

**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: NBVC - PDSMT MUBV State: CA
 ZIP: 93042 Country: USA
 Latitude: 34 07.15N (dd:mm:ss N/S) Longitude: 119 07.17W (ddd:mm:ss E/W)

Date/Time

Date: 05/18/2011 Local Time: 1727
 mm/dd/yyyy Time Zone: -7

Phase of Operation

Standing Takeoff (incl. initial climb) Cruise Hover
 Taxi Climb Maneuvering Other
 Descent Landing Approach Unknown

Collision with Other Aircraft

Midair
 On-ground
 None

Altitude of In-Flight Occurrence

25 ft MSL

AIRCRAFT INFORMATION

Manufacturer: BOEING
 Model: 707-321B
 Serial Number: 20029
 Registration Number: N707AB Amateur-built: Yes No

Max Gross Weight: 321,000 lbs
 Weight at Time of Accident/Incident: 305,000 lbs
 Location of Center of Gravity at Time of Accident/Incident:
 -or- 21.670 inches from nose or datum
 Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyrocraft
 Helicopter
 Powered lift
 Ultralight
 Unknown

Type of Airworthiness Certificate
 (Check all that apply)

Standard Normal Utility Acrobatic Transport
Special Restricted Limited Provisional Experimental Special Flight Light Sport

Number of Seats: _____

If Large Aircraft, how many seats for:

Flight Crew: 3
 Cabin Crew: 24
 Passengers: 0

Landing Gear Retractable

Check any additional landing gear configuration that applies:

Tricycle Tailwheel
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Unknown

Type of Maintenance Program

Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

Last Inspection Type

100 Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 05/02/2011
 mm/dd/yyyy

Airframe Total Time: 47,856 hrs
 hours measured at (check one)
 Last Inspection Time of Accident/Incident

IFR Equipped

Yes No Unknown

Stall Warning System Installed

Yes No Unknown

Type of Fire Extinguishing System

None
 Specify FREON

ELT Installed

Yes No

ELT Activated

Yes No

ELT Manufacturer: KANAD

Model/Series: 406 AP

ELT Aided in Locating Accident/Incident

Yes No

Serial Number: 2611566-0007

Battery Type: K&T B&M 200

Battery Exp. Date: APRIL 2012

Engine Type

Reciprocating Turbo Jet
 Turbo Shaft Turbo Fan
 Turbo Prop Unknown

Reciprocating Fuel System Type

Carburetor Fuel Injected NA

Propeller

Fixed Pitch Controllable Pitch NA

Manufacturer: _____
 Model: _____

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	P&W	JT3D-3B	645181	9/24/1965	18,000	57932	1026	NA
Eng. 2	P&W	JT3D-3B	668448	8/16/1968	18,000	48119	1338	NA
Eng. 3	P&W	JT3D-3B	668147	12/2/1967	18,000	51182	5474	NA
Eng. 4	P&W	JT3D-3B	668804	4/23/1971	18,000	19399	1176	NA

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>OMEGA AIR INC.</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>SAN ANTONIO</u> State: <u>TX</u> ZIP: <u>78216</u> Country: <u>USA</u>
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Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>OMEGA AIRCRAFT REFUELMENT SERVICES, INC.</u> Doing Business As: <u>SONG</u> Air Carrier/Operator Designator (4 Character Code): <u>L6P</u>	Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>ALEXANDRIA</u> State: <u>VA</u> ZIP: <u>22314</u> Country: <u>USA</u>
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Regulation Flight Conducted Under <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input checked="" type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 checked="" type="checkbox"/> Public Use - <u>FEDERAL</u> <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger <u>N/A</u> How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
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OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

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

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

Pilot of Other Aircraft

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

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

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)	Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed	Aircraft Fire <input type="checkbox"/> None <input checked="" 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 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
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

AIRCRAFT CAME TO REST IN A WETLAND AREA ADJACENT TO THE OVERDRAIN OF RNM 21 AT KNTD. FIRE CONSUMED THE LEFT WING AND ENTIRE INTERIOR OF THE AIRCRAFT.

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

Airport Identifier: KNTD Distance From Airport Center: 5 SM
 Airport Name: NBVC POINT MOBEV Direction From Airport: 210 degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: +13 ft. MSL

Approach Segment (Select one)
 On Instrument Approach Landing N/A Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply) **VFR Approach** (Check all that apply)

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

Runway Information Runway ID: 21 (L/R/C) Length: 11,102 ft Width: 200 ft
Condition of Runway/Landing Surface (Check all that apply)
 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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KNTD</u> City: <u>NBVC PM</u> State: <u>CA</u> Country: <u>USA</u>	Time of Departure Time: <u>1727</u> Time Zone: <u>-7</u>	Destination Airport ID: <u>KNTD</u> City: <u>NBVC PM</u> State: <u>CA</u> Country: <u>USA</u>	Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of ATC Clearance/Service (Check all that apply)
 None Special VFR Special IFR VFR Flight Following Cruise
 VFR IFR VFR On Top Traffic Advisory Unknown / NA

Airspace where the accident/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 (convert from pounds, as necessary)
23,143.3 Gallons

Fuel Type
 80/87 115/145 JP3 Other, specify JP-8
 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

ALL THREE OCCUPANTS EXITED THROUGH THE FORWARD LEFT MAIN CABIN DOOR.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>KNTD</u> Observation Time: <u>1653</u> Time Zone: <u>-7</u> Distance from Accident Site: <u>1</u> NM Direction from Accident Site: <u>270</u> 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 checked="" 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 checked="" type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input checked="" type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
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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 checked="" 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>7</u> miles
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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
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Lowest Cloud Condition Height <u>4500</u> ft AGL	Ceiling Height <u>N/A</u> ft AGL
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Wind Direction <input checked="" type="checkbox"/> Indicated: <u>260</u> degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: <u>24</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ 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"/> 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
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NOTAMS (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident

SEE ATTACHED SHEET.

Temperature: <u>16</u> (C) or _____ (F) Altimeter Setting: <u>29.76</u> 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 Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
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		

PILOT INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

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

Pilot "A" Identification

First Name: Christopher City: Olathe
 Middle Initial: J State: KS ZIP: 66062
 Last Name: Thurmond Country: USA
 Age at time of Accident/Incident: 41 Date of Birth: [REDACTED] Certificate Number: ATP [REDACTED]

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Pilot Certificate(s) (Check all that apply)
 None Student Recreational Commercial SEL Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>02/14/2011</u> mm/dd/yyyy
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Medical Certificate Limitations
None

Medical Certificate Waivers
None

Date of Last Flight Review <u>PIC PIC</u> or Equivalent, Including FAR 121/135 Checks: <u>01/08/2011</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>B707</u> Model: <u>B707</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" 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
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Type Ratings
A-320, B-707, B-720, BE-200

Student Endorsements (include dates)

Flight Time (enter appropriate number of hours in each day)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	5117.5	2730.8	2888.3	4824.2	966.3	1033.1	276.9	-	-	-
Pilot in Command (PIC)	2504.5	1620	132.8	2371.7	451	430	101.8	-	-	-
Time as Instructor	294.2	90.4	118.6	175.6	48	69	93.7	-	-	-
This Make/Model					222.6	633.0	143.9			
Last 90 Days	140	140	0	140	33.2	16.9	2.0	-	-	-
Last 30 Days	58.4	58.4	0	58.4	26.3	6.1	0.8	-	-	-
Last 24 Hours Prior to 3/15/11	5.7	5.7	0	5.7	0	0	0	-	-	-

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

First Name: JOSEPH City: MUSTANG
 Middle Initial: R State: OK ZIP: 73064
 Last Name: BECKER Country: USA
 Age at time of Accident/Incident: 45 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

Degree of Injury
 None Fatal Minor Unknown Serious
Seat Occupied
 Left Front Unknown Right Rear Single Center
Seat Belt
 Used Yes No Available Yes No
Shoulder Harness
 Used Yes No Available Yes No

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

Principal Occupation
 Pilot Other Unknown
Medical Certificate
 None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown
Medical Certificate Validity
 Without limitations/waivers With limitations/waivers Unknown
Date of Last Medical
01-25-2011
mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Waivers

NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 06/20/2010
mm/dd/yyyy
Flight Review Aircraft
 Make: McDonnell Douglas
 Model: DC10

Airplane Rating(s) (Check all that apply)
 None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea
Other Aircraft Rating(s) (Check all that apply)
 None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift
Instrument Rating(s) (Check all that apply)
 None Airplane Helicopter Powered Lift
Instructor Rating(s) (Check all that apply)
 None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport

Type Ratings
ATP Multiengine Land
DC-10
B-707
B-720
B E200
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	4052	201	110.4	3942	633	649	226			
Pilot in Command (PIC)	1781	849	0	849	200					
Time as Instructor	231	163	0	231						
This Make/Model										
Last 90 Days	34	34	0	34	13.6	2.7	3			
Last 30 Days	11.1	11.1	0	11.1	0	1	.3			
Last 24 Hours	.2	.2	0	.2	0	0	0			

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

Pilot Name and Address		Degree of Injury
First Name: <u>KENNETHA</u>	City: <u>BELLAVISTA</u>	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: <u>K</u>	State: <u>AL</u> ZIP: <u>72715</u>	<input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: <u>MCDONNAMA</u>	Country: <u>USA</u>	<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 checked="" 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 checked="" type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: <u>9,000</u> 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"/> 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
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input 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"/> 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
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input 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 Injury	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: <u>N/A</u> Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NARRATIVE HISTORY OF FLIGHT (Please type or print in 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.

AIRCRAFT WAS ENGAGED IN PUBLIC USE OPERATIONS SUPPORTING U.S. NAVY FLEET TRAINING OPERATIONS AND TERMINATING AT NAVAL BASE VENTURA COUNTY - POINT MUEB (KNTD). AIRCRAFT WEIGHT APPROXIMATELY 12,000 USG OF JP-8 FUEL PRIOR TO DEPARTURE. AIRCRAFT EXPERIENCED NORMAL START, TAXI, AND TAKE-OFF ROLL THROUGH POSITION AT Vr + 5 KNOTS. AT APPROXIMATELY 25 FEET AGL, THE NUMBER 2 ENGINE THROTTLE SLAMMED DOWN BACK TO IDLE. CAPTAIN AND FIRST OFFICER APPLIED BRAKE PULLERS AND LOWERED THE NOSE SLEWING TO MAINTAIN Vr. AIRCRAFT STOPPED CLIMBING AND SETTLED BACK TO THE RUNWAY. AIRCRAFT DEPARTED THE LEFT SIDE OF THE RUNWAY AND CAME TO REST IN A WETLAND AREA ADJACENT TO THE RWY 21 OVERFLOW.

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

Operator/Owner Safety Recommendation

TBD.

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 05/31/2011 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____
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Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: ROBERT W. PRONN Title: VICE PRESIDENT, OPERATIONS
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FOR NTSB USE ONLY

NTSB Accident/Incident No. WPR11 PA227	Reviewed by NTSB Regional Office KALDNA, CA	Name of Investigator Howard Plagens	Date Report Received 6-1-2011
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Sort By: Default Report

Keyword Sort:

Locations:**KNTD, KPMD, KNKX, KNUC, KNID, KVBG, KNLC, KNZY,
KNUW, KNSI**

Data Current as of: Wed, 18 May 2011 16:37:00 GMT

KNTD POINT MUGU NAS (NAVAL BASE VENTURA CO)

M0132/11 - CAUTION FOR LOW-FLYING AIRCRAFT - MOVIE LIGHTS AND LASERS POINTED OUT TOWARDS THE OCEAN, AT A LOCATION APPROX 3 MILES SOUTHEAST OF THE APPROACH END OF RWY 27 (34° 05' 15.60" N, 119° 03' 48.80" W). LASERS WILL NOT BE ELEVATED AT MORE THAN A 30° ANGLE ABOVE THE HORIZON. 19 MAY 23:00 2011 UNTIL 20 MAY 14:00 2011. CREATED: 17 MAY 15:22 2011

M0131/11 - CAUTION: LASER LIGHTS LOCATED 4.5 MILES EAST OF POINT MUGU TOWER AIMED OVER THE OCEAN FROM 1900L TO 2000L. LASERS WILL NOT BE POINTED MORE THAN A 30 DEGREE ANGLE. ADDITIONAL FLOOD LIGHTS LOCATED IN THE SAME VICINITY FROM DUSK TO 0700L. 16 MAY 23:00 2011 UNTIL 19 MAY 14:00 2011. CREATED: 16 MAY 22:58 2011

M0108/11 - TACAN CHECKPOINT FOR RWY 21 UNUSABLE. 25 APR 16:10 2011 UNTIL 20 JUL 14:00 2011. CREATED: 25 APR 16:08 2011

W0414/11 - US DOD PROCEDURE, TACAN OR VOR/DME RWY 3: IN PROFILE VIEW; FIM 29 DME FIX LEGE, FIX NAME SHOULD READ LEGEY (VICE LEGE). 03 MAY 11:50 2011 UNTIL 02 JUN 00:01 2011. CREATED: 03 MAY 11:52 2011

KPMD PALMDALE RGNL/USAF PLANT 42

M0064/11 - CRANE LOCATED AT SITE 3 WEST HUSH HOUSE BLDG 335T, DAILY, MON-FRI FROM 1330-2330. APPROX. CRANE HEIGHT 120FT. 20 APR 17:55 2011 UNTIL 20 MAY 23:30 2011. CREATED: 20 APR 17:59 2011

M0063/11 - AERODROME HOURS OF SERVICE ARE INCORRECT IN IFR SUPPLEMENT, CORRECT HOURS OF SERVICE ARE 1330-0600++ OR LOCAL 0530L-2200L. 14 APR 17:52 2011 UNTIL 30 JUN 09:00 2011. CREATED: 14 APR 17:55 2011

M0059/11 - THE PORTION OF TAXIWAY BRAVO THAT PARALLELS RWY 07/25 HAS BEEN RENAMED LZ. AIRFIELD SIGNS ARE INSTALLED INDICATING THE CHANGE. 12 APR 23:20 2011 UNTIL 30 JUN 09:00 2011. CREATED: 12 APR 23:24 2011

EDC 0/7293 (A0074/10) - FI/T PALMDALE REGIONAL/USAF PLANT 42, PALMDALE, CA.
HI ILS/DME RWY 25, ORIG-A...

S-ILS 25 VIS 1 MILE ALL CATS.

S-LOC 25 MDA 2920/HAT 417 ALL CATS.

CIRCLING AT NIGHT NA TO RWY 7. WIE UNTIL UFN. CREATED: 26 APR 18:21 2010

L0059/11 - TAXIWAY JULIET BETWEEN RUNWAY 25 AND THE LZ CLOSED TO ALL AIRCRAFT OPERATIONS DUE TO REPAIRS NEEDED. 12 MAY 19:00 2011 UNTIL 29 JUL 23:00 2011. CREATED: 12 MAY 19:07 2011

L0046/11 - NEW PHONE NUMBERS IN USE TO REQUEST PPR'S 661 272-6619/6614. 12 APR 23:18 2011 UNTIL 30 JUN 09:00 2011. CREATED: 12 APR 23:23 2011

KNKX MIRAMAR MCAS

M0126/11 - MCAS MIRAMAR ADJUSTED AIRFIELD HOURS ISO DAYLIGHT SAVING TIME (DST) ARE AS FOLLOWS:

MON-THURS 0830L-0100L (1530Z-0800Z)

FRI 0730L-1800L (1430Z-0100Z)

SAT CLOSED

SUN 1400L-1800L (2100Z-0100Z) X-COUNTRY RECOVERY WINDOW. 18 MAY 16:16 2011 UNTIL