

**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>New Windsor</u> State: <u>NY</u> ZIP: <u>12553</u> Country: <u>United States of America</u> Latitude: <u>41:30:15N</u> (dd:mm:ss N/S) Longitude: <u>074:06:17W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>05/27/2011</u> Local Time: <u>09:15</u> <i>mm/dd/yyyy</i> Time Zone: <u>EDT</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>Israeli Aircraft Industries</u> Model: <u>Gulfstream 200</u> Serial Number: <u>165</u> Registration Number: <u>N749QS</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Max Gross Weight: <u>35,600</u> lbs Weight at Time of Accident/Incident: <u>24,751</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>431.03</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
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Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input checked="" 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>11</u> If Large Aircraft, how many seats for: Flight Crew: <u>2</u> Cabin Crew: _____ Passengers: <u>9</u>	Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
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Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input checked="" 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 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>05/14/2011</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>3,010</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Halon 1301/Halon 1211</u>
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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 Products</u> Model/Series: <u>C406-2</u> Serial Number: <u>A00353</u> Battery Type: <u>Lithium Manganese Oxide</u> Battery Exp. Date: <u>09/2012</u>
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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 Manufacturer: _____ <input type="checkbox"/> Controllable Pitch Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	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	Pratt & Whitney Canada	PW306A	PCE-CC0408	02/22/2008	6040	2,121	321	2,121
Eng. 2	Pratt & Whitney Canada	PW306A	PCE-CC0337	02/07/2007	6040	3,010	23	3,010
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>NeJets Sales, Inc. et al</u> Fractional Ownership Aircraft: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Address City: <u>Oklahoma City</u> State: <u>OK</u> ZIP: <u>73102</u> Country: <u>United States of America</u>
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Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>NetJets Aviation, Inc.</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): <u>DXTA/DXTK</u>	Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>Columbus</u> State: <u>OH</u> ZIP: <u>43219</u> Country: <u>United States of America</u>
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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
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Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input checked="" 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 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 _____ 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 type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input checked="" type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input checked="" 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 <u>N/A</u>	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 checked="" 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
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

None.

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

Airport Identifier: KSWF Distance From Airport Center: 0 SM
Airport Name: Stewart International Airport Direction From Airport: 0 degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: 491 ft. MSL

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

IFR Approach (Check all that apply) None PAR MLS Practice
 ADF/NDB Sidesstep LDA GPS
 SDF ILS ASR 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: 9 (L/R/C) Length: 11,817 ft Width: 150 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: KGSP City: Greer State: SC Country: United States of America
Time of Departure Time: 07:25 Time Zone: EDT
Destination Airport ID: KHPN City: White Plains State: NY Country: United States of America
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) 1,120 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 three occupants exited through the main cabin door.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: KSWF

Observation Time: 08:45

Time Zone: EDT

Distance from Accident Site: 0 NM

Direction from Accident Site: 0 degrees MAG

Source of Weather Information

(Check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> National Weather Service | <input checked="" type="checkbox"/> Company |
| <input type="checkbox"/> Flight Service Station | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Automated Report | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Commercial Weather Service (DUATS) | |

Method of Briefing

(Check all that apply)

- | |
|--|
| <input type="checkbox"/> In Person |
| <input type="checkbox"/> Teletype |
| <input checked="" type="checkbox"/> Telephone/Computer |
| <input type="checkbox"/> Aircraft Radio |
| <input type="checkbox"/> TV/Radio |
| <input type="checkbox"/> Unknown |

Briefing Type/Completeness

- | | |
|---|--|
| <input checked="" type="checkbox"/> Full | <input type="checkbox"/> Abbreviated |
| <input type="checkbox"/> Partial / Limited By Pilot | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Partial / Limited By Briefer | <input type="checkbox"/> Not Pertinent |

Light Condition

- | | | |
|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn | <input type="checkbox"/> Dusk | <input type="checkbox"/> Dark Night |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
| <input type="checkbox"/> Not Reported | | |

Visibility

15 miles

Sky/Lowest Cloud Condition

- | | |
|--|--|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Thin Broken |
| <input checked="" type="checkbox"/> Few | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Scattered | |

Ceiling

- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured |
| <input type="checkbox"/> Broken | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Overcast | <input type="checkbox"/> Unknown |

Restriction to Visibility (Check all that apply)

- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog |
| <input type="checkbox"/> Blowing Dust | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand | <input type="checkbox"/> Haze |
| <input type="checkbox"/> Blowing Snow | <input type="checkbox"/> Ice Fog |
| <input type="checkbox"/> Blowing Spray | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Dust | <input type="checkbox"/> Unknown |

Lowest Cloud Condition Height

15,000 ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

Indicated:
150 degrees MAG

Variable

Wind Speed

Velocity: 6 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"/> In Clouds |
| <input type="checkbox"/> Clear Air | <input type="checkbox"/> Vicinity of Thunderstorm |

Severity of Turbulence

- | | | |
|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate Chop | |

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

No relevant NOTAMS.

Temperature: 22 (C)
or _____ (F)

Altimeter Setting: 3001 in. HG
or _____ MB

Density Altitude: 1,569 ft

Dew Point: 17 (C)
or _____ (F)

Icing Forecast

Amount

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Light | |

Type

- | |
|--------------------------------|
| <input type="checkbox"/> Rime |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

Icing Actual

Amount

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Light | |

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"/> Drizzle |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Ice Pellets |
| <input type="checkbox"/> Snow | <input type="checkbox"/> Snow Pellets |
| <input type="checkbox"/> Hail | <input type="checkbox"/> Snow Grains |
| <input type="checkbox"/> Rain Showers | <input type="checkbox"/> Ice Crystals |
| <input type="checkbox"/> Freezing Rain | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower | <input type="checkbox"/> Freezing Drizzle |

Intensity of Precipitation

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

PILOT "A" INFORMATION

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

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

Pilot "A" Identification

First Name: Jefferson City: Canton
 Middle Initial: C State: OH ZIP: 44706
 Last Name: Cox Country: United States of America
 Age at time of Accident/Incident: 45 Date of Birth: 09/09/1965 Certificate Number: 00000000

Degree of Injury <input checked="" 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 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>01/06/2011</u> <i>mm/dd/yyyy</i>
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Medical Certificate Limitations

None.

Medical Certificate Waivers

None.

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 11/17/2010
mm/dd/yyyy

Flight Review Aircraft

Make: Israeli Aircraft Industries
 Model: Gulfstream 200

Airplane Rating(s) <i>(Check all that apply)</i> <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) <i>(Check all that apply)</i> <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) <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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Type Ratings

BAE-125, CE-500, G-200

Student Endorsements (Include dates)

N/A

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	10,013	3,244								
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	105	105		105	11	5				
Last 30 Days	25	25		25	6	2				
Last 24 Hours	3	3		3	0	0				

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

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

Pilot Certificate(s) (Check all that apply)		Seat Occupied <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
<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	

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

Pilot Certificate(s) (Check all that apply)		Seat Occupied <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
<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	

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

Pilot Certificate(s) (Check all that apply)		Seat Occupied <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
<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	

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
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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>On File</u>				<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State: _____ ZIP: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
							<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"/>
							<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"/>
							<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.

On 5/22/2011, the aircraft entered Gulfstream's maintenance facility in Savannah, GA for correction of a fault in the windshield heat system and completion of NetJets' maintenance checklist for the G-200 aircraft. The corrective action for the windshield heat problem was to replace the co-pilot's windshield. As a result of completing the maintenance checklist, several minor maintenance actions were completed. These include replacing the right inboard main landing gear tire and wheel due to tire wear, investigation of a possible nose gear uplock actuator leak, cleaning and treating minor corrosion on the landing gear dump valve along with associated hardware and replacement of the landing gear selector valve rod end due to corrosion. Subsequent to this maintenance, the landing gear operation was checked by cycling it 20 times. The aircraft was released from maintenance on 5/26/2011.

On 5/26/2011, the incident crew reported for duty at 04:00 EDT in West Palm Beach, FL (KPBI). The assignment for the day was to travel via airline from KPBI to Savannah, GA (KSAV) and then operate a revenue flight to Miami, FL (KMIA) in the incident airplane. While changing airplanes in Atlanta, GA, the First Officer contacted the Company and advised that he was fatigued. In accordance with NetJets' fatigue policy, the KSAV-KMIA revenue leg was dropped from the crew's assignment. The crew continued on the second leg of the airline flight to KSAV, was assigned to a brief period of duty at the hotel and released to rest at 11:00 EDT. At the time the crew was released to rest, the crew was assigned to report at 04:00 EDT the next day for standby duty with the incident airplane.

During the crew's rest period, the crew periodically checked for updates on their assignment for the next day. The Captain checked for updates at 15:28, 18:49 and 20:27 EDT. The First Officer checked for updates at 16:45 EDT. The Captain checked in for duty at 03:46 indicating he was still at the hotel. The First Officer checked in for duty at 04:01 EDT indicating he was at the airport.

During the night, the crew's assignment was changed from stand by duty to include a flight ferry flight from KSAV to Greenville, SC (KGMU) departing at 05:00 EDT followed by a revenue leg from KGMU to White Plains, NY (KHPN) departing at 07:45 EDT.

The crew departed KSAV at 05:20 EDT headed for KGMU with the Captain acting as the flying pilot. Due to weather, the crew decided to divert to Greer, SC (KGSP) and landed at 06:08 EDT. Other than the en route diversion, the flight to KGSP was uneventful. There were no discrepancies noted with the operation of the landing gear on this flight.

After servicing the aircraft with 700 gallons of fuel and picking up the passenger, the flight departed for KHPN with the Captain again acting as the flying pilot. The flight blocked out at 07:25 EDT (approximately 20 minutes ahead of the planned time) and took off at 07:31 EDT. The flight climbed to FL350 and leveled off at approximately 07:48 EDT. At 08:01 EDT, the flight continued climb to FL390, leveling off at approximately 08:05 EDT. The initial descent into KHPN was initiated at approximately 08:28 EDT. The aircraft turned final on a visual approach to runway 34 at KHPN at approximately 09:03 EDT.

Continued under Additional Information

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

Operator/Owner Safety Recommendation

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

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

Narrative of Flight (con't):

Approaching the airport at 170 KIAS at 2,000 feet, the Captain called for gear down and the before landing checklist. The crew reported hearing noise associated with gear extension, but all three EICAS landing gear position indications were red. The crew abandoned the approach and requested holding while they ran checklists. The landing gear handle was left in the down position. Approximately 10-40 seconds later, the crew received a HYD OVERHEAT R CAS message. They noted that the right hydraulic temperature was 85 C and the hydraulic pressure was 1400-1500 psi (normal is 3,000 psi). The crew initiated the Hydraulic System Overheat abnormal checklist. This checklist directed the crew to reduce thrust on the right engine to idle, which the crew accomplished. The crew noted that the right hydraulic system temperature cycled up and down and the pressure remained low for the rest of the flight.

Next the crew ran the Emergency Landing Gear Extension abnormal checklist. In order to accomplish the checklist, control of the aircraft was transferred to the First Officer so that the Captain could complete the checklist items. After completing the checklist, the crew noted that the nose gear position indicated s down and locked, however both main gear indications were still red. After flying past KHPN tower, the tower advised that all three gear appeared down. At this point, the crew declared an emergency and requested to divert to Newburg, NY (KSWF) due to the unsafe gear indications and right hydraulic system issues. The crew departed the KHPN area at a approximately 09:15 EDT.

En route to KSWF, with the Captain again in control of the aircraft, the Captain requested the Right Main Hydraulic System Failure abnormal checklist to be read and reviewed. The First Officer briefed the passenger on the diversion to KSWF, the possibility of landing gear collapse and the actions necessary in that event.

Approximately 10 minutes after departing KHPN, the flight arrived at KSWF. The crew made a normal visual approach to runway 9. Touchdown and initial roll out were normal, however, the right main landing gear did not support the weight of the aircraft and the aircraft settled on the right wing tip. The Captain was able to keep the aircraft on the runway center line and brought the aircraft to a stop. Subsequently, the First Officer and the passenger evacuated the aircraft through the main cabin door. The Captain shut the aircraft down and also evacuated through the main cabin door.

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

Date of this Report <u>06/16/2011</u> <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: Paul McClaskey
Title: Director, Aviation Safety - NetJets Aviation, Inc.

FOR NTSB USE ONLY

NTSB Accident/Incident No. ERA11IA316	Reviewed by NTSB Regional Office ERA (NJ)	Name of Investigator Gretz	Date Report Received 6/16/11
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749QS 5-27-11 Gear Collapse Jefferson Cox, PF, LS

On approach to KHPN, I requested gear down. The associated gear noise was heard, but gear indications were three red, not down and locked. I aborted the approach and requested holding from tower to run checklists. Approximately 20-40 seconds later, the R HYD OVERHEAT EICAS message illuminated. Hydraulic temp indicated 85 and amber. Hydraulic pressure was at 14-1500 (normal is 3000) and this is where it stayed for rest of flight even after checklist procedures were completed. At this point, we ran the checklist for right hydraulic overheat and we discussed diverting to an airport with a longer runway due to multiple issues (especially considering they were gear/ hydraulic and brake issues). KSWF was chosen for the divert due to distance away, 11000 foot runway length and less traffic density than JFK & EWR.

We also started emergency gear extension checklist and (per QRH) I blew the gear down with emergency blow down bottle. Resultant indications were nose gear green but mains still remained red. We requested a flyby of KHPN tower to see if they saw our gear down. Tower stated they could see all three down. We ask for the divert to KSWF and, while enroute, we declared an emergency due to unsafe gear indications and having one engine pulled back (per hyd checklist). During this phase of the flight, the SIC turned around and briefed pax what was going on, warned of possible gear collapse upon landing at KSWF and reiterated safety actions.

Enroute to KSWF, I requested right hydraulic failure checklist be read and reviewed for guidance due to hyd temp still indicating amber (though it fluctuated from normal temps to amber temps with continual on/ off of R HYD overheat message) and the possibility of a complete failure being high. Among other things, the checklist advised of longer landing distances, which was available at KSWF. As per QRH, I selected emer brakes on short final.

Upon landing, the aircraft remained level for about 2-3 seconds and then began slowly tilting to the right. My main objective at this point was to settle the plane down on the wing as gently as possible (if possible) while trying to maintain centerline. The aircraft then settled on its right wing and slowed/slid to a stop. We then initiated emergency evacuation, with my SIC directing pax off via the main exit while I remained inside shutting down systems then also evacuating via the main exit.

END OF STATEMENT

JEFFERSON COX, PIC, G200
05-31-11

749OS 5-27-11 Gear Collapse Chris Frey, PNF, RS

_____ On right base and beginning to turn final, 170KIAS, 2000 MSL, Captain Cox requested "Gear Down, Before Landing Checklist". I pulled the landing gear handle to the down position and commenced with reading other items on the Before Landing Checklist. After allowing for a normal amount of time to let the gear extend, I looked at the EICAS to see three "RED" indications for the gear status. Captain Cox immediately leveled the aircraft and continued towards runway 34. I asked tower to break off our approach because of the landing gear indication. The gear handle was left in the down position. We retracted flaps from 40 to 20 degrees.

Shortly after this, approximately 10 - 20 seconds, the R HYD OVERHEAT EICAS message illuminated. I was already opening the QRH for the gear issue, so I diverted attention to the R HYD OVERHEAT issue and that is the first checklist that was conducted. That checklist directs the affected engine be brought to idle. The temperature on EICAS page 2 showed amber, but I can't recall what the exact numbers were. I do remember saying that I smelled some "burning" or "overworking" of a system, kind of like a hydraulic pump. Also, Right Hydraulic pressure was low and I remember seeing 1400 to 1500 psi in white.

After completing the HYD OVERHEAT checklist, the decision was made to perform the Emergency Landing Gear Extension checklist. I handed the checklist to Captain Cox, we transferred flight controls to me flying and Captain Cox performed the checklist actions. After pulling the emergency handle, the nose gear indicated GREEN, but both main landing gear lights remained RED with slashes. We asked tower to fly by KHPN along runway 34. Tower said they saw all three gear down. After the HPN fly by we asked NY Approach to be vectored to SWF. I briefed the passenger of the diversion and the gear issue.

Half way from HPN to SWF, Captain Cox suggested running the Right HYDRAULIC failure checklist in case the system completely failed. I read through it and was busy with switches and the AUX HYD pump switch. The temperature of the right hydraulic system continued to cycle and the pressure was in the low 2000s after the AUX pump was selected to OVRRD. I never pulled any circuit breakers nor did I see any popped. With the hydraulic pump continuing to cycle between hot and normal, Captain Cox wanted to get the airplane on the ground. We briefed an expected need of emergency brakes and a possible gear collapse. KSWF tower said they saw all three gear down. We continued the approached at ref+10 and selected flaps 40. Right before touchdown, I saw 130KIAS.

After touchdown, the aircraft seemed normal, then, the aircraft shifted to the right. At first I thought we were flying, but apparently the right gear collapsed. Captain Cox continued to work at controlling the aircraft. He held the centerline with the tiller and I took the yolk and turned it to the left. After we stopped, Captain Cox began performing emergency shutdown and I left the right seat to get the passenger and egress through the main cabin door. KSWF crash rescue sprayed the right wing and the collapsed right gear. There was no visible fire. _____

_____ END OF STATEMENT _____

Chris Frey, PIC, G200
06-01-11