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 INFORMA	TION								
Accident/Incident Loca	Date/Time								
Nearest City/Place: NBV	Date: 05/18/2011 Local Time: M2								
ZIP: <u>93042</u> co		mm/dd/yyyy Time Zone:							
Latitude: <u>34 07, 15 1</u> 4(0	ld:mm:ss N/S) Longitude: ∐	9 07.171%(ddd	l:mm:ss E/W)			ime Zone:			
Phase of Operation		Collision with 0	Other Aircraft	Altitude	of In-Fligh	t			
☐ Standing 🔼 Takeoff			Hover	Midair Midair		Occurre	nce		
☐ Taxi ☐ Climb ☐ Descent ☐ Landing	Other Unknown	☐ On-ground ☑ None			25	ft MSL			
		100011 LJ		A		L			
AIRCRAFT INFORMATION Manufacturer: BOK SW lbs Max Gross Weight: 321,000 lbs									
207 20/3									
Serial Number: <u>200</u>					Center of Gravity		e or □ dati		
Registration Number: 1	10/MIP	Amateur-built:	∐ Yes [X]No	or- 3/			lynamic Cord		
Category of Aircraft	Type of Airworthiness	Certificate	Number of			ing Gear	Retra		
Airplane	(Check all that apply)		1 (dilibor of)		Chec	k any additio	nal landing g	gear	
Balloon	Standard Spe	cial	If Large Aircr	aft, how many seats		guration that			
☐ Blimp/Dirigible ☐ Glider		estricted	Flight Cre	_{ew:} 3	r 💢 l	ricycle	T	ailwheel	
Gyrocraft		imited rovisional	Cabin Cre	ew: <u>3</u> ew: <u>2</u> 4		mphibian	ПΕ	ligh Skid	
Helicopter		xperimental	Passenger		B	mergency Flo	oat 🔲 S	kid	
☐ Powered lift ☐ Ultralight		pecial Flight	rassengei	15. 1					
Unknown	LL	ight Sport				nknown	பு	ki/Wheel	
Type of Maintenance Pr	ogram	Last Inspection	оп Туре		Date Last Inspe		102/20	11	
Annual		100 Hour		us Airworthiness			ım/dd/yyyy		
Conditional (Amateur-bu		AAIP	Condition	al Inspection		11-	1 5021		
☐ Manufacturer's Inspectio		Annual	Unknown		Airframe Total		-	hrs	
Continuous Airworthines	S				hours measure	•	•		
Other, specify:					Last Inspe			lent/Incident	
IFR Equipped	ř	Stall Warning			Type of Fire Ex	tinguishing	g System		
Yes No Unkr	iown	Yes No	Unknow	n	None Specify TREDN				
				M specify 1 KE 010					
ELT Installed El	LT Activated	ELT Manufac	U 55	Calai					
	Yes No	Model/Series:						-	
ELT Aided in Locating	Accident/Incident	Social Number	" Jell 2	~000~33)				
Yes No		Battery Type:				ery Evn. De	ate: <u>APO</u>	1. 2012	
	Reciprocatin		opeller	4/ 7200	Date	or y 13xp: 20	120. 174 124	<u> </u>	
Engine Type Reciprocating Turk	System Type			11					
Turbo Shaft ATurb	bo Fan Carburetor		Fixed Pitch	Manufac	turer:	_			
☐ Turbo Prop ☐ Unk	nown	a D	Controllable Pit	tch Model:_					
					Engine Rated Power Measured		ar:	T:_	
		1		Date	as (check one)	Total	Time Since	Time Since	
	Engine		facturer's	of Mfg.	Horsepower of	Time	Inspection	Overhaul	
Engine Engine Manufactu			Number	mm/dd/yyyy	Ibs of Thrust	(hours)	(hours)	(hours)	
Eng. 1 PE W	<u> </u>		<u>5181</u> 3448	8/124/1968	18,000	57932 43119	1338	414	
Eng. 2 P C W	17730 ×	30 6		12/13/19	18,000	51182	5474	12/2	
Eng. 4 P & W	3730	· · · · · · · · · · · · · · · · · · ·	2 804	4/23/1971	18,000	19399	11/16	ALA	

OWNER/OPERATOR INFORMATIO	N.				
Registered Aircraft Owner	Owner Address				
Name: OMEGA RESEA THE.		City: 5AN ANY ON State: 4'X ZIP: 1821/0 Country: 115A			
Fractional Ownership Aircraft: Yes X No		Country: 15 A			
Operator of Aircraft Same As Registere		Operator Address Same As Registered Owner			
Name: On Who Law Law Well Will Doing Business As: 5 www. Air Carrier/Operator Designator (4 Character Cod	State: VA ZIP: LZ3/14 Country: Uhis				
Regulation Flight Conducted Under	Revenue Sightseeing Flight				
☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Comm ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-c ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces	☐ Yes ☐ No Air Medical Flight ☐ Yes ☐ No				
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial Operating Certificate Held (Check all that apply)			
Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning Aerial Application	Scheduled or Commuter Non-Scheduled or Air Taxi Domestic or International Tomestic International	None Flag Carrier Operating Certificate (121) Supplemental Air Cargo Foreign Air Carriers (129) Commuter Air Carrier (135) On-Demand Air Taxi (135) Large Helicopter (127)			
Aerial Observation	Cargo Operation	Rotorcraft External Load (133)			
☐ Air Drop☐ Air Race / Show	Cargo Operation Passenger/Cargo Passenger Phow many?	- or - Agricultural Aircraft (137)			
□ Flight Test ☑ Public Use ~ くとつぐんしゃ	Cargo lbs	Other Operator of Large Aircraft			
Unknown OTHER AIRCRAFT—COLLISION (fair or ground collising occurred, complete t	his section for other aircraft)			
	The state of the s				
Aircraft Registration Number Manufacturer:		Damage to Other Aircraft			
<u>S</u>		Damage to Other Aircraft ☐ Destroyed ☐ Minor			
<u>S</u>		Damage to Other Aircraft Destroyed Minor Substantial None			
Registered Owner of Other Aircraft		Damage to Other Aircraft Destroyed Minor Substantial None			
Registered Owner of Other Aircraft First Name: Middle Initial:	City:State:	Damage to Other Aircraft ☐ Destroyed ☐ Minor			
Registered Owner of Other Aircraft	City: State: Country:	Damage to Other Aircraft Destroyed Minor Substantial None			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name:	City:State:	Damage to Other Aircraft Destroyed Minor Substantial None			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Last Name: Last Name:	City: State: Country: City: State: Country: State: Country:	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: ZIP:			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAIL	City: State: Country: City: State: Country: State: Country: URE (If more space is needed, continue o	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: ZIP:			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAIL Was there Mechanical Malfunction/Failure?	City: State: Country: City: State: Country: URE (If more space is needed, continue o	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: ZIP:			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANIGAL MALFUNCTION/FAIL	City: State: Country: City: State: Country: URE (If more space is needed, continue o	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAIL Was there Mechanical Malfunction/Failure?	City: State: Country: City: State: Country: URE (If more space is needed, continue o	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles On Part			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAIL Was there Mechanical Malfunction/Failure?	City: State: Country: City: State: Country: URE (If more space is needed, continue o	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles On Part Hours			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAIL Was there Mechanical Malfunction/Failure?	City: State: Country: City: State: Country: URE (If more space is needed, continue o	Damage to Other Aircraft Destroyed Minor None ZIP:			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAIL Was there Mechanical Malfunction/Failure?	City: State: Country: City: State: Country: URE (If more space is needed, continue o	Damage to Other Aircraft Destroyed Minor None Substantial None ZIP: Total Time/Cycles Hours Cycles Time Since This Part Inspected/Overhauled			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAIL Was there Mechanical Malfunction/Failure? [(If yes, list the name of the part, manufacturer, part no., s	City: State: Country: City: State: Country: State: Country: Yes No Unknown Perial no., and describe the failure.	Damage to Other Aircraft Destroyed Minor None Substantial None ZIP: Total Time/Cycles Hours Cycles Time Since This Part Inspected/Overhauled			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAIL Was there Mechanical Malfunction/Failure?	City: State: Country: City: State: Country: URE (If more space is needed, continue of the failure.) Period no., and describe the failure.)	Damage to Other Aircraft Destroyed Minor None Substantial None ZIP: Total Time/Cycles Hours Cycles Time Since This Part Inspected/Overhauled			

Description of Damage to Aircraft and (•
Aspcans C	Amb 10 RE	ST IN	NW	COMA/131	ANNA	ADSACENT
O THADDARA	1 DA 18 MAG	λ	KINE "	Commercia CC	THE !	very work
AND ENLTLY INLESS	ion of the	ALUCO	HPT.			
						•
AIRPORT INFORMATION (IF the	a aceldontlineidantoca	urred on ann	roach takeoffo	r within 3 miles	of an airnort	complete this section)
Airport Identifier: KNTD	e accidentification coc	airea oir app		m Airport Сеп		4
Airport Name: NBVC POIN	< 1006V					degrees MAG
Proximity to Airport Off Airport/Airs		On Airstrip		ation:		ft. MSL
Approach Segment (Select one)	1 4					<u> </u>
On Instrument Approach		e leg v Approach	∏ F	inal Aborted Landing (after touchdown	Go Around
☐ Crosswind ☐ Down IFR Approach (Check all that apply)	Willia Low	Approach		h (Check all the		7
□ None □ PAR	=	Practice	None		☐ Sto	p and Go
☐ ADF/NDB ☐ Sidestep ☐ SDF ☐ ILS	* = =	GPS Loran	☐ Traffic Patter☐ Straight-In	n ME		ich and Go wlated Forced Landing
☐ VOR/TVOR ☐ Localizer Only	☐ Visual ☐	Unknown	☐ Valley/Terrai	in Following		ced Landing
☐ VOR/DME ☐ LOC-back course ☐ TACAN ☐ RNAV	☐ Contact ☐ Circling		Go Around Full Stop		☐ Pred ☐ Unk	cautionary Landing known
Runway Information						Check all that apply)
Runway ID: 2 \ (L/R/C) Length: \\	1,172 ft Width: 2	n <u> </u>	Dry Holes	☐ Snow- ☐ Snow-	Compacted Crusted	☐ Water-Calm ☐ Water-Choppy
Runway/Landing Surface (Check all that	apply)	t	Ice Covered	☐ Snow-	·Dry	☐ Water-Glassy
Asphalt Grass/Turf Mac	adam Water		☐ Rough ☐ Rubber Depo	☐ Snow- sits ☐ Soft	-Wet	☐ Wet ☐ Unknown
Concrete Gravel Met	al/Wood Unknown	1 1				
		•	Slush Covere	=	ation	
Dirt Ice Sno	w	•	. = -		ation	
	w	Destination	Slush Covere		Type Flight	
Dirt Ice Snow FLIGHT ITINERARY INFORMA Last Departure Point Airport ID: LATO	TION Time of Departure	Destination Airport ID:	Slush Covere	d Veget	Type Flight ☐ None	Plan Filed □ VFR/IFR
☐ Dirt ☐ Ice ☐ Snor FLIGHT ITINERARY INFORMA Last Departure Point	TION Time of Departure Time: 127	Destination Airport ID: City: NB	Slush Covere	d Veget	Type Flight	Plan Filed □ VFR/IFR /FR
FLIGHT ITINERARY INFORMA Last Departure Point Airport ID: LATO City: NOVC PM State:	TION Time of Departure	Destination Airport ID:	Slush Covere	d Veget	Type Flight None Company V Military VF	Plan Filed VFR/IFR VFR VFR VFR VIFR VIFR VINCOUNT
Dirt Ice Sno FLIGHT ITINERARY INFORMA Last Departure Point Airport ID: LATY City: NOVC PM State: CA Country: USA	Time of Departure Time: 127 Time Zone: 1	Destination Airport ID: City: NB	Slush Covere	d Veget	Type Flight None Company V Military VF	Plan Filed VFR/IFR VFR VFR VFR VIFR VIFR VINCOUNT
Dirt Ice Snot S	TION Time of Departure Time: 1 2 7 Time Zone: 1	Destination Airport ID: City: \(\subseteq \text{Country:} \) Country:	Slush Covere	d Veget	Type Flight None Company V Military VF VFR Activated?	Plan Filed VFR/IFR FR IFR GR Unknown Yes No
Dirt Ice Snote	TION Time of Departure Time: \(\frac{1}{2} \) Time Zone: \(\frac{1}{2} \) If that apply)	Destination Airport ID: City: \(\subseteq \text{C} \) State: \(\subseteq \text{C} \) Country: \(\subseteq \text{al IFR} \)	Slush Covere	d Veget	Type Flight None Company V Military VF VFR Activated?	Plan Filed VFR/IFR VFR VFR VFR VIFR VIFR VINCOUNT
Dirt Ice Snote	TION Time of Departure Time: \ Time Zone: Time Zone: Special Over the content of the c	Destination Airport ID: City: 1 3 3 5 5 5 5 5 5 6 5 6 5 6 6 6 6 6 6 6 6	Slush Covere	d Veget	Type Flight None Company V Military VF VFR Activated?	Plan Filed VFR/IFR FR IFR R Unknown Yes No
FLIGHT ITINERARY INFORMA Last Departure Point Airport ID: LANT C City: MBY C Type of ATC Clearance/Service (Check of the control of the c	TION Time of Departure Time: \[\] \[2 \] Time Zone: \[\] Use that apply) Curred (Check all that apply) Prob	Destination Airport ID: City: NB State: Country: Country: al IFR On Top ply) hibited Area	Slush Covere	TR Flight Followi affic Advisory	Type Flight None Company \ Military VF VFR Activated?	Plan Filed VFR/IFR VFR IFR FR Unknown Yes No Cruise Unknown / NA Special
FLIGHT ITINERARY INFORMA Last Departure Point Airport ID:	TION Time of Departure Time: \[\] \[2 \] Time Zone: \[\] Special \[VFR \] Curred \((Check all that apple) \] \[\] Rest	Destination Airport ID: City: N.B. State: Country: Country: al IFR On Top ply) hibited Area tricted Area	Slush Covere	FR Flight Followi affic Advisory Jet Training TRSA	Type Flight None Company V Military VF VFR Activated?	Plan Filed VFR/IFR FR IFR FR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
FLIGHT ITINERARY INFORMA Last Departure Point Airport ID: LANT C City: MBY C Type of ATC Clearance/Service (Check of the control of the c	TION Time of Departure Time: \[\] \[2 \] Time Zone: \[\] Ull that apply) Special VFR (Curred (Check all that apple) \[\] Rest \[\] Mili	Destination Airport ID: City: NB State: Country: Country: al IFR On Top ply) hibited Area	Slush Covere	TR Flight Followi affic Advisory	Type Flight None Company N Military VF VFR Activated?	Plan Filed VFR/IFR VFR IFR FR Unknown Yes No Cruise Unknown / NA Special
Dirt Ice Snow Snow FLIGHT ITINERARY INFORMA	TION Time of Departure Time: \[\] \[2 \] Time Zone: \[\] \[Destination Airport ID: City: N.B. State: Country: Country: al IFR On Top ply) hibited Area tricted Area itary Operations	Slush Covere	FR Flight Followi affic Advisory Jet Training TRSA FAR 93	Type Flight None Company N Military VF VFR Activated?	Plan Filed VFR/IFR FR IFR FR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
FLIGHT ITINERARY INFORMA Last Departure Point Airport ID: LANT C City: NONC PM State: S Country: Special VFR IPR Airspace where the accident/incident occ Class A Class E Class G Class C Demo Area Class D Warning Area Aircraft Load Description (Check all that None Towing Glide	TION Time of Departure Time: \[\] \[\] \[\] \] Time Zone: \[\] \[Destination Airport ID: City: NB State: State: Country: Country: Description al IFR On Top ply) nibited Area tricted Area itary Operations out Advisory A	Slush Covere	FR Flight Followi affic Advisory Jet Training TRSA FAR 93	Type Flight None Company N Military VF VFR Activated?	Plan Filed VFR/IFR FR IFR FR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
FLIGHT ITINERARY INFORMA Last Departure Point Airport ID: LANT C City: NBAC PM State: S Country: S Type of ATC Clearance/Service (Check of the control	TION Time of Departure Time: \[\] \[\] \[\] \] Time Zone: \[\] \[Destination Airport ID: City: NB State: State: Country: Country: Description al IFR On Top ply) nibited Area tricted Area itary Operations out Advisory A	Slush Covere	FR Flight Followi affic Advisory Jet Training TRSA FAR 93	Type Flight None Company N Military VF VFR Activated?	Plan Filed VFR/IFR FR IFR FR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt Ice Snot	TION Time of Departure Time: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Destination Airport ID: City: NB State: State: Country: Country: Description Airport Area Country: Description Airport Advisory A Country: Description Airport Airport Airport Airport ID: City: NB Country: Description Airport ID: Country: Description Airport ID: City: NB Country: Description Airport ID: Country: De	Slush Covere	FR Flight Followi affic Advisory Jet Training TRSA FAR 93	Type Flight None Company N Military VF VFR Activated?	Plan Filed VFR/IFR FR IFR FR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt Ice Snote	TION Time of Departure Time: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Destination Airport ID: City: NB State: State: Country: Country: Description Airport Area Country: Description Airport Advisory A Country: Description Airport Airport Airport Airport ID: City: NB Country: Description Airport ID: Country: Description Airport ID: City: NB Country: Description Airport ID: Country: De	Slush Covere	FR Flight Followiaffic Advisory Jet Training TRSA FAR 93 Livestock Unknown	Type Flight None Company V Military VF VFR Activated? Activated [Plan Filed VFR/IFR FR IFR FR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
FLIGHT ITINERARY INFORMA Last Departure Point Airport ID: LAND C. City: MBY C. State: Service (Check of the control of the	TION Time of Departure Time: \[\] \[\] \[\] \] Time Zone: \[\] \[\] VFR (Courred (Check all that apply) \[\] \[\] Rest \[\] \[\] Militation \[\] Airp \[\] apply) \[\] or \[\] \[\] Para er \[\] \[\] \[\] Chet TON Fuel Type \[\] 80/87	Destination Airport ID: City: N. G. State: S	Slush Covere	FR Flight Followiaffic Advisory Jet Training TRSA FAR 93 Livestock Unknown	Type Flight None Company N Military VF VFR Activated?	Plan Filed VFR/IFR FR IFR FR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
FLIGHT ITINERARY INFORMA Last Departure Point Airport ID:	TION Time of Departure Time: \[\] \[\] \[\] \] Time Zone: \[\] \[Destination Airport ID: City: NB State: Stat	Slush Covere	FR Flight Followiaffic Advisory Jet Training TRSA FAR 93 Livestock Unknown	Type Flight None Company V Military VF VFR Activated? Activated [Plan Filed VFR/IFR FR IFR FR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt Ice Snot FLIGHT ITINERARY INFORMA Last Departure Point Airport ID: W City: M W City: M W Country: M Type of ATC Clearance/Service (Check of the country) Type of ATC Cl	TION Time of Departure Time: \ \frac{1}{2} \rightarrow Time Zone: \ \text{VFR (0)} UVFR (0) Curred (Check all that apply) Rest \ \text{Militarrow} Airp apply) The \ \text{Paragentarrow} Fuel Type \ \text{80/87} \ \text{100 Low Lead} \ \text{100/130}	Destination Airport ID: City: N.B. State: State: Country: Country: Destination Airport ID: City: N.B. State: State	Slush Covere	FR Flight Followiaffic Advisory Jet Training TRSA FAR 93 Livestock Unknown	Type Flight None Company V Military VF VFR Activated? Activated [Plan Filed VFR/IFR FR IFR FR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt Ice Snot Snot FLIGHT ITINERARY INFORMA	TION Time of Departure Time: \ \frac{1}{2} \rightarrow Time Zone: \ \text{VFR (0)} UVFR (0) Curred (Check all that apply) Rest \ \text{Militarrow} Airp apply) The \ \text{Paragentarrow} Fuel Type \ \text{80/87} \ \text{100 Low Lead} \ \text{100/130}	Destination Airport ID: City: N.B. State: State: Country: Country: Destination Airport ID: City: N.B. State: State	Slush Covere	FR Flight Followiaffic Advisory Jet Training TRSA FAR 93 Livestock Unknown	Type Flight None Company V Military VF VFR Activated? Activated [Plan Filed VFR/IFR FR IFR FR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt	TION Time of Departure Time: \ \frac{1}{2} \rightarrow Time Zone: \ \text{VFR (0)} UVFR (0) Curred (Check all that apply) Rest \ \text{Militarrow} Airp apply) The \ \text{Paragentarrow} Fuel Type \ \text{80/87} \ \text{100 Low Lead} \ \text{100/130}	Destination Airport ID: City: N.B. State: State: Country: Country: Destination Airport ID: City: N.B. State: State	Slush Covere	FR Flight Followiaffic Advisory Jet Training TRSA FAR 93 Livestock Unknown	Type Flight None Company V Military VF VFR Activated? Activated [Plan Filed VFR/IFR /FR

	•		•			
EVACUATION OF All	RCRAFT					
Was an emergency evacuati	on of the aircraft	performed?	X Yes	□No		
			many occupant	ts evacuated each	location	
Method of Exit - Describe his ALL THOUGH OF MASH	C18 12264	ピメイ.イ	en sur	WURK K	UK LOWING	10 16R
WAY / HONDER OF	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	E 3 29 1	7 (1.0	7.0 - 4. 1	, , , , , , ,	O Novo I .
MEAN CAREN	DADIN.					
						•
		•				•
WEATHER INFORMA	ΤΙΟΝ ΔΤ ΤΗ	E ACCIDEN	IT/INCIDEN	IT SITE		
Weather Observation Facility			urce of Weathe			Method of Briefing
Facility ID: KNTO	· J	1 * *	eck all that apply			(Check all that apply)
Observation Time: 1653			National Weather		Company	☐ In Person ☐ Teletype
Time Zone:		==	Flight Service Sta TV/Radio	ition	☐ Military ☐ Internet	Telephone/Computer
	\ \ \	-	Automated Repor		Unknown	Aircraft Radio
Distance from Accident Site: Direction from Accident Site:	100	ees MAG	Commercial Wea	ther Service (DUA	15)	X TV/Radio ☐ Unknown
Briefing Type/Completeness	- 3 1 degr		ht Condition		·	Visibility
Full	☐ Abbreviate	-	·] Dusk	☐ Dark Night	·
Partial / Limited By Pilot	Unknown	凤		Night	☐ Bright Night	miles
Partial / Limited By Briefer	☐ Not Pertine	,			Not Reported	(0) 1 11 11 11 11 11 11
Sky/Lowest Cloud Condition		Ceiling		Obscured	Restriction to Visibility None	(Check all that apply) Fog
☐ Clear ☐ Few ☐	Thin Broken Thin Overcast	None (clear Broken		Indefinite	X None Blowing Dust	Ground Fog
Partial Obscuration	Unknown	Overcast		Unknown	☐ Blowing Sand	Haze
Scattered					☐ Blowing Snow ☐ Blowing Spray	☐ Ice Fog ☐ Smoke
Lowest Cloud Condition Hei	ght	Ceiling Heig	ht 		Dust	Unknown
M200	_ft AGL	- N	18/	ft AGL		
Wind Direction	Wind Speed		Wind Gusts		Type of Turbulence (Ch	i
Indicated:	Velocity:	<u>√</u> kts	Velocity:	KTS	None ☐ In Clo	ouds ity of Thunderstorm
1 degrees MAG	-or-				- .	· .
☐ Variable	☐ Calm ☐ Light and Varia	hle	☐ Gusting ☐ Not Gustin	σ	Severity of Turbulence Extreme Mode	1
variable	Digit and varia			P .		rate Chop
NOTAMs (D, L and FDC)	AIRMETs, SI	GMETs. PIR	EPs in effect	at the time of	the accident/incident	
SEE ATTROVES						
OF ~ 1/11/10/100	2/1484/	•				
			7			
				-		
	Tei	ng Forecast			Type of Precipitatio	n (Check all that apply)
Temperature: 16 (C)	1	Amount		Туре	1 7 _	Drizzle
or(F)	1 🚟	· · · =	Moderate	Rime	Rain	Ice Pellets
Altimeter Setting: 29.76 in	.ĦG □	Trace	Severe	Clear Mixed		Snow Pellets Snow Grains
orM	(B				Rain Showers	Ice Crystals
Density Altitude:	ft Ici	ng Actual Amount		Туре]	Ice Pellets Shower Freezing Drizzle
Dew Point:(C)		None 🔲	Moderate	Rime		
or(F)		Trace 🔲 : Light	Severe	Clear Mixed	Intensity of Precipita	
	: L	பத்ய .			Light Mod	lerate Heavy

JT:9A"INFORMAT			ALAA LE	AR			Contract of the Contract of th		Samp	
		27 7 7 7			-		A CONTRACTOR OF THE PARTY OF TH		ANNOUNCE DESCRIPTION	
dot "A" Responsibilities at the	he Time of Ac] Scales Pilot	nt strice []	nestor 🔲	Check Piks	☐ Fragu	Engaver	Other	light Crew		rana kana ambania Wakasili ngippilipilipilipilipilipilipilipilipilip
Pilot "A" Identification	MC/Airest Agencia of Street Control Control Control									
First Name: Christop	her			Chy		the				man to the state of the state o
Michieleliual: 3		zószenyenyegyő i i kelendenyenyen	- Carrier Springer, con carrier St.	Stan	: KS	Z	P: <u>66</u> L	62_		
Last Name: Thurmene				Cou	: KS My: K	5 <u>A</u>	Microsophic and the second of	engging Registration between Aging	***************************************	
Age at time of Accident/Inciden	n: <u>41</u>	Date of Hir	in:	Car	ußcze Ni	enter A	IP.	,		
Degree of Injury	Seat Occup	ied	The State of the Party of the State of the S	Seat	Belt		Total at Comment	Shoulder II	larness	
Nose	S LA	□ Freet	[] Uaknow	na Cseil	2	ŠYS []No	Used	Ø Y⇔	□ No
awonkati T ranik M	Right	☐ Rea		Avail	abk 🖇	GYes []No	Available	X Yes	☐ No
☐ Serions	Ceiser	🗀 Single				Noncomo	1	<u> </u>	***************************************	
Pilot Certificate(s) (Checkall I	hw apply)				_	-			-	
☐ Name ☐ Soules		∐ Rose	nicoal	S Commerca			Flight Engir		∏ §cerigo	
Drivate Affait	instructive	C Sport		Airling Tra		7.7	U.S. Mäher	Date of L		. å
Principal Occupation Me	edical Certific	370				ficate Vil	*	i PHISOLT	ar Menic	5.5
	Mac _	Class 3	4		nbout law	tanons/wah	vers -	02/14	lear	
I Tobe S			ısa (Sport Pilot		ina umaka aktowa	gas/waivers	•	02/14,	עפעע	
☐ Caleeren ☐	Class 2	Unknown		M. C.	enterior de la 18.	maga managani mina mining di distribut	Standards are you and excellent account	F		
Medical Certificate Limitatio	05									
satisfies of the control of the cont	None									
ne early construction of the construction of t			¥							
Medical Certificate Walvers	LA DISTRICTURA DE LA CONTRACTOR DE LA CO						A STATE OF THE PARTY OF THE PAR	CONTRACT STREET OF THE PROPERTY OF THE PROPERT	of the Control of the Control	
i 'arcourat Columbate as use see										
1400-1400-1400-1400-1400-1400-1400-1400	None									
	10841-									
Date of Last Flight Review		. Etinka	Review Airc	ran D	A PARTIE OF THE	rlaideid komiteid läidelides oma avan om d	marine Now Some state and before	er gang serge and Secretary and Secretary		
La Samuelané Jackalian		1	B707							
FAR 121/135 Checks:	1/08/2011		Colorador and Colorador and Colorador	and the state of t	NATIONAL PROPERTY OF THE PROPE	ottopica syngologica se, iliadi adi dipenden	CARLO CONTRACTOR CONTR			20000
	क्षक्रिकें क्रिक	Model	B701				payment halitas azakan yan eta h	A. A	guanger and the second	
Airplane Rating(s)	Other Aircra	ft Ruting(s)	Instrum	ent Rating(s)	2		r Rating(s)			
	(Check all that a	ocició)	(Check sil	that apply)	š '	(Check off I	ha madi	35**	i a ·	à
☐ None	None		Note			None	. Cinala Bac		(2502)ment Restaument	
Single-Engine Land	Azship		Airsia Heixe	ne 		Azpun Klaimin	c Single-Rag Mult-Engl	inc L	Heliotate	1 minogram
∐ Single-Lagare Sea	☐ Free Balloor ☐ Giscer	1	☐ Source	graci est Life		Gyrosia	:D , A t-141-141 (1-140)	L	Caract	
Mentingine Sea	Gyropiane		C) váires	sone arecs.		Powers	13.iA		Sport	•
	☐ Helicopter		1.							
The state of the s	☐ Powered Lif	or consequences				Ctarlant W	adyte am a	nts produde o	(46.45)	gyggunainn i deilin (deilin 2000)
Type Ratings						Jingeni z	(212174 DC1121C)	Pera italiana	-146.4-2,1	
A320, 8-107, B	-720,BE	260								-
**										
	•		A Town Por	Section Control Contro	m			 		T
Flight Time (cases appropriate number of hours in each day)	AB AUTTER	This Mats & Model	Airpluse Sage Engine	Aisplane Multiengias	Night	Actial	Simulated	Rotescraft	Cliser	Lighter Then Air
Total Time	5//7.5	2730.8	2883	4829.Z	9443		276/	, state.	e Treslesses en descriptor de la constante de	s the state of the state of the state of
Pict in Communi (PIC)	2504.5	1620	132,8	237/,7	451	430	101.8	\		POSICION
Time as income	Z44, Z	90,4	118.6	1756	48	69	937		-	
This Make Model	TOTAL STREET				222.6	6330	143,9			
Last 90 Days	140	140	ψ	140	33.2	16,4	2.0	/8-01	-	Page Pal
The state of the s	58.4	55,9	Ò	58,4	26,3	61	Ø.8		10000	· simpleh
Last 30 Days	2.7	5, 17	- B	57	0	8	0	-		9-2-2-2-

*		4 N A	NNX							
		MINIT	MALY.C				· ••••			
									(4) (5) (6) (6)	ACCEPTANCE
Pilot "B" Responsibilities at the	: Time of Acc Student Pilot	ident/Incide: Flight im	_	heck Pilot] Flight E	ngineer	Other Fl	ight Crew		1
Pilot "B" Identification										
First Name: To	sepH			City:			1~9			
Middle Initial: R Last Name: B	c - V4 /	7		State:	OK		P:_ 	4		
				Cour	pal:	USA				
Age at time of Accident/Incident	45	Date of Birt	h:		ficate Nur	nber:				
Degree of Injury S	ent Occupied			Seat I	elt		2	Shoulder He	rness	
□ Nonc □ Fatal □	Left	Front	Unknown	Used			1 '	Jsed	D KY as	□ No
		Rear Single		Availe		Yes 🛚	No 1	Available	∐ Yes	□ №
Pilot Certificate(s) (Check all the										
None ☐ Student		Rocrea	tional	Commercial		Πr	light Engine	er (] Foreign	
Private Flight in		Sport		Airline Tres			J.S. Military	•		
Principal Occupation Mod	ical Certifica	de				icate Valle		Date of La	st Medica	ıl
		Class 3		== '''	_,,,,	tions/waive	ens	01-2	5-20	11
		Driver's Licen Unknown	se (Sport Pilot o	_,, ,	th limitation known	US WALVES	٠.	Manufadiv	יעעע	· •
		CHROOME						·····		
Medical Certificate Limitation	3		-							•
NONE										
Done										
			•							
Medical Certificate Walvers						·······				
Bredical Celuitate Walvers			•	•		•				
NONE	•									
					•					
Date of Last Flight Review		Flight	Review Airca	eft						
or Equivalent, Including	lasta.	_	Mc	DONNell	Days	125				
FAR 121/135 Checks: O	20/20	Model		DCIO		4-12-				
	mm/dd/yyyy Yther Aircraf			nt Rating(s)	77.	utructor 1	Datines(e)			
Una factive remove E(a)	Aner Aircrus Check all that a			at icatubg(s) that apply)	****	theck all the				
(2,	None	FT-37	None	الأسقط معدد	5	None			nstrument.	
Single-Engine Land	Airship		Airplan			Airpieno .	Single-Engin Multi-Engine	• 📮	nstrament Selicopter	Halicopter
The second secon	☐ Free Balloon ☐ Glider		Helicon			j Airplans i I Gummen	Mitting and	; .H;	Hider	
Multiengine Sca	Gymplene				15	Gyropien Powered	Lift		Sport	
1	Helicopter Powered Lift				ŀ					
Type Ratings	T LOMGE TIL				- t s	tudeat En	dorsement	8 (Include de	ites)	
		•	DC-10							
ATP MULTIEN	MINK_ L	mod	B-707		1			•		
	<i>j</i> • ~		B.720		1					
			•		-					
			36200						·	
Flight Time (enter appropriate number of hours in each box)	Ali Aireraít	This Make & Model	Airpiano Singio Engine	Alzplane Multiengine	Night	last: Actual	unțu! Saubiui	Retarguit	Glider	Lighter Than Air
Total Time	4052	यथ	110.4	3942	633	648	226			
Pilot is Command (PIC)	1781	849	Ø	849	200				AA	
Time as Instructor	231	163	8	231						
This Make/Model						<u> </u>		V(1) (42 (42 (42 (42 (42 (42 (42 (42 (42 (42		
Last 90 Days	34	74	8	7.4	13.6	7.7	3	<u> </u>		+
Last 30 Days	11-1	11.1	8	11.1	Φ.		.3		 	+
Lest 24 Houses	i .2	.2_	Ø		6	l Ao	•	1	1	1

ADDITIONAL FLIGHT GREW MEMBERS ((Exclusive of cabin a	ttendants, complete the	following	informa	tion)	
Pilot Name and Address					Degree of	
First Name: KENWETA	City: BYLLA	1×74×			☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial: K Last Name: MC NAWYNA	State: AN Country: 151	ZIP: 72715			Serious	[] Olkynown
Pilot Certificate(s) (Check all that apply)	_ country. Unive				Seat Occu	niad
l —	Commercial	Flight Engineer	☐ Fore	ion	Left	Front
	Airline Transport	U.S. Military		1911	Right	Rear
Type Rating/Endorsement for	Total Flight Ti	ime at the Time			Center	Single Unknown
Accident/Incident Aircraft? Yes No	of this Acciden	it/Incident:	hrs		n heise statistischer serven habet.	C Chalowi
Pilot Name and Address			-		Degree of	* *
First Name:	City: State:				☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial: Last Name:	State: Country:	ZIP:			Serious	CHRIOWH
Pilot Certificate(s) (Check all that apply)		,			Seat Occu	nied
	Commercial	Flight Engineer	Forei	gn	Left	Front
		U.S. Military			Right .	Rear
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No	Total Flight Ti of this Acciden	me at the Time t/Incident:	hrs		Center	Single Unknown
Pilot Name and Address					Degree of	Injury
First Name:	City:				None	Fatal
Middle Initial: Last Name:	State:	ZIP:			☐ Minor ☐ Serious	Unknown
Pilot Certificate(s) (Check all that apply)	Country:					
	☐ Commercial	Flight Engineer	Forei	T.	Seat Occup	Front
	Airline Transport		☐ 1.01¢1	311	Right	Rear Rear
Type Rating/Endorsement for	Total Flight Ti				Center	☐ Single ☐ Unknown
Accident/Incident Aircraft?	of this Accident	t/Incident:	hrs			L CHKHOWII
	t		_			
PASSENGER(S) / OTHER PERSONNEL (In			_	parte		
			_	parte		us y y y jury jury
PASSENGER(S) / OTHER PERSONNEL (III			sheet if I	parte		atal pjara pjury njury njury no Injury
PASSENGER(S) / OTHER PERSONNEL (In	l iclude flight attendar	nts, continue on separate	_	parte	Revenue (S. Non-Occupant FAA	Fatal Serious Injury Minor Injury No Injury Unknown
PASSENGER(S) / OTHER PERSONNEL (III	Liclude flight attendar	nts, continue on separate	sheet if I	Crew	Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Minor Injury In No Injury Unknown
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name:	Liclude flight attendar	nts, continue on separate	sheet if I	Crew	Revenue Revenue Non- Occupant FAA	
PASSENGER(S) / OTHER PERSONNEL ((in Name and Address First Name: Middle Initial: Last Name: First Name:	clude flight attendar City: State: Country:	nts, continue on separate	sheet if I	Crew	Revenue Revenue Non- Occupant	00000
PASSENGER(S) / OTHER PERSONNEL ((in Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial:	City: State: City: State: State: State:	nts, continue on separate	sheet if I	Crew	Revenue Revenue Non- Occupant	
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: State: City: State: Country:	nts; continue on separate ZIP:	sheet if I	Crew	Revenue Revenue Non- Occupant	00000
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: First Name:	City: State: Country: City: State: Country:	nts; continue on separate ZIP:	sheet if I	Crew	Revenue Revenue Non-	
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:	City: State: Country: City: State: Country:	nts; continue on separate ZIP:	sheet if I	Crew	Revenue Revenue Non-	00000
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Last Name:	City: State: Country: City: State: Country: City: State: Country:	TIP:	sheet if I	Crew	Revenue Revenue Non-	
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: State: Country: City: State: Country: City: State: Country:	TIP:	sheet if I	Crew	Revenue Revenue	
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name:	City: State: Country: City: State: Country: City: State: Country:	nts; continue on separate ZIP:	sheet if I	Crew	Revenue Revenue	
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name: First Name:	City: State: Country: City:	ZIP:	sheet if I	Crew	Revenue Cocupant Cocupant FAA	
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: State: Country:	ZIP:	sheet if I	Crew	Revenue Cocupant Cocupant FAA	
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:	City: State: Country:	ZIP:ZIP:ZIP:	sheet if I	Crew	Revenue Cocupant Cocupant FAA	
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name: First Name: First Name:	City: State: Country:	ZIP:ZIP:ZIP:	sheet if I		Revenue Revenue	
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: State: Country:	ZIP:ZIP:ZIP:	sheet if I		Revenue Revenue	
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:	City: State: Country:	ZIP: ZIP: ZIP: ZIP:	sheet if I		Revenue Revenue	
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:	City: State: Country:	ZIP: ZIP: ZIP: ZIP: ZIP:	sheet if I			
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name: First Name: First Name:	City: State: Country:	ZIP: ZIP: ZIP: ZIP: ZIP:	sheet if I			
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name: First Name: First Name:	City: State: Country: City: City: State: Country: City: City: State: Country: City:	ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:	sheet if I			
PASSENGER(S) / OTHER PERSONNEL (In Name and Address First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name:	City: State: Country: City: City: State: Country: City: City: State: Country: City:	ZIP: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP:	sheet if I			

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

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. Attached up a Englador to PUDLIC VOR OREGANISTICAL SURPORKAND V.S. NAWY FLEET TOWNER OF PERSON TO PUBLIC WAY AND TEATHER AND TOWNERS OF MERCHANGEN PROPOSITIONAL BURNESS OF STATE MARKET RESERVENCED APPROXIMATION OF STATE AND TAKE-OVE POLICY TOWNERS ASSOCIATION OF STATE, AND TAKE-OVE POLICY TOWNERS ASSOCIATION OF STATE AND TAKE-OVE POLICY TOWNERS ASSOCIATION OF STATE AND TAKE-OVE POLICY TOWNERS AND TOWNESS A STATE AND TAKE-OVE POLICY TOWNESS AND TOWNESS OF STATE AND TOWNESS AND SETTION BACK TO THE MONTHER TO BACK TO THE MONTHAN TO MESON THE POLICY STORY OF THE PURPORT OF THE P

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

Operator/Owner Safety Recommendation

TBD.

ADDITIONAL IN	AEUD##V	TION (Places	type or print in inly						
ADDITIONAL IN	41. OLIMA	is model for a	sypto or print in nik)	y				•	
Use this space if addit	uonai space	is needed for any	answers.						
				A supplemental transfer to			gang kerulah dibi Niberi Kar	paggaran programma (Alberto, Alberto)	(1969 A.F.L. 687)
I HEREBY CERTIF	Y THAT TH	HE ABOVE INF	ORMATION IS CO	OMPLET	E AND ACCUR	ATE TO THE BE	ST OF M	Y KNOWLEDGE	
Date of this Report		and Name of Pi							
	_	· esses 1 THING VI I I	opravo						
05/31/2011	Signature:_								
mm/dd/yyyy	Type or Pri								
Signature and Name	e of Person	Filing Report if	Other than Pilot/Op	perator					
Signature:									
	10000	J B 1	COADO						
	Pax55		OPERACION	35			. ——		
1III.6: 1777 1	INDIA	<u>~~~~</u>			SEOMY		Succession and the control		
11 August San					SE ONLY			D	
NTSB Accident/Incid	dent No.	Reviewed by N	NTSB Regional Offi ルA , CA	ice 1	Name of Investig	ator		Date Report Rec	
12) QRII QA:	227	CAV DE	ENA, CA	ħ	toward '	1 ag in	,	6-1-201	/
DOLL-11 AVIS		15-11-20	- i		121121	· · · · · · · · · · · · · · · · · · ·			

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

FDC 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