

**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>APPLETON</u> State: <u>WI</u> ZIP: <u>54914-8573</u> Country: <u>USA</u> Latitude: <u>N 44:15:45</u> (dd:mm:ss N/S) Longitude: <u>W 88:31:50</u> (ddd:mm:ss E/W)		Date/Time Date: <u>03/14/2011</u> Local Time: <u>13:00</u> <i>mm/dd/yyyy</i> Time Zone: <u>CENTRAL</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>GULFSTREAM AEROSPACE CORPORATION</u> Model: <u>G550</u> Serial Number: <u>5305</u> Registration Number: <u>N535GA</u> Amateur-built: <input type="checkbox"/> Yes <input type="checkbox"/> No		Max Gross Weight: <u>91,400</u> lbs Weight at Time of Accident/Incident: <u>51,428</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- <u>37.6</u> Percent Mean Aerodynamic Cord (% MAC)
---	--	--

Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>20</u> If Large Aircraft, how many seats for: Flight Crew: <u>3</u> Cabin Crew: <u>1</u> Passengers: <u>16</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
---	---	---	---

Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	Last Inspection Type <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: <u>03/14/2011</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>10</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
---	--	---

IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>TWO IDENTICAL SINGLE-SHOT HALON BOTTLES FOR THE ENGINES AND APU</u>
---	---	---

ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELT Manufacturer: <u>ARTEX</u> Model/Series: <u>453-5060</u> Serial Number: <u>09753</u> Battery Type: <u>(P/N) 452-0133</u> Battery Exp. Date: <u>6-2015</u>
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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	ROLLS-ROYCE	BR700-701C4-11	15727		15385	7		
Eng. 2	ROLLS-ROYCE	BR700-701C4-11	15726		15385	7		
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>GULFSTREAM AEROSPACE CORPORATION</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>SAVANNAH</u> State: <u>GA</u> ZIP: <u>31402</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 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 checked="" 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>LEFT HYDRAULIC SYSTEM FAIL, COMPLETE LOSS OF LEFT HYDRAULIC FLUID AND SYSTEM ON TOUCHDOWN</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 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
--	---	--

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

DAMAGE TO LEFT WING AND LEFT MAIN LANDING GEAR. POSSIBLE DAMAGE TO ENGINES FROM FOD (TBD)

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

Airport Identifier: KATW

Distance From Airport Center: 1 SM

Airport Name: OUTAGAMIE CO REGL

Direction From Airport: 310 degrees MAG

Proximity to Airport Off Airport/Airstrip On Airport On Airstrip

Airport Elevation: 918 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
- ADF/NDB
- SDF
- VOR/TVOR
- VOR/DME
- TACAN
- PAR
- Sidesstep
- ILS
- Localizer Only
- LOC-back course
- RNAV
- MLS
- LDA
- ASR
- Visual
- Contact
- Circling
- Practice
- GPS
- Loran
- Unknown

VFR Approach (Check all that apply)

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

Runway Information

Runway ID: 30 (L/R/C) Length: 6,501 ft Width: 150 ft

Condition of Runway/Landing Surface (Check all that apply)

Runway/Landing Surface (Check all that apply)

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

- Dry
- Holes
- Ice Covered
- Rough
- Rubber Deposits
- Slush Covered
- Snow-Compacted
- Snow-Crusted
- Snow-Dry
- Snow-Wet
- Soft
- Vegetation
- Water-Calm
- Water-Choppy
- Water-Glassy
- Wet
- Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KATW
 City: APPLETON
 State: WI
 Country: USA

Time of Departure

Time: 0945
 Time Zone: CENTRAL

Destination

Airport ID: KATW
 City: APPLETON
 State: WI
 Country: USE

Type Flight Plan Filed

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

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

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

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

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

Aircraft Load Description (Check all that apply)

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

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)
2,069 Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas 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 CREW MEMBERS EXITED OUT THE MAIN ENTRANCE DOOR.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KATW

Observation Time: _____

Time Zone: _____

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 type="checkbox"/> Company |
| <input type="checkbox"/> Flight Service Station | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio | <input checked="" 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 | | |

Visibility10 miles**Sky/Lowest Cloud Condition**

- | | |
|--|--|
| <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Thin Broken |
| <input 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

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction Indicated:
340 degrees MAG Variable**Wind Speed**Velocity: 10 KTS

-or-

- | |
|---|
| <input type="checkbox"/> Calm |
| <input type="checkbox"/> Light and Variable |

Wind Gusts

Velocity: _____ KTS

- | |
|--------------------------------------|
| <input type="checkbox"/> Gusting |
| <input type="checkbox"/> Not Gusting |

Type of Turbulence *(Check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> In Clouds |
| <input checked="" type="checkbox"/> Clear Air | <input type="checkbox"/> Vicinity of Thunderstorm |

Severity of Turbulence

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate | <input checked="" 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/incidentATW 01/006 SVC AWOS CIG NOT AVBL. 04 JAN 22:37 2011 UNTIL UFN.
CREATED: 04 JAN 22:37 2011ATW 04/001 NAV RWY 3 ILS LLZ UNUSBL BYN 20 DEGREES RIGHT OF CENTER
COURSE. WIE UNTIL UFN. CREATED: 01 APR 15:44 2010

ATW 12/008 TWY P CLSD. WIE UNTIL UFN. CREATED: 07 DEC 19:08 20

Temperature: 2 (C)
or _____ (F)**Altimeter Setting:** 30.10 in. HG
or _____ MB**Density Altitude:** _____ ft**Dew Point:** _____ (C)
or 7 (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 |
|--------------------------------|-----------------------------------|--------------------------------|

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: _____	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
---	---

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
---	---

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
---	---

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>DOUGLAS</u> City: <u>Appleton</u> Middle Initial: <u>P</u> State: <u>WI</u> ZIP: <u>54195</u> Last Name: <u>KURAS</u> Country: <u>USA</u>		<input checked="" 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ 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.

5305 Incident Report

Crew: Scott Wedemeyer (Pilot Flying-PF), J. Todd Hicks (Pilot Not Flying-PNF), Doug (maintenance). Callsign GLF16.

Date: Monday, 14 Feb 2011

Location: ATW, Landing Runway 30, RNAV/GPS Runway 30

Flight was a Completion 1 on 5305. Brief started at 0815. Ground ops were uneventful with the following writeups: exterior baggage door squeaks, pilot and co-pilot seat tracking, acoustic door chatter while taxi, printer inop, left hydraulic quantity of 5.0, right hydraulic quantity of 1.7, and occasional Trim 1-2 Fail that would self clear.

Taxi, engine run-ups and takeoff were normal.

The flight to the SAW area was normal. All in-flight checks went normal. Airborne writeups were FMS 1, Elev Trim 1-2 Fail (amber CAS message) and Mach Trim 2 Fail (blue CAS message). The autopilot disengaged during VMO checks and pitched nose down. The autopilot also disengaged from ILS go-around at Green Bay (KGRB).

After low approach from KGRB, Air Traffic Control (ATC) eventually cleared GLF16 direct to RNAV/GPS Runway 30 Initial Approach Fix SUDIE.

Flaps 10 degrees were selected at approximately 200 KCAS prior to APESE. Between APESE and ZUMUG (Final Approach Fix-FAF), 20 degrees flaps were selected. During this phase, the PF was adjusting the Enhanced Vision System (EVS) and a discussion about doing a VOR approach rendered a decision to full-stop the GPS due to trim and auto-pilot issues. Approaching glide slope, PF called for the gear down and landing checks. The gear came down with 3 green, no red. PNF also completed before landing checklists except for selecting full flaps to include arming ground spoilers, warning inhibit, pumping up Brakes/Hydraulics/Brake Accumulator to 3000 psi. Additionally, the PNF selected the Landing Mode on the Cabin Pressure Controller. Shortly thereafter, an amber L Hydraulic Quantity Low CAS Message came on inside the FAF. The PF selected the hydraulic synoptic page and noticed the hydraulic quantity decreasing. PF called for flaps full and PNF selected flaps full but no movement of flaps occurred so PNF re-selected 20 flaps. Shortly after, an amber L Hydraulic System Fail CAS message appeared. PNF pulled out the checklist and suggested a go-around. PF decided to land due to significant hydraulic leak and already in a landing configuration below 1000 feet above ground level (AGL) with prior autopilot/trim problems. PNF continued to access the L Hyd Fail checklist and turned on the Aux Pump at approximately 500 feet AGL. Both the PF and NPF thought before landing that they had a good Auxiliary Hydraulic System with normal Spoilers, Brakes, and Nose Wheel Steering.

PF had throttles at idle and landed and felt it took a long time to get the nose down. PF selected right thrust reverser aft and began pressing brakes but felt no braking action and reached for the emergency brakes. PF visually saw the 3000 feet remaining board and decided it wouldn't be enough room to stop so attempted to go-around by advancing throttles to MCT and took hand off the throttles and put both hands on yoke and pushed forward to attempt to minimize drag and hold on runway until flying speed was obtained.

PNF felt there wasn't enough runway to get airborne. PNF saw the throttles up but airspeed was stable at 100 KIAS and did not feel acceleration or see the airspeed start to increase. PNF pulled the throttles back. PNF made this decision to avoid a worst case scenario of a runway departure at an even higher speed just as the engines were finally spooling up. PNF estimates approximately 1000 feet of runway remaining when throttles were pulled back with what felt to be no acceleration from the engines. At this time, PF reached up and deployed right thrust reverser and began steering airplane to the right to avoid obstacles. The aircraft departed the end of runway 30 at approximately 95 KIAS on runway heading near the centerline.

Aircraft veered right and eventually came to a stop after left main landing gear collapsed. Just prior to coming to a stop, PNF selected manual on the cabin

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

Operator/Owner Safety Recommendation

- If PF would have executed a Go Around before landing, that would have given the aircrew more time to go through the extensive checklist.
- After Landing once the PF felt that normal Brakes were not working he could have used the Emergency Brakes and this possibly might have keep the airplane on the runway instead of attempting a go-around.

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 <u>02/17/2011</u> <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: <u>JOHN SCOTT WEDEMEYER</u>
--	--

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. CEN11FA193	Reviewed by NTSB Regional Office West Chicago, IL	Name of Investigator Edward Malinowski	Date Report Received 2/17/2011
---	---	--	--