

## 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

<b>Accident/Incident Location</b> Nearest City/Place: <u>BALTIMORE</u> State: <u>MD</u> ZIP: <u>21240</u> Country: <u>USA</u> Latitude: <u>N 3910.5</u> (dd:mm:ss N/S) Longitude: <u>W 07640.1</u> (ddd:mm:ss E/W)	<b>Date/Time</b> Date: <u>01/30/2012</u> <i>mm/dd/yyyy</i>	Local Time: <u>1842</u> Time Zone: <u>EASTERN</u>
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<b>Phase of Operation</b> <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	<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b> _____ ft MSL
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### AIRCRAFT INFORMATION

<b>Manufacturer:</b> <u>GULFSTREAM</u> <b>Model:</b> <u>G-150</u> <b>Serial Number:</b> <u>0262</u> <b>Registration Number:</b> <u>N272CB</u> Amateur-built: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Max Gross Weight:</b> <u>26,100</u> lbs <b>Weight at Time of Accident/Incident:</b> <u>21,100</u> lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- <u>33.6</u> Percent Mean Aerodynamic Cord (% MAC)
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<b>Category of Aircraft</b> <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	<b>Type of Airworthiness Certificate</b> (Check all that apply) <b>Standard</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <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	<b>Number of Seats:</b> <u>10</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	<b>Landing Gear</b> <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
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<b>Type of Maintenance Program</b> <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input checked="" type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	<b>Last Inspection Type</b> <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	<b>Date Last Inspection:</b> <u>07/18/2011</u> <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>494</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
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<b>IFR Equipped</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>HALON</u>
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<b>ELT Installed</b> <b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>ELT Manufacturer:</b> <u>ARTEX</u> <b>Model/Series:</b> <u>SRB 406</u> <b>Serial Number:</b> <u>4518</u> <b>Battery Type:</b> <u>LITHIUM 60 month</u> <b>Battery Exp. Date:</b> <u>06/22/2013</u>
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<b>Engine Type</b> <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	<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm dd yyyy</i>	Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	HONEYWELL	TFE 731-40AR-200G	P-126219	02/15/2011	4250	494		
Eng. 2	HONEYWELL	TFE731-40AR-200G	P-126218	02/18/2011	4250	494		
Eng. 3								
Eng. 4								

<b>OWNER/OPERATOR INFORMATION</b>		
<b>Registered Aircraft Owner</b> Name: <u>CHATTEM INC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Owner Address</b> City: <u>CHATTANOOGA</u> State: <u>TN</u> ZIP: <u>37409</u> Country: <u>USA</u>	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
<b>Regulation Flight Conducted Under</b> <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	<b>Revenue Sighting Flight</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b> <input type="checkbox"/> Personal <input type="checkbox"/> Business <input checked="" 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	<b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held (Check all that apply)</b> <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
<b>OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)</b>		
<b>Aircraft Registration Number</b> _____	<b>Manufacturer:</b> _____ <b>Model:</b> _____	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
<b>MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)</b>		
<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>    		<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>		
<b>Aircraft Damage</b> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <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	<b>Aircraft Explosion</b> <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)  
 DAMAGED NOSE GEAR ASSEMBLY, ANTENNA.

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

**Airport Identifier:** BWI **Distance From Airport Center:** \_\_\_\_\_ SM  
**Airport Name:** BALTIMORE WASHINGTON INTERNATIONAL **Direction From Airport:** \_\_\_\_\_ degrees MAG  
**Proximity to Airport**  Off Airport/Airstrip  On Airport  On Airstrip **Airport Elevation:** \_\_\_\_\_ 114 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) **VFR Approach** (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> PAR	<input type="checkbox"/> MLS	<input type="checkbox"/> Practice	<input type="checkbox"/> None	<input type="checkbox"/> Stop and Go
<input type="checkbox"/> ADF/NDB	<input type="checkbox"/> Sidestep	<input type="checkbox"/> LDA	<input type="checkbox"/> GPS	<input type="checkbox"/> Traffic Pattern	<input type="checkbox"/> Touch and Go
<input type="checkbox"/> SDF	<input type="checkbox"/> ILS	<input type="checkbox"/> ASR	<input type="checkbox"/> Loran	<input type="checkbox"/> Straight-In	<input type="checkbox"/> Simulated Forced Landing
<input type="checkbox"/> VOR/TVOR	<input type="checkbox"/> Localizer Only	<input checked="" type="checkbox"/> Visual	<input type="checkbox"/> Unknown	<input type="checkbox"/> Valley/Terrain Following	<input type="checkbox"/> Forced Landing
<input type="checkbox"/> VOR/DME	<input type="checkbox"/> LOC-back course	<input type="checkbox"/> Contact		<input type="checkbox"/> Go Around	<input type="checkbox"/> Precautionary Landing
<input type="checkbox"/> TACAN	<input type="checkbox"/> RNAV	<input type="checkbox"/> Circling		<input type="checkbox"/> Full Stop	<input type="checkbox"/> Unknown

**Runway Information** Runway ID: 33R (L/R/C) Length: 5,000 ft Width: 100 ft

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

<input checked="" type="checkbox"/> Asphalt	<input type="checkbox"/> Grass/Turf	<input type="checkbox"/> Macadam	<input type="checkbox"/> Water	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Snow-Compacted	<input type="checkbox"/> Water-Calm
<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Metal/Wood	<input type="checkbox"/> Unknown	<input type="checkbox"/> Holes	<input type="checkbox"/> Snow-Crusted	<input type="checkbox"/> Water-Choppy
<input type="checkbox"/> Dirt	<input type="checkbox"/> Ice	<input type="checkbox"/> Snow		<input type="checkbox"/> Ice Covered	<input type="checkbox"/> Snow-Dry	<input type="checkbox"/> Water-Glassy
				<input type="checkbox"/> Rough	<input type="checkbox"/> Snow-Wet	<input type="checkbox"/> Wet
				<input type="checkbox"/> Rubber Deposits	<input type="checkbox"/> Soft	<input type="checkbox"/> Unknown
				<input type="checkbox"/> Slush Covered	<input type="checkbox"/> Vegetation	

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>MPO</u> City: <u>MT. POCONO</u> State: <u>PA.</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>1808</u> Time Zone: <u>EST</u>	<b>Destination</b> Airport ID: <u>BWI</u> City: <u>BALTIMORE</u> State: <u>MD</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Type of ATC Clearance/Service** (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input checked="" type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

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

<input type="checkbox"/> Class A	<input type="checkbox"/> Class E	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Special
<input checked="" type="checkbox"/> Class B	<input type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area		

**Aircraft Load Description** (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists	<input type="checkbox"/> Livestock
<input type="checkbox"/> Passengers	<input type="checkbox"/> Towing Banner	<input type="checkbox"/> Water	<input type="checkbox"/> Unknown
<input type="checkbox"/> Cargo	<input type="checkbox"/> Other External	<input type="checkbox"/> Chemical/Fertilizer/Seeds	

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff** (convert from pounds, as necessary)  
 \_\_\_\_\_ 1,060 Gallons

**Fuel Type**

<input type="checkbox"/> 80/87	<input type="checkbox"/> 115/145	<input type="checkbox"/> JP3	<input type="checkbox"/> Other, specify _____
<input type="checkbox"/> 100 Low Lead	<input checked="" type="checkbox"/> Jet A	<input type="checkbox"/> JP4	
<input type="checkbox"/> 100/130	<input type="checkbox"/> Automotive	<input type="checkbox"/> JP5	

**Other Services, if Any, Prior to Departure**

<b>EVACUATION OF AIRCRAFT</b>			
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location CREW EXITED THROUGH MAIN CABIN DOOR.			
<b>WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE</b>			
<b>Weather Observation Facility</b> Facility ID: <u>BWI ATIS (VICTOR)</u> Observation Time: _____ Time Zone: <u>EST</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG	<b>Source of Weather Information</b> (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 checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	<b>Method of Briefing</b> (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown	
<b>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input checked="" type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent	<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	<b>Visibility</b> _____ 10 miles	
<b>Sky/Lowest Cloud Condition</b> <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	<b>Ceiling</b> <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	<b>Restriction to Visibility</b> (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	
<b>Lowest Cloud Condition Height</b> _____ ft AGL	<b>Ceiling Height</b> _____ ft AGL		
<b>Wind Direction</b> <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	<b>Type of Turbulence</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop
<b>NOTAMS (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident</b>			
<b>Temperature:</b> _____ 4 (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. HG or <u>30.30</u> MB <b>Density Altitude:</b> _____ ft <b>Dew Point:</b> _____ -9 (C) or _____ (F)	<b>Icing Forecast</b> Amount                            Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed	<b>Type of Precipitation</b> (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	
<b>Icing Actual</b> Amount                            Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed		<b>Intensity of Precipitation</b> <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: BARRY   City: OOLTEWAH  
 Middle Initial: J.   State: TN   ZIP: 37363  
 Last Name: FAWCETT   Country: USA  
 Age at time of Accident/Incident: 61   Date of Birth: [redacted] 1950   Certificate Number: [redacted]  
mm/dd/yyyy

**Degree of Injury**   **Seat Occupied**   **Seat Belt**   **Shoulder Harness**

None    Fatal    Left    Front    Unknown   Used    Yes    No  
 Minor    Unknown    Right    Rear   Available    Yes    No  
 Serious    Center    Single   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**   **Medical Certificate**   **Medical Certificate Validity**   **Date of Last Medical**

Pilot    None    Class 3    Without limitations/waivers  
 Other    Class 1    Driver's License (Sport Pilot only)    With limitations/waivers  
 Unknown    Class 2    Unknown    Unknown  
02/16/2011  
mm/dd/yyyy

**Medical Certificate Limitations**  
 MUST WEAR CORRECTIVE LENSES.

**Medical Certificate Waivers**  
 NONE

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 11/18/2011  
mm/dd/yyyy

**Flight Review Aircraft**  
 Make: GULFSTREAM  
 Model: G-150

**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    Airplane Multi-Engine    Gyroplane    Powered Lift    Instrument Airplane    Instrument Helicopter    Helicopter    Glider    Sport

**Type Ratings**  
 C-650, G-150

**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	12,604	109								
Pilot in Command (PIC)	10,306	46								
Time as Instructor										
This Make/Model										
Last 90 Days	58	58								
Last 30 Days	31	31								
Last 24 Hours	3	3								

PILOT "B" INFORMATION											
<b>Pilot "B" Responsibilities at the Time of Accident/Incident</b>											
<input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew											
<b>Pilot "B" Identification</b>											
First Name: <u>GLENN</u>					City: <u>HIXSON</u>						
Middle Initial: <u>C.</u>					State: <u>TN</u>			ZIP: <u>37343</u>			
Last Name: <u>OWENS</u>					Country: <u>USA</u>						
Age at time of Accident/Incident: <u>49</u>			Date of Birth: <u>          </u> 19 <u>62</u>			Certificate Number: <u>          </u>					
<b>Degree of Injury</b>			<b>Seat Occupied</b>			<b>Seat Belt</b>			<b>Shoulder Harness</b>		
<input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<input 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			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Pilot Certificate(s)</b> (Check all that apply)											
<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 checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military											
<b>Principal Occupation</b>		<b>Medical Certificate</b>			<b>Medical Certificate Validity</b>			<b>Date of Last Medical</b>			
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<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			<input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<u>07/01/2011</u> <i>mm/dd/yyyy</i>			
<b>Medical Certificate Limitations</b>											
MUST HAVE AVAILABLE GLASSES FOR NEAR VISION.											
<b>Medical Certificate Waivers</b>											
<b>Medical Certificate Waivers</b>											
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b>					<b>Flight Review Aircraft</b>						
<u>03/04/2011</u> <i>mm/dd/yyyy</i>					Make: <u>GULFSTREAM</u> Model: <u>G-150</u>						
<b>Airplane Rating(s)</b> (Check all that apply)		<b>Other Aircraft Rating(s)</b> (Check all that apply)		<b>Instrument Rating(s)</b> (Check all that apply)			<b>Instructor Rating(s)</b> (Check all that apply)				
<input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport				
<b>Type Ratings</b>					<b>Student Endorsements</b> (Include dates)						
B 737, C-650, G-150											
<b>Flight Time</b> (enter appropriate number of hours in each box)		<b>All Aircraft</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
							<b>Actual</b>	<b>Simulated</b>			
Total Time		13,633	120								
Pilot in Command (PIC)		5,814	66								
Time as Instructor											
This Make/Model											
Last 90 Days		60	60								
Last 30 Days		31	31								
Last 24 Hours		3	3								

<b>ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)</b>											
<b>Pilot Name and Address</b>				<b>Degree of Injury</b>							
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							
<b>Pilot Certificate(s) (Check all that apply)</b>				<b>Seat Occupied</b>							
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer		<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							
<input type="checkbox"/> Foreign				<input type="checkbox"/> Center <input type="checkbox"/> Single							
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs		<input type="checkbox"/> Unknown							
<b>Pilot Name and Address</b>				<b>Degree of Injury</b>							
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							
<b>Pilot Certificate(s) (Check all that apply)</b>				<b>Seat Occupied</b>							
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer		<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							
<input type="checkbox"/> Foreign				<input type="checkbox"/> Center <input type="checkbox"/> Single							
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs		<input type="checkbox"/> Unknown							
<b>Pilot Name and Address</b>				<b>Degree of Injury</b>							
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							
<b>Pilot Certificate(s) (Check all that apply)</b>				<b>Seat Occupied</b>							
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer		<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							
<input type="checkbox"/> Foreign				<input type="checkbox"/> Center <input type="checkbox"/> Single							
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs		<input type="checkbox"/> Unknown							
<b>PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)</b>											
Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
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: _____ 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"/>
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"/>
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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"/>
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: _____ 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"/>
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: _____ 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"/>
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: _____ 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"/>
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.

On this day we initially departed from Chattanooga Metropolitan Airport at 1921 UTC for a repositioning flight to Raleigh Durham Airport (RDU). Upon arrival at RDU we added fuel and then departed with one passenger enroute to Mt. Pocono Airport (MPO) at 2110 UTC. Upon arrival at Mt. Pocono and deplaning of the passenger, we then added fuel and departed for BWI at 2308 UTC with no abnormalities, and also with use of thrust reversers at RDU and MPO with no problems. Continuing on the flight to BWI, we then acquired ATIS Victor reporting visual approaches to Rwy 33L and 33R. We then were switched to BWI Approach Control with vectors to Airport and to expect 33R. Upon visual recognition of airport beacon and airport environment we called airport in sight. We then were cleared for a visual approach for 33R. Then upon location of runway end continued on headings to intercept inbound course for the final approach. While established inbound while viewing PAPI's and hearing GPWS calling out altitudes adjusted power to remain on G/S. I do have a recollection at some point in the G/P approach seeing Airspeed Indicator at ref + 5-6 kts. and addressing that by making power and attitude adjustments. Proceeded with a routine landing with main gear touchdown. I then lowered the nose and proceeded to raise the Thrust Reverser Handles. There was no feeling of deceleration or sound of engine RPM change. While maintaining directional control and braking with rudder pedals, reached over with both hands to initiate thrust reverser controls with no response. I stated to the copilot that the thrust reversers did not come on and continued with heavy braking off end of runway into the overrun until aircraft came to a stop.

Vref 129 kts.

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

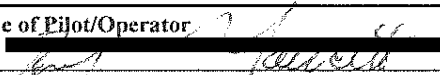
Operator/Owner Safety Recommendation



**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**

<b>Date of this Report</b> <u>01/04/2012</u> <i>mm/dd/yyyy</i>	<b>Signature and Name of Pilot/Operator</b> Signature: <u></u> Type or Print Name: <u>Barry J. Fawcett</u>
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<b>Signature and Name of Person Filing Report if Other than Pilot/Operator</b> Signature: _____ Type or Print Name: _____ Title: _____
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**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b> ERA12LA166	<b>Reviewed by NTSB Regional Office</b> ERA (NJ)	<b>Name of Investigator</b> Gretz	<b>Date Report Received</b> 02/06/12
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Jan 31, 2012 the chief pilot and myself dropped a passenger at Pocono airport. The next flight was to reposition aircraft to BWI for a Feb 1,2012 departure to the west coast. Approx 6:30pm we were being vectored for a visual approach to BWI. Airport was reported at 10 miles and 2:00. I was second in command and reported having rotated beacon in sight, but had not yet picked up a visual on runway. As soon as I said that I began to see the runway lights for 33R. We were cleared for the visual 33R. The captain said 'Hey, this is the wrong runway'. I informed him that he was looking at runway 28 and would need to turn a right base shortly to 33R. I pointed out the lights and pulled up the 10-9 chart on MFD in an attempt to orient him. Captain then says "I got it".

Next, I recall noticing we were a little slow on final approach. I said "Watch your speed. You're at VREF and slowing". The captain then proceeded to correct and went somewhat above VREF . When we touched down I was concerned, and he appeared to be struggling to activate the T/R's. The aircraft began to wing rock. He removed hands from the Yoke and Throttle and began using both hands to pull on the T/R's. At this point we were dangerously close to the end of the runway and I screamed "get on the breaks!" as I myself began applying breaks as hard as I could. We then exited the runway into grass and mud. I never noticed if we had T/R's once exiting the runway became eminent.

  
\_\_\_\_\_