

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**
This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION									
Accident/Incident Location Nearest City/Place: <u>Nashville</u> State: <u>TN</u> ZIP: <u>37209</u> Country: <u>USA</u> Latitude: <u>36.18N</u> (dd:mm:ss N/S) Longitude: <u>86.89W</u> (ddd:mm:ss E/W)					Date/Time Date: <u>06/15/2011</u> Local Time: <u>1730</u> <i>mm/dd/yyyy</i> Time Zone: <u>CDT</u>				
Phase of Operation <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					Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None		Altitude of In-Flight Occurrence _____ ft MSL		
AIRCRAFT INFORMATION									
Manufacturer: <u>CESSNA</u> Model: <u>CE-525A</u> Serial Number: <u>525A-0129</u> Registration Number: <u>N129SG</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Max Gross Weight: <u>12,375</u> lbs Weight at Time of Accident/Incident: <u>9,894</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>277.5</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)				
Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport		Number of Seats: <u>9</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown			
Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input checked="" type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			Last Inspection Type <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> Continuous Airworthiness <input checked="" type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown		Date Last Inspection: <u>12/07/2010</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>3,224</u> hrs hours measured at <i>(check one)</i> <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident				
IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>2 CABIN EXTINGUISHERS, 2 ENGINE EXTINGUISHER SYSTEMS</u>					
ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ELT Manufacturer: <u>ARTEX</u> Model/Series: <u>453-0150</u> Serial Number: <u>68112</u> Battery Type: <u>452-0130</u> Battery Exp. Date: <u>07/20/2011</u>							
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input type="checkbox"/> No									
Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input checked="" type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		Propeller <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____					
Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> <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	WILLIAMS	F44-2C	126123	11/27/2002	2400	3,224	116	3,224	
Eng. 2	WILLIAMS	F44-2C	126122	11/27/2002	2400	3,224	116	3,224	
Eng. 3									
Eng. 4									

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>DEER HORN AVIATON LTD, CO.</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>MIDLAND</u> State: <u>TEXAS</u> ZIP: <u>79711</u> Country: <u>USA</u>
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under <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		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input checked="" type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ 4 How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input checked="" type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
OTHER AIRCRAFT – COLLISION (if air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (if more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <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	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

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

LEFT MAIN LANDING GEAR COMPLETELY SEPERATED FROM THE AIRCRAFT.
 LEFT FLAP PARTIALLY SEPERATED AT THE INBOARD FLAP TRACK.
 RIGHT FLAP DAMMAGED AT THE INBOARD TRAILING EDGE CORNER.
 LEFT ENGINE NACELLE INLET DENTED
 LEFT WING LEADING EDGE DENTED

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

Airport Identifier: KJWN **Distance From Airport Center:** 1 SM
Airport Name: JOHN C TUNE **Direction From Airport:** _____ degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** 495 ft. MSL

Approach Segment *(Select one)*

On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach *(Check all that apply)*

None PAR MLS Practice
 ADF/NDB Sideslep LDA GPS
 SDF ILS ASR Loran
 VOR/TVOR Localizer Only Visual Unknown
 VOR/DME LOC-back course Contact
 TACAN RNAV Circling

VFR Approach *(Check all that apply)*

None Stop and Go
 Traffic Pattern Touch and Go
 Straight-In Simulated Forced Landing
 Valley/Terrain Following Forced Landing
 Go Around Precautionary Landing
 Full Stop Unknown

Runway Information

Runway ID: RW20 (L/R/C) Length: 5,500 ft Width: 50 ft

Runway/Landing Surface *(Check all that apply)*

Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

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

FLIGHT ITINERARY INFORMATION**Last Departure Point**

Airport ID: KATS
 City: ARTESIA
 State: NM
 Country: USA

Time of Departure

Time: 1406
 Time Zone: MDT

Destination

Airport ID: KJWN
 City: NASHVILLE
 State: TN
 Country: USA

Type Flight Plan Filed

None VFR/IFR
 Company VFR IFR
 Military VFR Unknown
 VFR
Activated? Yes No

Type of ATC Clearance/Service *(Check all that apply)*

None Special VFR Special IFR VFR Flight Following Cruise
 VFR IFR VFR On Top Traffic Advisory Unknown / NA

Airspace where the accident/incident occurred *(Check all that apply)*

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

Aircraft Load Description *(Check all that apply)*

None Towing Glider Parachutists Livestock
 Passengers Towing Banner Water Unknown
 Cargo Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

478 Gallons

Fuel Type

80/87 115/145 JP3 Other, specify _____
 100 Low Lead Jet A JP4
 100/130 Automotive JP5

Other Services, if Any, Prior to Departure

NONE

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location
 ALL OCCUPANTS EXITED THROUGH THE NORMAL ENTRANCE ON THE LEFT SIDE OF THE AIRCRAFT, FORWARD OF THE WING. EVACUATION WAS ORDERLY WITH NO INJURIES.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: KJWN AWOS Observation Time: 1710 Time Zone: CDT Distance from Accident Site: 0 NM Direction from Accident Site: degrees MAG	Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS)	Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
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Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input checked="" type="checkbox"/> Partial / Limited By Briefer	<input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility 10 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 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 checked="" type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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Lowest Cloud Condition Height ft AGL	Ceiling Height ft AGL	Wind Direction <input checked="" type="checkbox"/> Indicated: 180 degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: 10 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
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NOTAMS (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident
 THE JOHN C TUNE AIRPORT IS SERVED BY AN AWOS. THAT AWOS, AT THE TIME OF ARRIVAL, WAS ONLY PARTIALLY OPERATIOAL WITH ONLY THE TEMPERATURE AND DEW POINT REPORTED. I THEN TUNED THE KBNA ATIS AND RECEIVED A BRIEF. I DID NOT RECORD THE ATIS, SO THE WEATHER CONDITIONS GIVEN HERE ARE TO THE BEST OF MY RECOLLECTION. CONVECTIVE ACTIVITY WAS INDICATED BY AIRBORNE IN THE AREA SOUTH AND SOUTHWEST OF THE AIRPORT. THE KBNA ATIS INDICATED THAT WINDS IN THE AREA FAVORED RUNWAY 20 AT KJWN, SO I ELECTED TO PERFORM THE ILS TO RUNWAY 20 BY REQUESTING A DIRECT COURSE TO BICOL INTERSECTION. THIS WOULD KEEP ME CLEAR OF THE WEATHER AND SET ME UP FOR THE APPROACH. AS I TURNED TOWARD THE AIRPORT, ON A 6 MILE FINAL, I VISUALLY AQUIRED THE AIRPORT, REPORTED THE AIRPORT IN SIGHT AND CANCELED IFR.

Temperature: 23 (C) or (F) Altimeter Setting: 29.92 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 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
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PILOT "B" INFORMATION

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: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

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 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 type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input 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 type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical _____ <i>mm/dd/yyyy</i>
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Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: _____ Model: _____
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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 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 type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <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
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Type Ratings	Student Endorsements (Include dates)
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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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious

Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> 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
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Right <input type="checkbox"/> Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious

Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> 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
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Right <input type="checkbox"/> Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious

Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> 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
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Right <input type="checkbox"/> Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown

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

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>RICHARD</u> City: <u>ARTESIA</u> Middle Initial: <u>C</u> State: <u>NM</u> ZIP: <u>88210</u> Last Name: <u>CHASE</u> Country: <u>USA</u>	2	□	□	□	□	□	□	□	□	□	□
First Name: <u>KARLA</u> City: <u>ARTESIA</u> Middle Initial: _____ State: <u>NM</u> ZIP: <u>88210</u> Last Name: <u>CHASE</u> Country: <u>USA</u>	6	□	□	□	□	□	□	□	□	□	□
First Name: <u>DERRICK</u> City: <u>KARLA</u> Middle Initial: _____ State: <u>NM</u> ZIP: <u>88210</u> Last Name: <u>CHASE</u> Country: <u>USA</u>	5	□	□	□	□	□	□	□	□	□	□
First Name: <u>WESLEY</u> City: <u>ARTESIA</u> Middle Initial: _____ State: <u>NM</u> ZIP: <u>88210</u> Last Name: <u>BANNISTER</u> Country: <u>UAS</u>	3	□	□	□	□	□	□	□	□	□	□
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	□	□	□	□	□	□	□	□	□	□
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	□	□	□	□	□	□	□	□	□	□
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	□	□	□	□	□	□	□	□	□	□
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	□	□	□	□	□	□	□	□	□	□

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. Previously submitted.

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

Operator/Owner Safety Recommendation

This accident/ incident could have been prevented by making a go-around, at sometime during the approach. We were high and hot. I recognized that but elected to continue the approach. Had the runway been dry, I think that the outcome would have been different. In fact, I do not believe that the moisture on the runway met the criteria for the designation of a wet runway based on that in CFR 14 Part 135.385. The Cessna CE-525A brakes are know in the industry to be somewhat ineffective on wet runways, no matter how wet they are.

In most cases, performance planning training during qualification centers on single engine second segment climb performance and obstacle clearance during takeoff and departure. Landing performance is covered, but not extensively. Landing performance in the CE525A is more important than most aircraft, because for the first time, in general aviation, in normal category aircraft, you are operating an aircraft that may not be able to get into an airport that you can get out of.

In light of that and this accident/incident, our organization is now going to place emphasis on landing performance, in both the way we train and the way we operate the CE525A. In addition, we will institute an operational limitation, which will require the use of wet runway landing criteria when precipitation is reported within a certain distance of the airport within a certain time frame based on the estimated time of arrival.

6/15/11

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PART 91 TRIP KATS TO KJWN
ON 6/15/11 AT APPROXIMATELY 1725 LOCAL TIME

I APPROACHED KJWN LANDED ON RW20 AND
RAN OFF THE END OF THE RUNWAY. THE EVENTS
THAT LED TO THIS INCIDENT ARE AS FOLLOWS!

AS I APPROACHED THE AIRPORT FROM THE NORTHWEST,
I WAS INSTRUCTED TO DESCEND TO 3000' MSL BY APPROACH
CONTROL, AFTER I HAD REQUESTED THE ILS TO RW20.

THE AUTO PILOT WAS ENGAGED AND ONE OF MY
PASSENGERS WAS OCCUPYING THE RT SEAT IN THE
COCKPIT. HE IS ONE OF THE OWNERS OF THE
AIRCRAFT AND A STUDENT PILOT, ~~AND~~ OFTEN IS
THE CASE THAT HE IS ALLOWED TO FLY THE AIRCRAFT.

I WAS COMMUNICATING WITH ATC AND SETTING
THE RADIOS FOR THE APPROACH. I TUNED THE
LOCALIZER APPROACH FREQUENCY IN THE #2 NAV.

THE PILOTS PFD DISPLAYS THE #1 NAV. ATC GAVE
A TURN TO 190° A I WAS CLEARED FOR
THE APPROACH. I NOTICED THAT THE "LOC" FLAG
WAS VISIBLE. I QUICKLY TUNED THE PROPER
FREQUENCY IN THE #1 AND NOTICED THAT
THE FLAG DISAPPEARED. I WAS OVER THE
INBOUND COURSE AND ON GLIDE SCOPE,

6/15/11 - ~~██████~~
By the time I turned toward the airport and ⁽²⁾
the course, ATC gave me a 220° heading to join
the final. As we turned, I made visual
contact with the airport; told ATC I had
a visual and canceled ~~my~~ IFR. I was
told to squawk 1200 and frequently change
to advisories. The aircraft was positioned
on final, ~~20~~ 5 miles out from RW20.
Airspeed was 200 kts and ~~the pilot~~ ^{I told}
~~my~~ my passenger in the right seat that
we were high and hot and that we
needed to get down and slow down. He
said this one (landing is yours). I took
the controls. I set the flaps to approach,
lowered the gear and started a steep
approach. I thought about making a
go ~~around~~ ^{around} but elected to continue
the approach. Airspeed is around 165
and slowing. About that time, the
ground proximity warned sink rate,
followed by pull up. I felt that I
was committed so I continued the
landing.

6/15/11

(3)

AIR SPEED CONTINUED TO DECREASE AND I TOUCHED DOWN AT APPROXIMATELY 130 KTS APPROXIMATELY 1500' DOWN THE RUNWAY, I QUICKLY APPLIED THE BRAKES AND WENT TO GROUND FLAPS.

I APPLIED THE BRAKES FULLY, BUT THE AIRCRAFT CONTINUED DOWN THE RUNWAY.

I COULD FEEL THE ABS WORKING, BUT I HAD NEGLECTED TO TAKE INTO CONSIDERATION

THAT THE RUNWAY WAS WET. THE AIRCRAFT EXITED THE RUNWAY AT THE END, IMPACTED THE TIS ANTENNAS

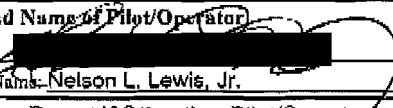
I NOTICED THAT THE TERRAIN DROPPED OFF SHARPLY, AND I IMMEDIATELY APPLIED FULL LEFT RUDDER TO SWERVE THE AIRCRAFT. IT CAME TO REST AT APPROXIMATELY 180° TO THE ORIGINAL PATH. WHEN THE AIRCRAFT CAME TO REST, I SECURED THE ENGINES, ALL ELECTRICAL EQUIPMENT AND IMMEDIATELY OPENED THE DOOR AND ORDERED EVACUATION. I THEN ASK IF EVERYONE WAS OK, THEY WERE, AND I DISCONNECTED THE BATTERY.

ADDITIONAL INFORMATION (Please type or print in ink)

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

1. I am not a Certified Flight Instructor. The bulk of my instructor time, listed on page 7, was accumulated during my military career as a multi engine fixed wing instructor pilot in the U.S. Army. The remainder was in performing duties as a training captain/pilot examiner in the United Arab Emirates and air carrier instructor/check airman for my current employer. Additionally, the instructor night and instrument (actual and simulated) were left blank, because I have not specifically tracked those in my logbook. Although, I know that I do have time in all of those categories.
2. My passenger in the right seat is one of the owners of the aircraft and is a student pilot. He is currently engaged in private pilot Airplane Single Engine Land and Rotorcraft-Helicopter flight training. For the past year we have allowed him to fly the aircraft from the right seat, because he wanted to be able to land the aircraft in an emergency. I have not listed him as the second pilot because the flight was assigned as a single pilot general aviation mission for the owner. He did fly the aircraft during the takeoff and enroute phases of the trip, but I was the Pilot in Command and at the controls during the events immediately before and during the time leading to the final approach, landing, the rollout, and departure from the runway.
3. I have listed the approach as a visual in VFR conditions. I was given a choice by Nashville Approach between an ILS20 or a visual approach. I chose the ILS because a clearance to BECOL intersection would keep us clear of convective activity on the weather radar which was located south and southwest of the airport. We were cleared to BECOL on the final approach course. Prior to arrival at BECOL we were given an intercept vector and cleared for the approach. I noticed that I had an off flag on the localizer. As we approached the course, I realized that I had tuned the localizer frequency into the wrong receiver. I quickly tuned the proper radio. When reception was established, we were located over the course at 3000'msl on a heading of 190. I turned to a new intercept heading of 220, and as I did, I visually acquired the airport, reported field in sight and cancelled IFR.

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

Date of this Report	Signature and Name of Pilot/Operator
06/24/2011 <small>mm/dd/yyyy</small>	Signature:  Type or Print Name: Nelson L. Lewis, Jr.
Signature and Name of Person Filing Report if Other than Pilot/Operator	
Signature: _____	
Type or Print Name: _____	
Title: _____	

FOR NTSB USE ONLY			
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
ERA11LA345	ERA	HICKS	6/25/2011