

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>St. Petersburg</u> State: <u>FLA.</u> ZIP: <u>33762</u> Country: <u>U.S.A.</u> Latitude: <u>N27-54.6</u> (dd:mm:ss N/S) Longitude: <u>W082-46.2</u> (ddd:mm:ss E/W)		Date/Time Date: <u>09/12/2010</u> Local Time: <u>3:30P.M</u> <small>mm/dd/yyyy</small> Time Zone: <u>EASTERN</u>	
Phase of Operation <input type="checkbox"/> Standing <input checked="" 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 type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	
		Altitude of In-Flight Occurrence <u>N/A</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>PIAGGIO</u> Model: <u>P-180</u> Serial Number: <u>1014</u> Registration Number: <u>N5902L</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Max Gross Weight: <u>12100</u> lbs Weight at Time of Accident/Incident: <u>9475</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
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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 (Check all that apply) Standard <input 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 + 8</u> If Large Aircraft, how many seats for: Flight Crew: <u>2</u> Cabin Crew: _____ Passengers: <u>8</u>		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	
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Type of Maintenance Program <input 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 checked="" type="checkbox"/> Other, specify: <u>AUTAIR GLOBAL</u>		Last Inspection Type <input type="checkbox"/> 100 Hour <input checked="" 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>09/12/2010</u> <small>mm/dd/yyyy</small> Airframe Total Time: <u>4641.8</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident	
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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 checked="" type="checkbox"/> None <input type="checkbox"/> Specify <u>NOT USED</u>	
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ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ELT Manufacturer: <u>DUKANE</u> Model/Series: <u>DK 100</u> Serial Number: <u>SC 16572</u> Battery Type: _____ Battery Exp. Date: <u>4-30-2012</u>	
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Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input checked="" type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		Propeller <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>HATZELL</u> Model: <u>HC-ESN-3A</u>	
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Engine Rated Power Measured <small>as (check one)</small> <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	PRATT & WHITNEY	PT6A-66	PCE-RK-0038	2-11-92	850 SHP	4225.7	.2	172.8
Eng. 2	PRATT & WHITNEY	PT6A-66	PCE-RK-0037	2-11-92	850 SHP	3948.4	.2	179.6
Eng. 3								
Eng. 4								

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

BOTH NOSE GEAR DOORS ABRADED. APPROX. 3 FT. BY 12 FT. SECTION OF THE BELLY SKIN WAS ABRADED & DAMAGED AND ALL ANTENNAS ALONG THAT SECTION OF BELLY PANELS. NO OTHER DAMAGE TO A/C

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

Airport Identifier: PIE Distance From Airport Center: SM
Airport Name: ST. PETERSBURG AIRPORT Direction From Airport: degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: 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)
None PAR MLS Practice
ADF/NDB Sidesstep LDA GPS
SDF ILS ASR Lorain
VOR/TVOR Localizer Only Visual Unknown
VOR/DME LOC-back course Contact
TACAN RNAV Circling

VFR Approach (Check all that apply)
None Stop and Go
Traffic Pattern Touch and Go
Straight-In Simulated Forced Landing
Valley/Terrain Following Forced Landing
Go Around Precautionary Landing
Full Stop Unknown

Runway Information
Runway ID: 35R (L/R/C) Length: 9730 ft Width: 150 ft

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

Runway/Landing Surface (Check all that apply)
Asphalt Grass/Turf Macadam Water
Concrete Gravel Metal/Wood Unknown
Dirt Ice Snow

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

FLIGHT ITINERARY INFORMATION

Last Departure Point Time of Departure Destination Type Flight Plan Filed
Airport ID: PIE Time: 3:30 P.M. Airport ID: PIE
City: ST. PETERSBURG City: ST. PETERSBURG
State: FLA. Time Zone: EASTERN State: FLA.
Country: U.S.A. Country: U.S.A.
None VFR/IFR
Company VFR IFR
Military VFR Unknown
VFR
Activated? Yes No

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/incident occurred (Check all that apply)
Class A Class E Prohibited Area Jet Training Area Special
Class B Class G Restricted Area TRSA Air Traffic Control Area
Class C Demo Area Military Operations Area (MOA) FAR 93 Unknown
Class D Warning Area Airport Advisory Area

Aircraft Load Description (Check all that apply)
None Towing Glider Parachutists Livestock
Passengers Towing Banner Water Unknown
Cargo Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff Fuel Type
(convert from pounds, as necessary)
800 LBS. Gallons
80/87 115/145 JP3 Other, specify
100 Low Lead Jet A JP4
100/130 Automotive JP5

Other Services, if Any, Prior to Departure

NONE

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 PILOTS EXITED THRU MAIN CABIN DOOR, PILOTS WERE THE ONLY OCCUPANTS

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>PIE</u> Observation Time: <u>3:15 P.M.</u> Time Zone: <u>EASTERN</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown		Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown	
Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent		Light Condition <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		Visibility <u>10+</u> miles	
Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input checked="" type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown		Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown		Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown	
Lowest Cloud Condition Height <u>3500 APPROX</u> R AGL		Ceiling Height <u>NONE</u> R AGL			
Wind Direction <input type="checkbox"/> Indicated: <u>370</u> degrees MAG <u>117</u> <input type="checkbox"/> Variable		Wind Speed Velocity: <u>10</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable		Wind Gusts Velocity: <u>0</u> KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	
				Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light	
NOTAMS (D, L and FDC), AIRMETS, SIGMETS, PIREPs in effect at the time of the accident/incident <u>DO NOT REMEMBER</u>					
Temperature: _____ (C) or <u>93</u> (F) EST, Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe 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"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	
		Icing Actual Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed		Intensity of Precipitation <u>NONE</u> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	

↑ NOT SURE OF ATIS INFO AT THIS TIME

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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input checked="" type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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"/> Private	<input type="checkbox"/> Flight Instructor	<input checked="" type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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

Name and Address	Seat	Crew	Non- Revenue	Revenue	Non- Occupant	FAA	Fatal	Serious	Minor	No Injury	Unknown
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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"/>

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

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

the accident occurred on Sunday September 12th. at approx. 3:30 PM. at the st. Petersburg airport (ple). we where going to perform a maintenance check flight required for a elevator swap. we were given a vfr clearance to stay in the pattern for runway 35R . when we where cleared for take off we ran aro before take off check list as we taxied into position. I was the pilot flying . i advanced the throttles as Jon tucker (sic) guarded the throttles and set final take off power. when the sic (Jon) called airspood alive I disengaged the nose steering then the sic called 80 kts. the next call was rotate as i began to rotate the nose wheel off the ground i heard what i thought was a blown tire i told the sic what i bolloved had happened and that i had enough runway remaining and i was going to abort the take off. at this time my main landing gear was still on the ground. as i began to rotard tho throttles and set the nose wheel back on the ground i noticed the aircraft started to feel a little strange it was about this time is when i realized i was descending below my normal wheels on ground sight line and the belly of the aircraft began to scrape the runway i was able to maintain the runway heading and to keep any other parts of the aircraft from touching the ground. the aircraft sild approx. 500 to 1000 ft., to a stop. i told the sic to unbuckle is seat belt and get out quickly as he was getting the door open the aircraft was filled with smoke i performed an emergency shut down and followed Mr. tucker out of the aircraft. there was no fire no injuries. after the fire rescue secured the aircraft i gave the police officor all of my information. i was driven back to avalntair where i was contacted by the FAA and gave them a preliminary statement and then went back out to the runway to observe the recovery of the aircraft. It was towed back to avalntair and placed in the hanger. i only entered the aircraft once after the accident and that was to retrieve my personal effects. nothing in the cockpit was touched

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

Operator/Owner Safety Recommendation

PiLOT B INFO

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

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

On Sunday September 12th 2010 at approximately 1530 Local EST; Jeff Bailey (PIC) and myself (SIC) conducted a required Maintenance test flight out of St. Petersburg Airport (KPIE) in N590JL. The test flight was required due to an elevator swap which was needed because of delamination. Before the aircraft was pulled out of the hangar for departure, Mr. Bailey performed all pre-flight checks as required. Once we boarded the aircraft and engine startup procedures were complete, I contacted KPIE ground for a VFR clearance for a trip around the traffic pattern. Ground control instructed us to taxi to Runway 35R at Intersection "M" via taxiway "H", "A" and that we were cleared to cross runway 9-27. As we taxied out, taxi checks were complete as required. We held short of runway 35R at Intersection "M" due to arriving traffic. Once the arriving traffic cleared runway 35R, tower cleared us for takeoff on 35R at intersection "M" and to make "left closed traffic" for 35R. Once cleared for take off, we completed our takeoff/runway items as required. Once aligned on runway 35R, Mr. Bailey started to apply takeoff power with me guarding the throttles. Once throttles were advanced I set takeoff power and was monitoring. As we started our takeoff roll, I called "Airspeed alive" which Mr. Bailey turned the steering off as required and verbally acknowledged "Steering off". I made an "80 Knots" call out which not long after was followed by "Rotate" as we were around 105-108 knots. As Mr. Bailey slowly pulled the nose off the ground, we heard an unusual noise that sounded like a blown tire. After the unusual noise the aircraft felt unstable and Mr. Bailey chose to abort the takeoff. As he sat the nose back on the ground, we began to get closer and closer to the ground which in the end result was the aircraft lying on its belly. We skid on the aircraft belly about 1000 feet. Mr. Bailey had good control of the aircraft to keep it pointing down the runway. As the skid came to an end, I removed my seat belt and harness and jumped out of the cockpit to open the cabin entry door to deplane as smoke began to enter the cockpit. Once I got the cabin door open, I was told by Mr. Bailey to get out of the airplane which I followed his instructions. Mr. Bailey exited the aircraft behind me. Within minutes, Airport Emergency personnel were there to assist us. Both Mr. Bailey and myself refused medical attention as it was not needed. After signing the refusal of medical paperwork, we were driven back to Avantair where the aircraft had been for inspection. Mr. Bailey and I spoke to a police officer as he requested our personal information. Once that was completed Mr. Bailey spoke to the FAA and gave a preliminary report. After Mr. Bailey gave the report, he received approval to move the aircraft so we were driven back out to the aircraft while Maintenance and Crane personnel worked to get the aircraft back on its landing gear. After speaking to maintenance personnel, he said they pumped the landing gear down manually. Once the aircraft were back on its wheel, Avantair Line Service towed the aircraft via Tug back to Avantair and stored it in their hanger.

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.

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

Date of this Report <u>09/23/2010</u> <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: <u>JEFFREY SCOTT BAILEY</u>
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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. <u>ERA10LA478</u>	Reviewed by NTSB Regional Office <u>DORAL, FL</u>	Name of Investigator <u>MONVILLE</u>	Date Report Received <u>09/29/2010</u>
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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>09/26/2010</u> <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: <u>Jon Tucker</u>
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. <u>ERA10LA478</u>	Reviewed by NTSB Regional Office <u>DORAL, FL</u>	Name of Investigator <u>MONVILLE</u>	Date Report Received <u>09/29/2010</u>
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