checkbox"/> Teletype |
| <input checked="" type="checkbox"/> Telephone/Computer |
| <input checked="" type="checkbox"/> Aircraft Radio |
| <input type="checkbox"/> TV/Radio |
| <input type="checkbox"/> Unknown |

Briefing Type/Completeness

- | | |
|---|--|
| <input checked="" type="checkbox"/> Full | <input type="checkbox"/> Abbreviated |
| <input type="checkbox"/> Partial / Limited By Pilot | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Partial / Limited By Briefer | <input type="checkbox"/> Not Pertinent |

Light Condition

- | | | |
|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn | <input type="checkbox"/> Dusk | <input type="checkbox"/> Dark Night |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
| | | <input type="checkbox"/> Not Reported |

Visibility10 miles**Sky/Lowest Cloud Condition**

- | | |
|--|--|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Thin Broken |
| <input checked="" type="checkbox"/> Few | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Scattered | |

Ceiling

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured |
| <input checked="" type="checkbox"/> Broken | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Overcast | <input type="checkbox"/> Unknown |

Restriction to Visibility (Check all that apply)

- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog |
| <input type="checkbox"/> Blowing Dust | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand | <input type="checkbox"/> Haze |
| <input type="checkbox"/> Blowing Snow | <input type="checkbox"/> Ice Fog |
| <input type="checkbox"/> Blowing Spray | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Dust | <input type="checkbox"/> Unknown |

Lowest Cloud Condition Height3,500 ft AGL**Ceiling Height**25,000 ft AGL**Wind Direction**☒ Indicated:
300 degrees MAG☐ Variable**Wind Speed**Velocity: 5 KTS

-or-

- | |
|---|
| <input type="checkbox"/> Calm |
| <input type="checkbox"/> Light and Variable |

Wind GustsVelocity: KTS

- | |
|---|
| <input type="checkbox"/> Gusting |
| <input checked="" type="checkbox"/> Not Gusting |

Type of Turbulence (Check all that apply)

- | | |
|--|---|
| <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/incident

Attached on separate sheet

Temperature: 28 (C)
or (F)Altimeter Setting: 29.90 in. HG
or MBDensity Altitude: 3,068 ftDew Point: 21 (C)
or (F)**Icing Forecast****Amount**

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Light | |

Type

- | |
|--------------------------------|
| <input type="checkbox"/> Rime |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

Icing Actual**Amount**

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Light | |

Type

- | |
|--------------------------------|
| <input type="checkbox"/> Rime |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

Type of Precipitation (Check all that apply)

- | | |
|--|---|
| <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"/> Snow Pellets |
| <input type="checkbox"/> Hail | <input type="checkbox"/> Snow Grains |
| <input type="checkbox"/> Rain Showers | <input type="checkbox"/> Ice Crystals |
| <input type="checkbox"/> Freezing Rain | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower | <input type="checkbox"/> Freezing Drizzle |

Intensity of Precipitation

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

PILOT "A" INFORMATION											
Pilot "A" Responsibilities at the Time of Accident/Incident											
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew											
Pilot "A" Identification											
First Name: Yngve					City: Orlando						
Middle Initial:					State: FL		ZIP: 32801				
Last Name: Paulsen					Country: USA						
Age at time of Accident/Incident: 35					Date of Birth: mm/dd/yyyy		Certificate Number: +				
Degree of Injury			Seat Occupied			Seat Belt		Shoulder Harness			
<input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<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			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Pilot Certificate(s) (Check all that apply)											
<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 checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military											
Principal Occupation		Medical Certificate			Medical Certificate Validity		Date of Last Medical				
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input checked="" type="checkbox"/> Unknown		03/12/2009 mm/dd/yyyy				
Medical Certificate Limitations											
Medical Certificate Waivers											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 04/16/2009 mm/dd/yyyy				Flight Review Aircraft							
				Make: Canadair Model: CL65-2B19 (SIM)							
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)					
<input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<input 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		<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport					
Type Ratings CL65						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		Rotorcraft	Glider	Lighter Than Air
							Actual	Simulated			
Total Time		4,200	2,101								
Pilot in Command (PIC)		88	88		88						
Time as Instructor											
This Make/Model											
Last 90 Days		88	88		88						
Last 30 Days		20	20		20						
Last 24 Hours		8	8		8						

PILOT "B" INFORMATION											
Pilot "B" Responsibilities at the Time of Accident/Incident											
<input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew											
Pilot "B" Identification											
First Name: Michael					City: Orlando						
Middle Initial:					State: FL		ZIP: 32835				
Last Name: Aguzino					Country: USA						
Age at time of Accident/Incident: 27					Date of Birth:		Certificate Number:				
					mm/dd/yyyy						
Degree of Injury			Seat Occupied			Seat Belt		Shoulder Harness			
<input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Pilot Certificate(s) (Check all that apply)											
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" 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											
Principal Occupation		Medical Certificate			Medical Certificate Validity		Date of Last Medical				
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input checked="" type="checkbox"/> Unknown		08/12/2008 mm/dd/yyyy				
Medical Certificate Limitations											
Medical Certificate Waivers											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 03/19/2009 mm/dd/yyyy					Flight Review Aircraft						
					Make: Canadair Model: CL65-2B19 (SIM)						
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)					
<input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<input 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		<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport					
Type Ratings CL65 (SIC 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		Rotorcraft	Glider	Lighter Than Air
							Actual	Simulated			
Total Time		1,700	929								
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days		221	221		221						
Last 30 Days		88	88		88						
Last 24 Hours		8	8		8						

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"/> Left <input type="checkbox"/> Front					
<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"/> Right <input type="checkbox"/> Rear					
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Center <input type="checkbox"/> Single					
Total Flight Time at the Time of this Accident/Incident: _____ hrs						<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"/> Left <input type="checkbox"/> Front					
<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"/> Right <input type="checkbox"/> Rear					
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Center <input type="checkbox"/> Single					
Total Flight Time at the Time of this Accident/Incident: _____ hrs						<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"/> Left <input type="checkbox"/> Front					
<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"/> Right <input type="checkbox"/> Rear					
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Center <input type="checkbox"/> Single					
Total Flight Time at the Time of this Accident/Incident: _____ hrs						<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: <u>Curtis</u> City: <u>Columbia</u>	4C	<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"/>
Middle Initial: _____ State: <u>SC</u> ZIP: <u>29229</u>											
Last Name: <u>Bartley</u> Country: <u>United States</u>											
First Name: <u>William</u> City: <u>Killeen</u>	9C	<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"/>
Middle Initial: <u>H</u> State: <u>Texas</u> ZIP: <u>76542</u>											
Last Name: <u>Brady</u> Country: <u>United States</u>											
First Name: <u>Ian</u> City: <u>Denver</u>	9B	<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"/>
Middle Initial: <u>J</u> State: <u>Colorado</u> ZIP: <u>80212</u>											
Last Name: <u>Clifton</u> Country: <u>United States</u>											
First Name: <u>Demetra</u> City: _____	11C	<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"/>
Middle Initial: <u>A</u> State: _____ ZIP: _____											
Last Name: <u>Denmon</u> Country: _____											
First Name: <u>Ronald</u> City: <u>Fairfax Station</u>	11A	<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"/>
Middle Initial: <u>J</u> State: <u>VA</u> ZIP: <u>22039</u>											
Last Name: <u>Eayes</u> Country: <u>United States</u>											
First Name: <u>David</u> City: <u>Blue Bell</u>	6C	<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"/>
Middle Initial: <u>H</u> State: <u>PA</u> ZIP: <u>19422</u>											
Last Name: <u>Glass</u> Country: <u>United States</u>											
First Name: <u>Edwardo</u> City: <u>Arlington</u>	10B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: <u>C</u> State: <u>VA</u> ZIP: <u>22202</u>											
Last Name: <u>Grigsby</u> Country: <u>United States</u>											
First Name: <u>Patricia</u> City: <u>Lake Worth</u>	3C	<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"/>
Middle Initial: <u>D</u> State: <u>FL</u> ZIP: <u>33467</u>											
Last Name: <u>Hawkins</u> Country: <u>United States</u>											

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)
<p>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.</p> <p>ASQ Flight 5414 departed KCSG at 1705 EDT on 6/11/09 bound for KATL. The aircraft had previously flown from KATL to KCSG. In KCSG the aircraft was refueled and passengers and bags were unloaded and then loaded for the next leg. The flight proceeded normally until on the final approach into KATL.</p> <p>On arrival into the KATL area, the crew was told to expect a visual approach to runway 27L, which they briefed and set up for. on arrival over the final approach fix, the first officer, who was the pilot flying, called for the gear down, flaps 30 and landing checklist. The nose and right main gear extended normally, but they received a gear disagree message and the left main gear was not shown down and locked. At this point the captain called for a go-around and informed the ATC tower of their difficulty. The tower then provided vectors for a box pattern while the crew performed the abnormal checklist.</p> <p>At this point the crew performed the abnormal checklist for a gear disagree message. In the course of running the checklist, the gear was selected down by both the normal and alternate extension methods. In both cases the nose and right main indicated down and locked, but they continued to get a gear disagree message for the left main gear. Upon completion of the checklist, the crew was uncertain if the gear was in fact not down or if they had an indication problem. An emergency was declared with ATC and the crew requested a visual approach to runway 27R. After intercepting the final approach course and while approximately 10 to 15 miles from the airport, ATC asked an AirTran flight that was on a parallel approach to see if they could visually identify the gear position. The crew of that flight verified that the left main gear was not extended fully.</p> <p>The captain of flight 5415 called for another go-around and when that was completed, told the flight attendant to prepare the passengers for an emergency landing and evacuation. The flight attendant had been kept informed of the events and he and the captain reviewed their coordination procedures. The crew then ran the checklist for the Landing Gear Up/Unsafe Landing Procedure.</p> <p>The tower requested the crew to land on runway 28 to minimize impact to the airport operation. The captain refused and requested runway 27R. This decision was due to the fact that 27R is the longest runway and the fact that portions of runway 28 are bridges over multilane highways and the captain didn't know whether he would be able to keep the aircraft on the runway.</p> <p>A visual approach was subsequently performed to runway 27R. The captain took over the pilot flying duties for the approach and intentionally landed approximately 3,600' down the runway in order to touchdown past a ravine located off the left side of the first part of the runway. The aircraft landed on the center line and the left wing was held up as long as possible. The aircraft veered left after the left wing came down and the aircraft departed the runway at slow speed, coming to rest in the grass just off the left side of the runway. The passengers and crew then evacuated the aircraft.</p>
RECOMMENDATION (How could this accident/incident have been prevented?)
<p>Operator/Owner Safety Recommendation</p> <p>We don't have any recommendation on preventing a similar incident at this time due to not being able to identify the cause of the malfunctioning landing gear. The landing gear manufacturer, aircraft manufacturer and operator continue to work to identify the root cause.</p>

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

06/18/2009

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: Tom Sorrell

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.

ERA 09 IA 338

Reviewed by NTSB Regional Office

ERA

Name of Investigator

HICKS

Date Report Received

6/18/2009