

# 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

<b>Accident/Incident Location</b> Nearest City/Place: <u>FT Lauderdale</u> State: <u>FL</u> ZIP: <u>33315</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>10/18/2010</u> Local Time: <u>1300</u> <small>mm/dd/yyyy</small> Time Zone: <u>EDT</u>						
<b>Phase of Operation</b> <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		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None <b>Altitude of In-Flight Occurrence</b> _____ ft MSL						
<b>Manufacturer:</b> <u>Shoet</u> <b>Model:</b> <u>SC-7</u> <b>Serial Number:</b> <u>1888</u> <b>Registration Number:</b> <u>N80613</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Max Gross Weight:</b> <u>12500</u> lbs <b>Weight at Time of Accident/Incident:</b> <u>10700</u> lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- <u>17%</u> Percent Mean Aerodynamic Cord (% MAC)						
<b>Category of Aircraft</b> <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		<b>Type of Airworthiness Certificate</b> (Check all that apply) <b>Standard</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <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						
<b>Type of Maintenance Program</b> <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input checked="" type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____		<b>Number of Seats:</b> <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____						
<b>IFR Equipped</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
<b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>ELT Activated</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>ELT Aided in Locating Accident/Incident</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>ELT Manufacturer:</b> _____ <b>Model/Series:</b> _____ <b>Serial Number:</b> _____ <b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> <u>6/2012</u>						
<b>Engine Type</b> <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		<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected						
<b>Propeller</b> <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch		<b>Manufacturer:</b> <u>HARTZELL</u> <b>Model:</b> <u>HC-B3TN-SC</u>						
Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Engine Rated Power Measured as (check one) <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	<u>CARLETT</u>	<u>TPE 331-2-201A</u>	<u>90064C</u>		<u>715</u>	<u>10426.6</u>	<u>1345.1</u>	<u>1345.1</u>
Eng. 2	<u>CARLETT</u>	<u>TPE 331-2-201A</u>	<u>90129C</u>		<u>715</u>	<u>8735.2</u>	<u>336.6</u>	<u>356.6</u>
Eng. 3								
Eng. 4								

<b>Registered Aircraft Owner</b> Name: <u>GB Airline</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Owner Address</b> <u>17 Landgate</u> City: <u>850 SW 34th ST</u> State: <u>FL</u> ZIP: <u>33315</u> Country: <u>USA</u>	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
<b>Regulation Flight Conducted Under</b> <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		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Purpose of Flight</b> 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 checked="" 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		<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	
<b>Type of Commercial Operating Certificate Held</b> (Check all that apply) <input 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 checked="" type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft			
<b>Aircraft Registration Number</b> <u>N7806B</u>		<b>Manufacturer:</b> <u>Boeing</u> <b>Model:</b> _____	
<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None			
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
<b>Was there Mechanical Malfunction/Failure?</b> <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.)			<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
<b>Aircraft Damage</b> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Destroyed		<b>Aircraft Fire</b> <input checked="" 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	
		<b>Aircraft Explosion</b> <input checked="" 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	

<b>Other Services, If Any, Prior to Departure</b>  
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<b>Description of Damage to Aircraft and Other Property</b> <small>(use additional sheet if necessary)</small> <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;"> HIT RUNWAY SIGN IT COLLAPSE  LEFT NOSE CONE DAMAGE (MINOR) </div>			
<b>AIRPORT INFORMATION</b> <small>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</small>			
Airport Identifier: <u>KFII</u> Airport Name: <u>Ft Lauderdale</u>		Distance From Airport Center: _____ SM Direction From Airport: _____ degrees MAG Airport Elevation: _____ ft. MSL	
Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input checked="" type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip			
<b>Approach Segment</b> <small>(Select one)</small> <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)			
<b>IFR Approach</b> <small>(Check all that apply)</small> <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"/> Sideslip <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"/> VORTVOR <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		<b>VFR Approach</b> <small>(Check all that apply)</small> <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 checked="" type="checkbox"/> Full Stop <input type="checkbox"/> Unknown	
<b>Runway Information</b> Runway ID: <u>9R</u> (L/R/C) Length: _____ ft Width: _____ ft		<b>Condition of Runway/Landing Surface</b> <small>(Check all that apply)</small> <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	
<b>FLIGHT ITINERARY INFORMATION</b>			
<b>Last Departure Point</b> Airport ID: <u>MYGE</u> City: <u>FREEPORT</u> State: _____ Country: <u>BAHAMAS</u>		<b>Time of Departure</b> Time: _____ Time Zone: _____	
<b>Destination</b> Airport ID: <u>KFII</u> City: <u>Ft Lauderdale</u> State: <u>FL</u> Country: _____		<b>Type Flight Plan Filed</b> <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> VFR Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Type of ATC Clearance/Service</b> <small>(Check all that apply)</small> <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 checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
<b>Airspace where the accident/incident occurred</b> <small>(Check all that apply)</small> <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 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 checked="" 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			
<b>Aircraft Load Description</b> <small>(Check all that apply)</small> <input checked="" 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 type="checkbox"/> Cargo <input type="checkbox"/> Other External <input type="checkbox"/> Chemical/Fertilizer/Seeds			
<b>FUEL &amp; SERVICES INFORMATION</b>			
<b>Fuel on Board at Last Takeoff</b> <small>(convert from pounds, as necessary)</small> <u>140</u> Gallons		<b>Fuel Type</b> <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			

Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

### Weather Observation Facility

Facility ID: KF11  
 Observation Time: 1600Z  
 Time Zone: 1200  
 Distance from Accident Site: \_\_\_\_\_ NM  
 Direction from Accident Site: \_\_\_\_\_ degrees MAG

### Source of Weather Information

(Check all that apply)

☐ National Weather Service  
☒ Flight Service Station  
☐ TV/Radio  
☐ Automated Report  
☐ Commercial Weather Service (DUATS)  
☐ Company  
☐ Military  
☒ Internet  
☐ Unknown

### Method of Briefing

(Check all that apply)

☐ In Person  
☐ Teletype  
☒ Telephone/Computer  
☐ Aircraft Radio  
☐ TV/Radio  
☐ Unknown

### Briefing Type/Completeness

☐ Full  
☐ Partial / Limited By Pilot  
☐ Partial / Limited By Briefer  
☒ Abbreviated  
☐ Unknown  
☐ Not Pertinent

### Light Condition

☐ Dawn  
☒ Day  
☐ Dusk  
☐ Night  
☐ Dark Night  
☐ Bright Night  
☐ Not Reported

### Visibility

10 miles

### Sky/Lowest Cloud Condition

☐ Clear  
☒ Few  
☐ Partial Obscuration  
☐ Scattered  
☐ Thin Broken  
☐ Thin Overcast  
☐ Unknown

### Ceiling

☒ None (clear)  
☐ Broken  
☐ Overcast  
☐ Obscured  
☐ Indefinite  
☐ Unknown

### Restriction to Visibility (Check all that apply)

☒ None  
☐ Blowing Dust  
☐ Blowing Sand  
☐ Blowing Snow  
☐ Blowing Spray  
☐ Dust  
☐ Fog  
☐ Ground Fog  
☐ Haze  
☐ Ice Fog  
☐ Smoke  
☐ Unknown

### Lowest Cloud Condition Height

2500 ft AGL

### Ceiling Height

\_\_\_\_\_ ft AGL

### Wind Direction

☐ Indicated:  
 \_\_\_\_\_ degrees MAG

☒ Variable

### Wind Speed

Velocity: \_\_\_\_\_ KTS  
 -or-  
☐ Calm

☒ Light and Variable

### Wind Gusts

Velocity: \_\_\_\_\_ KTS

☐ Gusting  
☒ Not Gusting

### Type of Turbulence (Check all that apply)

☒ None  
☐ Clear Air  
☐ In Clouds  
☐ Vicinity of Thunderstorm

### Severity of Turbulence

☐ Extreme  
☐ Severe  
☐ Moderate  
☐ Moderate Chop  
☐ Light

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

Temperature: \_\_\_\_\_ (C)  
 or \_\_\_\_\_ (F)

Altimeter Setting: \_\_\_\_\_ in. HG  
 or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ ft

Dew Point: \_\_\_\_\_ (C)  
 or \_\_\_\_\_ (F)

### Icing Forecast

Amount

☒ None  
☐ Trace  
☐ Light  
☐ Moderate  
☐ Severe

Type

☐ Rime  
☐ Clear  
☐ Mixed

### Icing Actual

Amount

☒ None  
☐ Trace  
☐ Light  
☐ Moderate  
☐ Severe

Type

☐ Rime  
☐ Clear  
☐ Mixed

### Type of Precipitation (Check all that apply)

☒ None  
☐ Rain  
☐ Snow  
☐ Hail  
☐ Rain Showers  
☐ Freezing Rain  
☐ Snow Shower  
☐ Drizzle  
☐ Ice Pellets  
☐ Snow Pellets  
☐ Snow Grains  
☐ Ice Crystals  
☐ Ice Pellets Shower  
☐ Freezing Drizzle

### Intensity of Precipitation

☐ Light  
☐ Moderate  
☐ Heavy

<b>Pilot "A" Responsibilities at the Time of Accident/Incident</b>																																																																																																				
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
<b>Pilot "A" Identification</b>																																																																																																				
First Name: <u>Robert Clutter</u>					City: <u>[REDACTED]</u>																																																																																															
Middle Initial: <u>E</u>					State: <u>FL</u> ZIP: <u>33961</u>																																																																																															
Last Name: <u>Clutter</u>					Country: <u>USA</u>																																																																																															
Age at time of Accident/Incident: <u>67</u>					Date of Birth: <u>[REDACTED]</u>		Certificate Number: <u>[REDACTED]</u>																																																																																													
<b>Degree of Injury</b>			<b>Seat Occupied</b>			<b>Seat Belt</b>		<b>Shoulder Harness</b>																																																																																												
<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 type="checkbox"/> Yes <input type="checkbox"/> No		Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
<b>Pilot Certificate(s) (Check all that apply)</b>																																																																																																				
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input checked="" 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																																																																																																				
<b>Principal Occupation</b>		<b>Medical Certificate</b>			<b>Medical Certificate Validity</b>			<b>Date of Last Medical</b>																																																																																												
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<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			<input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<u>5/14/2010</u> <small>mm/dd/yyyy</small>																																																																																												
<b>Medical Certificate Limitations</b>																																																																																																				
<u>MUST WEAR CORRECTIVE LENSES</u>																																																																																																				
<b>Medical Certificate Waivers</b>																																																																																																				
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b>				<b>Flight Review Aircraft</b> <u>CR Airman / INSULTOR OBSERVATION</u>																																																																																																
<u>10/27/2010</u> <small>mm/dd/yyyy</small>				Make: <u>BECH</u> Model: <u>H18-Turbo Lancer</u>																																																																																																
<b>Airplane Rating(s)</b> (Check all that apply)		<b>Other Aircraft Rating(s)</b> (Check all that apply)		<b>Instrument Rating(s)</b> (Check all that apply)		<b>Instructor Rating(s)</b> (Check all that apply)																																																																																														
<input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<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		<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																																																																																														
<b>Type Ratings</b> <u>L-1049/DC-10/DC-8/CL44/B-747</u>						<b>Student Endorsements (Include dates)</b>																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td><u>EST</u></td> <td><u>30,000</u></td> <td><u>2,000</u></td> <td><u>500</u></td> <td><u>30,000</u></td> <td><u>1,000</u></td> <td><u>1,000</u></td> <td><u>?</u></td> <td><u>—</u></td> <td><u>—</u></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td><u>EST</u></td> <td><u>30,000</u></td> <td><u>2,000</u></td> <td><u>400</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td><u>EST</u></td> <td><u>500</u></td> <td><u>200</u></td> <td><u>—</u></td> <td><u>500</u></td> <td><u>50</u></td> <td><u>300</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td><u>EST</u></td> <td></td> <td></td> <td></td> <td><u>150</u></td> <td><u>200</u></td> <td><u>150</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td><u>EST</u></td> <td><u>120</u></td> <td><u>90</u></td> <td><u>—</u></td> <td><u>120</u></td> <td><u>—</u></td> <td><u>5</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td><u>EST</u></td> <td><u>20</u></td> <td><u>10</u></td> <td></td> <td><u>20</u></td> <td><u>—</u></td> <td><u>2</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td><u>1.8</u></td> <td><u>1.8</u></td> <td></td> <td><u>1.8</u></td> <td><u>—</u></td> <td><u>—</u></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											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	<u>EST</u>	<u>30,000</u>	<u>2,000</u>	<u>500</u>	<u>30,000</u>	<u>1,000</u>	<u>1,000</u>	<u>?</u>	<u>—</u>	<u>—</u>	Pilot in Command (PIC)	<u>EST</u>	<u>30,000</u>	<u>2,000</u>	<u>400</u>							Time as Instructor	<u>EST</u>	<u>500</u>	<u>200</u>	<u>—</u>	<u>500</u>	<u>50</u>	<u>300</u>				This Make/Model	<u>EST</u>				<u>150</u>	<u>200</u>	<u>150</u>				Last 90 Days	<u>EST</u>	<u>120</u>	<u>90</u>	<u>—</u>	<u>120</u>	<u>—</u>	<u>5</u>				Last 30 Days	<u>EST</u>	<u>20</u>	<u>10</u>		<u>20</u>	<u>—</u>	<u>2</u>				Last 24 Hours		<u>1.8</u>	<u>1.8</u>		<u>1.8</u>	<u>—</u>	<u>—</u>			
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<b>Pilot "B" Responsibilities at the Time of Accident/Incident</b>										
<input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input checked="" 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										
<b>Pilot "B" Identification</b>										
First Name: <u>KENNETH</u>					City: <u>FT Lauderdale</u>					
Middle Initial: <u>A</u>					State: <u>FL</u> ZIP: <u>33334</u>					
Last Name: <u>KRONHEIM</u>					Country: <u>USA</u>					
Age at time of Accident/Incident: <u>47</u>					Date of Birth: <u>mm/dd/yyyy</u>		Certificate Number: <u>mm/dd/yyyy</u>			
<b>Degree of Injury</b>			<b>Seat Occupied</b>			<b>Seat Belt</b>		<b>Shoulder Harness</b>		
<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 type="checkbox"/> Yes <input type="checkbox"/> No		Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Pilot Certificate(s) (Check all that apply)</b>										
<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 checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military										
<b>Principal Occupation</b>		<b>Medical Certificate</b>				<b>Medical Certificate Validity</b>		<b>Date of Last Medical</b>		
<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 checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		<u>02/26/2010</u> mm/dd/yyyy		
<b>Medical Certificate Limitations</b>										
<b>Medical Certificate Waivers</b>										
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b>					<b>Flight Review Aircraft</b>					
<u>mm/dd/yyyy</u>					Make: _____ Model: _____					
<b>Airplane Rating(s)</b> (Check all that apply)		<b>Other Aircraft Rating(s)</b> (Check all that apply)		<b>Instrument Rating(s)</b> (Check all that apply)		<b>Instructor Rating(s)</b> (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		<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		<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport				
<b>Type Ratings</b>						<b>Student Endorsements (Include dates)</b>				
<u>BE 1900</u>										
<b>Flight Time</b> (enter appropriate number of hours in each box)	<b>All Aircraft</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
						<b>Actual</b>	<b>Simulated</b>			
Total Time <u>Est.</u>	<u>2850</u>	<u>12</u>	<u>1815</u>	<u>1025</u>	<u>200</u>	<u>50</u>	<u>200</u>	<u>19</u>	<u>15</u>	<u>0</u>
Pilot in Command (PIC) <u>Est.</u>	<u>2675</u>	<u>0</u>	<u>1690</u>	<u>1005</u>	<u>175</u>	<u>47</u>	<u>175</u>	<u>1</u>	<u>10</u>	<u>0</u>
Time as Instructor <u>Est.</u>	<u>1175</u>	<u>0</u>	<u>1175</u>	<u>0</u>	<u>150</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
This Make/Model <u>Est.</u>					<u>0</u>	<u>0</u>	<u>0</u>			
Last 90 Days <u>Est.</u>	<u>60</u>	<u>12</u>	<u>0</u>	<u>60</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last 30 Days <u>Est.</u>	<u>12</u>	<u>12</u>	<u>0</u>	<u>12</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last 24 Hours <u>Est.</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

  

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

  

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

  

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

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.

DEPART FREEPORT, BAHAMAS 1602Z 10/18/10 TO KFII UNDER VFR SERVICES.

CONDUCTED TRAINING IN TAKE OFF CLIMB OUT AND CRUISE PROCEDURES DID STEEP TURNS AND STALLS ALL PERFORMANCE LEVELS ABOVE NORMAL.

KFII HAD VFR CONDITIONS AND WINDS LIGHT FROM NE. APPROACH AND LANDING WERE VERY GOOD AND WITHIN TOUCH DOWN ZONE. AFTER TOUCH DOWN (FOR NO KNOWN REASON) THE STUDENT PUT BOTH ENGINES INTO FULL REVERSE WITHOUT STOPPING IN BETA RANGE AND WITHOUT GETTING THE STEERING TILLER. WITH THIS SET UP AND NO TILLER ON RIGHT SIDE ALL THAT COULD BE DONE WAS SLOW IT AS MUCH AS POSSIBLE. WE WENT ABOUT 100-150 FT OFF RUNWAY AND HIT SIGN. ESTIMATED SPEED AT TIME WAS 20 MPH. PULLED A/C BACK ON ~~THE~~ RUNWAY AND TAXIED AWAY WITH MINOR NOSE CONE DAMAGE.

Operator/Owner Safety Recommendation

THIS ONE IS HARD TO GIVE RECOMMENDATIONS. WHAT MAKES AN INDIVIDUAL FREEZE IS HARD TO DETECT AND THAT IS WHAT HAPPENED HERE.



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

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

Date of this Report

10/26/2010  
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

Robert Clutter

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

Signature:

Type or Print Name:

Title:

NTSB Accident/Incident No.

ERA117A026

Reviewed by NTSB Regional Office

Miami, FL

Name of Investigator

Jose OBregon

Date Report Received

10/27/10