

**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		Date/Time	
Nearest City/Place: <u>KEY WEST</u> State: <u>FL</u>		Date: <u>10-31-2011</u> Local Time: <u>19:40</u>	
ZIP: <u>33040</u> Country: <u>USA</u>		mm/dd/yyyy	
Latitude: <u>N243322</u> (dd:mm:ss N/S) Longitude: <u>W814534</u> (ddd:mm:ss E/W)		Time Zone: <u>EDT</u>	

Phase of Operation		Collision with Other Aircraft	Altitude of In-Flight Occurrence
<input type="checkbox"/> Standing	<input type="checkbox"/> Takeoff (incl. initial climb)	<input type="checkbox"/> Midair	<u>15' REAL A/C A MSL</u>
<input type="checkbox"/> Taxi	<input type="checkbox"/> Climb	<input type="checkbox"/> On-ground	
<input type="checkbox"/> Descent	<input checked="" type="checkbox"/> Landing	<input checked="" type="checkbox"/> None	
<input type="checkbox"/> Cruise	<input type="checkbox"/> Maneuvering	<input type="checkbox"/> Unknown	

AIRCRAFT INFORMATION

Manufacturer: <u>GULFSTREAM</u>		Max Gross Weight: <u>26100</u> lbs
Model: <u>G-150</u>		Weight at Time of Accident/Incident: _____ lbs
Serial Number: <u>241</u>		Location of Center of Gravity at Time of Accident/Incident:
Registration Number: <u>N48055</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum
		-or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft	Type of Airworthiness Certificate (Check all that apply)	Number of Seats: <u>9</u>	Landing Gear <input checked="" type="checkbox"/> Retractable
<input checked="" type="checkbox"/> Airplane	Standard	If Large Aircraft, how many seats for:	Check any additional landing gear configuration that applies:
<input type="checkbox"/> Balloon	<input type="checkbox"/> Normal	Flight Crew: <u>2</u>	<input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel
<input type="checkbox"/> Blimp/Dirigible	<input type="checkbox"/> Utility	Cabin Crew: <u>-</u>	<input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid
<input type="checkbox"/> Glider	<input type="checkbox"/> Acrobatic	Passengers: <u>7</u>	<input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid
<input type="checkbox"/> Gyrocraft	<input checked="" type="checkbox"/> Transport		<input type="checkbox"/> Float <input type="checkbox"/> Ski
<input type="checkbox"/> Helicopter	<input type="checkbox"/> Restricted		<input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel
<input type="checkbox"/> Powered lift	<input type="checkbox"/> Limited		<input type="checkbox"/> Unknown
<input type="checkbox"/> Ultralight	<input type="checkbox"/> Provisional		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Experimental		
	<input type="checkbox"/> Special Flight		
	<input type="checkbox"/> Light Sport		

Type of Maintenance Program	Last Inspection Type	Date Last Inspection: <u>12-15-2010</u>
<input type="checkbox"/> Annual	<input type="checkbox"/> 100 Hour	mm/dd/yyyy
<input type="checkbox"/> Conditional (Amateur-built only)	<input type="checkbox"/> AAIP	Airframe Total Time: <u>1189.8</u> hrs
<input checked="" type="checkbox"/> Manufacturer's Inspection Program	<input type="checkbox"/> Continuous Airworthiness	hours measured at (check one)
<input type="checkbox"/> Other Approved Inspection Program (AAIP)	<input type="checkbox"/> Conditional Inspection	<input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
<input type="checkbox"/> Continuous Airworthiness	<input type="checkbox"/> Annual	
<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Unknown	

IFR Equipped	Stall Warning System Installed	Type of Fire Extinguishing System
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> None
		<input checked="" type="checkbox"/> Specify <u>SQUIBS</u>

ELT Installed	ELT Activated	ELT Manufacturer: _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Model/Series: _____
ELT Aided in Locating Accident/Incident		Serial Number: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Battery Type: _____
		Battery Exp. Date: _____

Engine Type	Reciprocating Fuel System Type	Propeller
<input type="checkbox"/> Reciprocating	<input type="checkbox"/> Carburetor	<input type="checkbox"/> Fixed Pitch
<input type="checkbox"/> Turbo Jet	<input type="checkbox"/> Fuel Injected	<input type="checkbox"/> Controllable Pitch
<input type="checkbox"/> Turbo Shaft		Manufacturer: _____
<input checked="" type="checkbox"/> Turbo Fan		Model: _____
<input type="checkbox"/> Turbo Prop		
<input type="checkbox"/> Unknown		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	HONEYWELL	TFE731-40AR-	2006		4420	1190	322.1	
Eng. 2	HONEYWELL	TFE731-40AR-	2006		4420	1190	322.1	
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>JIMMIE JOHNSON RACING II INC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>CHARLOTTE</u> State: <u>NC</u> ZIP: <u>28262</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 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) <u>BRAKES (UNKNOWN)</u>	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
--	---	--

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

CABIN DOOR

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>EYU</u> Observation Time: <u>19:53</u> Time Zone: <u>EDT</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown		Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
Briefing Type/Completeness <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input 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 type="checkbox"/> Day <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		Visibility <u>10</u> miles
Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown		Ceiling <input type="checkbox"/> None (clear) <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown		Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height <u>1,000'</u> ft AGL		
Wind Direction <input checked="" type="checkbox"/> Indicated: <u>360</u> degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: <u>12</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: <u>17</u> KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light	
NOTAMS (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident <p style="text-align: center;">N/A</p>				
Temperature: <u>26</u> (C) or <u>79</u> (F) Altimeter Setting: <u>29.96</u> in. HG or _____ MB Density Altitude: <u>1272</u> ft Dew Point: <u>23</u> (C) or <u>73</u> (F)		Icing Forecast Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed		Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle
		Icing Actual Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed		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: JAMES City: _____
 Middle Initial: E State: _____
 Last Name: KLEPPER Country: _____
 Age at time of Accident/Incident: 47 Date of Birth: _____ Certificate Number: _____

Degree of Injury

None
 Fatal
 Minor
 Unknown
 Serious

Seat Occupied

Left
 Front
 Unknown
 Right
 Rear
 Center
 Single

Seat Belt

Used Yes No
 Available Yes No

Shoulder Harness

Used Yes No
 Available Yes No

Pilot Certificate(s) (Check all that apply)

None
 Student
 Recreational
 Commercial
 Flight Engineer
 Foreign
 Private
 Flight Instructor
 Sport
 Airline Transport
 U.S. Military

Principal Occupation

Pilot
 Other
 Unknown

Medical Certificate

None
 Class 3
 Class 1
 Driver's License (Sport Pilot only)
 Class 2
 Unknown

Medical Certificate Validity

Without limitations/waivers
 With limitations/waivers
 Unknown

Date of Last Medical

09-06-2011
 mm/dd/yyyy

Medical Certificate Limitations

SHALL POSSES GLASSES THAT CORRECT FOR NEAR VISION.

Medical Certificate Waivers

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

10-06-2011
mm/dd/yyyy

Flight Review Aircraft

Make: GULFSTREAM
 Model: G-500

Airplane Rating(s) (Check all that apply)

None
 Single-Engine Land
 Single-Engine Sea
 Multiengine Land
 Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

None
 Airship
 Free Balloon
 Glider
 Gyroplane
 Helicopter
 Powered Lift

Instrument Rating(s) (Check all that apply)

None
 Airplane
 Helicopter
 Powered Lift

Instructor Rating(s) (Check all that apply)

None
 Instrument Airplane
 Airplane Single-Engine
 Instrument Helicopter
 Airplane Multi-Engine
 Helicopter
 Gyroplane
 Glider
 Powered Lift
 Sport

Type Ratings

B-150, B-V, SA2000, BE1900,
 A320, B757/767, B737, CES255,
 CL65

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	EST	11000	290	1785						
Pilot in Command (PIC)		6230	155	1300						
Time as Instructor		1340	-	1250						
This Make/Model										
Last 90 Days		66	27	-						
Last 30 Days		44	8.2	-						
Last 24 Hours		-	-	-						

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: JAY City: [REDACTED]
 Middle Initial: A State: [REDACTED]
 Last Name: LUCKWALDT Country: [REDACTED]
 Age at time of Accident/Incident: 55 Date of Birth: [REDACTED] Certificate Number: [REDACTED]
mm/dd/yyyy

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input checked="" 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
---	--	---	--

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 type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>07-19-2011</u> <small>mm/dd/yyyy</small>
--	---	---	---

Medical Certificate Limitations
GLASSES FOR NEAR VISION

Medical Certificate Waivers
PROSTATE CANCER

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>4-25-2011</u> <small>mm/dd/yyyy</small>	Flight Review Aircraft Make: <u>GULFSTREAM</u> Model: <u>G-500</u>
--	---

Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift N/A <input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
---	--	---	---

Type Ratings <u>B-1900, CESSNA, C-440, DA20, G150, G1159, G-V, HS125, IAJET, LRJET</u>	Student Endorsements (Include dates)
--	---

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	EST	13800	75	1500	12300					
Pilot in Command (PIC)		13000	35	1000	12000					
Time as Instructor										
This Make/Model										
Last 90 Days		75	10	-	65					
Last 30 Days		6.5	1.5	-	5					
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"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport					
				<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Foreign					
				<input type="checkbox"/> U.S. Military							
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs								
<input type="checkbox"/> Yes <input type="checkbox"/> No											
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"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport					
				<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Foreign					
				<input type="checkbox"/> U.S. Military							
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs								
<input type="checkbox"/> Yes <input type="checkbox"/> No											
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"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport					
				<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Foreign					
				<input type="checkbox"/> U.S. Military							
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs								
<input type="checkbox"/> Yes <input type="checkbox"/> No											
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"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport					
				<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Foreign					
				<input type="checkbox"/> U.S. Military							
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs								
<input type="checkbox"/> Yes <input type="checkbox"/> No											
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>JOSEPH</u>	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: <u>R</u>	FWD	<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"/>
Last Name: <u>HENDRICK III</u>		<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"/>
City: _____		<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"/>
State: _____		<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"/>
Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____		<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"/>
Middle Initial: _____		<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"/>
Last Name: _____		<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"/>
City: _____		<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"/>
State: _____		<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"/>
Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____		<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"/>
Middle Initial: _____		<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"/>
Last Name: _____		<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"/>
City: _____		<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"/>
State: _____		<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"/>
Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

SEE STATEMENT PROVIDED NTSB IIC ON 11-01-2011

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.

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

Date of this Report

11-01-2011

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: 

Type or Print Name: JAMES E. KLEPPER II

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.

ERA12LA056

Reviewed by NTSB Regional Office

NTSB-ERA


Lobby Smith

Date Report Received

11-01-11



RECORD OF CONVERSATION

Carrol A. Smith
Senior Air Safety Investigator
Eastern Region

Date: November 1, 2011

Person Contacted: James E. Klepper II, [REDACTED]

NTSB Accident Number: ERA12LA056

Narrative:

Mr. Klepper stated he is an airline transport pilot employed by Hendrick Motor Sports as a pilot. On October 31, 2011, he was conducting a Part 91 personal flight from Whitman Field Airport (SUA), Stuart, Florida, on an instrument flight rules (IFR) flight to Key West International Airport (EYW), Key West, Florida, in N480JJ, a Gulfstream 150. A full weather briefing was obtained for the IFR flight.

A preflight inspection was conducted and no anomalies were noted. The airplane had about 473 gallons of Jet A fuel at takeoff. No anomalies were noted during engine start at 1851 EDT, taxi, or engine run up.

The flight departed at 1900. The route of flight was SUA direct PHK direct V601 direct EYW at Flight level 220 with 38 minutes en-route. Mr. Klepper stated he was located in the left front seat as the pilot flying, and Mr. Jay Luckwaldt; an airline transport rated pilot was located in the right front seat. He and Mr. Luckwaldt were wearing their seatbelt and shoulder harness at the time of the accident. Two passengers were located in the cabin area. Mr. Hendrick was located in the left forward facing seat and Mrs. Hendrick was located in the right forward facing seat. Both passengers received a passenger briefing and were wearing their seatbelt at the time of the accident.

About 80 miles north of EYW they were cleared down to 10,000 feet and subsequently handed off to EYW tower. The controller cleared them for a visual channel approach to runway 27. The before landing check was completed and the landing gear and flaps were extended. They entered

a right base and encountered some low stratus clouds while on the visual approach. Mr. Klepper stated they asked permission to overfly the airport and enter either a left or right downwind for runway 27. The controller instructed them to enter a right downwind and they complied with the instructions. They turned final and Mr. Klepper stated "I don't like this" in reference to the right blind turn in to runway 27. The airplane landed just past the 1,000 foot touchdown marker. Mr. Klepper stated he applied brakes and was starting to activate the thrust reversers when he realized the brakes were not working. He took his feet off the brakes and put them back on higher up on the pedals and the brakes still did not work. Mr. Luckwaldt stated, "end coming up quick", Mr. Klepper shouted "No Brakes" and they both got on the brakes with negative results. Mr. Klepper told Mr. Luckwaldt that we should go-around. Mr. Luckwaldt responded, "It's too late", and Mr. Klepper agreed and reapplied reverse thrust. The airplane went off the end of the runway into a gravel berm. The nose of the airplane pitched up and came back down. The nose landing gear separated from the airplane and it came to a complete stop. Mr. Luckwaldt released his restraints and went to the rear to assist the two passengers. He told Mr. Klepper the engines were still running and to shut the engines down. Mr. Klepper moved the engines out of reverse thrust and completed an emergency shutdown. Mr. Hendricks seat came off the seat track and it was lying on its back. Mr. Luckwaldt and Mrs. Hendrick helped Mr. Hendrick exit the airplane. All occupants exited the airplane out of the passenger door. They were transported to a local area hospital. Mr. Hendrick received serious injuries. Mr. Klepper stated he and Mrs. Hendrick received minor injuries and Mr. Luckwaldt was not injured. When asked if any maintenance had been performed on the brakes recently, Mr. Klepper yes within the last 10 days.



RECORD OF CONVERSATION

Carrol A. Smith
Senior Air Safety Investigator
Eastern Region

Date: November 1, 2011

Person Contacted: Jay A. Luckwaldt, [REDACTED]

NTSB Accident Number: ERA12LA056

Narrative:

Mr. Luckwaldt stated he is an airline transport pilot employed by Hendrick Motor Sports as a pilot. On October 31, 2011, he was a copilot on a Part 91 personal flight from Whitman Field Airport (SUA), Stuart, Florida, on an instrument flight rules (IFR) flight to Key West International Airport (EYW), Key West, Florida, in N480JJ, a Gulfstream 150. A full weather briefing was obtained for the IFR flight.

A preflight inspection was conducted and no anomalies were noted. The airplane had about 473 gallons of Jet A fuel at takeoff. No anomalies were noted during engine start at 1851 EDT, taxi, or engine run up.

The flight departed at 1900. The route of flight was SUA direct PHK direct V601 direct EYW at Flight level 220 with 38 minutes en-route. Mr. Luckwaldt stated he was located in the right front seat as the non flying pilot, and Mr. James Klepper, was the PIC in the left front seat flying the airplane. He and Mr. Klepper were wearing their seatbelt and shoulder harness at the time of the accident. Two passengers were located in the cabin area. Mr. Hendrick was located in the left forward facing seat and Mrs. Hendrick was located in the right forward facing seat. Both passengers received a passenger briefing and were wearing their seatbelt at the time of the accident.

About 80 miles north of EYW they were cleared down to 10,000 feet and subsequently handed off to approach control and then EYW tower. The controller cleared them for a visual channel approach to runway 27. The before landing check was completed and the landing gear and flaps

were extended. They entered a right base and encountered some low stratus clouds while on the visual approach. They asked permission to overfly the airport and enter either a left or right downwind for runway 27. The controller instructed them to enter a right downwind and they complied with the instructions. They turned final and landed just past the 1,000 foot touchdown marker. Mr. Klepper applied brakes and was starting to activate the thrust reversers when he realized the brakes were not working. I informed Mr. Klepper, "end coming up quick", and he stated no brakes. I got on the brakes with Mr. Klepper with negative results. Mr. Klepper told stated he was going to initiate a go-around and I informed him that it was too late. Mr. Klepper applied reverse thrust and the airplane went off the end of the runway into a gravel berm. The nose of the airplane pitched up and came back down. The nose landing gear separated from the airplane and it came to a complete stop. I released my restraints and went to the rear to assist the two passengers. I informed Mr. Klepper the engines were still running and to shut the engines down. Mr. Hendricks seat came off the seat track and it was lying on its back. I assisted Mr. Hendrick along with his wife to unfasten his restraint system. We all exited the airplane out of the passenger door. We were transported to a local area hospital. Mr. Hendrick received serious injuries. Mr. Klepper, Mrs. Hendrick, and myself, received minor injuries. When asked if any they informed the tower over the airplane radio that the brakes were inoperative, Mr. Luckwaldt stated no. When asked if any maintenance had been performed on the brakes recently, he stated some work was done on the airplane system last week.