

**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: Jackson State: WY
 ZIP: 83001 Country: United States of America
 Latitude: 43:36:26 N (dd:mm:ss N/S) Longitude: 110:44:16 W (ddd:mm:ss E/W)

Date/Time

Date: 11/22/2010 Local Time: 09:30 AM
mm/dd/yyyy
 Time Zone: Mountain Standard

Phase of Operation

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

Collision with Other Aircraft

Midair
 On-ground
 None

Altitude of In-Flight Occurrence

_____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: Israeli Aircraft Industries
 Model: Gulfstream 200
 Serial Number: 136
 Registration Number: N718QS Amateur-built: Yes No

Max Gross Weight: 35,800 lbs
 Weight at Time of Accident/Incident: 23,879 lbs
 Location of Center of Gravity at Time of Accident/Incident:
 _____ inches from nose or datum
 -or- 35.2 Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

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

Type of Airworthiness Certificate
(Check all that apply)

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

Number of Seats: 11

If Large Aircraft, how many seats for:

Flight Crew: 2

Cabin Crew: 0

Passengers: 9

Landing Gear Retractable

Check any additional landing gear configuration that applies:

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

Type of Maintenance Program

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

Last Inspection Type

100 Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 09/24/2010
mm/dd/yyyy

Airframe Total Time: 3,511 hrs
 hours measured at *(check one)*
 Last Inspection Time of Accident/Incident

IFR Equipped

Yes No Unknown

Stall Warning System Installed

Yes No Unknown

Type of Fire Extinguishing System

None
 Specify Halon Cartridge

ELT Installed

Yes No

ELT Activated

Yes No

ELT Manufacturer: Artex

Model/Series: P/N 453-5000-999

ELT Aided in Locating Accident/Incident

Yes No

Serial Number: 14109

Battery Type: Lithium

Battery Exp. Date: 09/30/2015

Engine Type

Reciprocating Turbo Jet
 Turbo Shaft Turbo Fan
 Turbo Prop Unknown

Reciprocating Fuel System Type

Carburetor
 Fuel Injected

Propeller

Fixed Pitch
 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	Pratt&Whitney Canada	PW306A	PCE-CC0158	10/16/2003	6040	5,400	125	5,400
Eng. 2	Pratt&Whitney Canada	PW306A	PCE-CC0332	01/17/2007	6040	3,031	125	3,031
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>NetJets 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 type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
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OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number <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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> None <input 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
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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: KJAC Distance From Airport Center: _____ SM
 Airport Name: Jackson Hole Airport Direction From Airport: _____ degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: 6,451 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 Sidestep 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: 19 (L/R/C) Length: 6,300 ft Width: 150 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: KBZN
 City: Bozeman
 State: MT
 Country: United States of America

Time of Departure

Time: 15:37
 Time Zone: Zulu

Destination

Airport ID: KJAC
 City: Jackson
 State: WY
 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)
670 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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>KJAC</u> Observation Time: <u>1620Z</u> Time Zone: <u>MST</u> 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 type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input checked="" 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 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 _____ 1 miles

Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input checked="" type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input checked="" 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 checked="" 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 _____ 500 ft AGL	Ceiling Height _____ 2,500 ft AGL	

Wind Direction <input checked="" type="checkbox"/> Indicated: _____ 180 degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: _____ 11 KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light
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NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident
 JAC AD PERSONNEL AND EQUIPMENT WORKING SNOW REMOVAL WEF 1011201216
 JAC RWY 19 SFH MU 41/37/36 WEF 1011221347
 JAC AD PATCHY THN LOOSE SN OVR PATCHY THN PACKED SN AND ICE WEF 1011221345

Temperature: _____ -7 (C) or _____ (F) Altimeter Setting: _____ 29.60 in. HG or _____ MB Density Altitude: _____ 5,800 ft Dew Point: _____ -10 (C) or _____ (F)	Icing Forecast Amount <input 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 checked="" 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 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 checked="" 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: Billy City: Gahanna
 Middle Initial: J. State: OH ZIP: 43230
 Last Name: Nickell Country: United States of America
 Age at time of Accident/Incident: 54 Date of Birth: 1955 Certificate Number: [REDACTED]
mm/dd/yyyy

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

09/14/2010
mm/dd/yyyy

Medical Certificate Limitations

None.

Medical Certificate Waivers

None.

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

06/01/2010
mm/dd/yyyy

Flight Review Aircraft

Make: Israeli Aircraft Industries
 Model: Gulfstream 200

Airplane Rating(s) (Check all that apply)

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

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

None
 Airship
 Free Balloon
 Glider
 Gyroplane
 Helicopter
 Powered Lift

Instrument Rating(s) (Check all that apply)

None
 Airplane
 Helicopter
 Powered Lift

Instructor Rating(s) (Check all that apply)

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

Type Ratings

BAE 125, HS 125, G200

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	10,194	2,067	1,131	9,063	1,937	936	400	0	0	0
Pilot in Command (PIC)	7,563	1,741	1,131	6,432	1,500	600	300	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					382	186	224			
Last 90 Days	32	32	0	32	9	4	0	0	0	0
Last 30 Days	2	2	0	2	0	0	0	0	0	0
Last 24 Hours	1	1	0	1	0	0	0	0	0	0

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: Matthew City: Naples
 Middle Initial: F State: FL ZIP: 34109
 Last Name: Gaeta Country: United States of America
 Age at time of Accident/Incident: 39 Date of Birth: mm/dd/yyyy 1971 Certificate Number: mm/dd/yyyy

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 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 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>02/24/2010</u> mm/dd/yyyy
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Medical Certificate Limitations
 None.

Medical Certificate Waivers
 None.

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/10/2010</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Israeli Aircraft Industries</u> Model: <u>Gulfstream 200</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input 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 checked="" 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 B-737, BA-3100, BA-4100, CL-65, D-328JET, G-200	Student Endorsements (Include dates) N/A
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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	6,431	1,190	1,536	4,896	843	403	67	0	0	0
Pilot in Command (PIC)	4,031	0	1,350	3,094	775	330	2	0	0	0
Time as Instructor	1,600	0	280	1,320	50	112	0	0	0	0
This Make/Model					160	43	0			
Last 90 Days	95	95	0	95	23	3	0	0	0	0
Last 30 Days	41	41	0	41	5	2	0	0	0	0
Last 24 Hours	7	7	0	7	0	1	0	0	0	0

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

Pilot Name and Address		Degree of Injury
First Name: <u>None.</u> City: _____	Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Last Name: _____ Country: _____		<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
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"/> Left <input type="checkbox"/> Front
<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"/> Right <input type="checkbox"/> Rear
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Center <input type="checkbox"/> Single
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Unknown

Pilot Name and Address		Degree of Injury
First Name: _____ City: _____	Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Last Name: _____ Country: _____		<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
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"/> Left <input type="checkbox"/> Front
<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"/> Right <input type="checkbox"/> Rear
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Center <input type="checkbox"/> Single
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Unknown

Pilot Name and Address		Degree of Injury
First Name: _____ City: _____	Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Last Name: _____ Country: _____		<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
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"/> Left <input type="checkbox"/> Front
<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"/> Right <input type="checkbox"/> Rear
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Center <input type="checkbox"/> Single
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<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 Injury	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>None.</u> 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"/>
Middle Initial: _____ State: _____ ZIP: _____		<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: _____ 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.

The crew had been assigned to reposition the aircraft from KBZN to KJAC with a planned departure time of 06:48 MST. The flight was delayed over concerns with the condition of the runway at KJAC, in particular the inadequate braking action. After NetJets dispatch received reports that conditions had improved, the flight was released and departed KBZN at 08:37 MST.

Upon arrival in the KJAC terminal area, the crew received reports that the runway friction coefficient "mu" values were 41/37/36. The crew computed landing distance with corrections for contaminated runway conditions and determined the performance to be adequate. Ten minutes prior to landing, the crew received updated mu values of 40/42/40. The preceding aircraft reported the braking action as fair.

The crew flew an uneventful ILS approach to runway 19 followed by a normal landing. With normal brakes applied, ground spoilers deployed and idle reverse thrust, the aircraft was not slowing adequately and the crew felt the brake anti-skid cycling. At that time they applied maximum braking and maximum reverse thrust. However, deceleration was still not adequate. As they approached the end of the runway, they notified the tower that they were going off the end of the pavement. The aircraft came to rest approximately 25 feet beyond the end of the pavement.

The aircraft was shutdown. After the crew exited the aircraft they observed the runway was covered with clear ice as far as they could see.

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 12/02/2010 <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. WPR11IA055	Reviewed by NTSB Regional Office Seattle, WA - WPR	Name of Investigator Joshua Cawthra	Date Report Received 12/2/2010
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