

**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: Richmond State: VA
 ZIP: 23250 Country: USA
 Latitude: 37:30:30 N (dd:mm:ss N/S) Longitude: 077:19:45 W (ddd:mm:ss E/W)

Date/Time
 Date: 04/11/2011 Local Time: 2130 (0130)
 mm/dd/yyyy Time Zone: EDT (UTC)

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: Piper
Model: PA31-350
Serial Number: 8052018
Registration Number: N3547C Amateur-built: Yes No

Max Gross Weight: 7,368 lbs
Weight at Time of Accident/Incident: 6,700 lbs
Location of Center of Gravity at Time of Accident/Incident:
130.94 inches from nose or datum
 -or- _____ 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 Normal Utility Acrobatic Transport
Special Restricted Limited Provisional Experimental Special Flight Light Sport

Number of Seats: 2
 If Large Aircraft, how many seats for:
 Flight Crew: _____
 Cabin Crew: _____
 Passengers: _____

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: 10/06/2010
 mm/dd/yyyy
Airframe Total Time: 17,265 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 Handheld Halon 1211

ELT Installed Yes No **ELT Activated** Yes No

ELT Manufacturer: Narco
Model/Series: ELT-10
Serial Number: GD239
Battery Type: BP1010 **Battery Exp. Date:** 10/31/2011

ELT Aided in Locating Accident/Incident
 Yes No

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: McCaughey
 Model: (L) B3DF30E526 / (R) B3DF36C527

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Lycoming	TIO 540-J2BD	RL-6561-G1A		350	3,218	47	1,204
Eng. 2	Lycoming	LTIO 540-J2BD	L-2816-68A		350	6,265	47	1,204
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>AirNet Systems, Inc.</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>Columbus</u> State: <u>OH</u> ZIP: <u>43217</u> Country: <u>USA</u>
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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: _____
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Regulation Flight Conducted Under <input 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 checked="" 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 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 checked="" 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 checked="" type="checkbox"/> Cargo <u>720</u> lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input checked="" type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input 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 _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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Registered Owner of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Pilot of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) 	Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed	Aircraft Fire <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input checked="" 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)

AIRCRAFT DESTROYED BY POST CRASH FIRE

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

Airport Identifier: KRIC **Distance From Airport Center:** _____ SM
Airport Name: Richmond International Airport **Direction From Airport:** _____ degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** 167 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"/> None	<input type="checkbox"/> Stop and Go
<input type="checkbox"/> ADF/NDB	<input type="checkbox"/> Sidestep	<input type="checkbox"/> Traffic Pattern	<input type="checkbox"/> Touch and Go
<input type="checkbox"/> SDF	<input type="checkbox"/> ILS	<input type="checkbox"/> Straight-In	<input type="checkbox"/> Simulated Forced Landing
<input type="checkbox"/> VOR/TVOR	<input type="checkbox"/> Localizer Only	<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"/> Go Around	<input type="checkbox"/> Precautionary Landing
<input type="checkbox"/> TACAN	<input type="checkbox"/> RNAV	<input type="checkbox"/> Full Stop	<input type="checkbox"/> Unknown
<input type="checkbox"/> MLS	<input type="checkbox"/> Practice		
<input type="checkbox"/> LDA	<input type="checkbox"/> GPS		
<input type="checkbox"/> ASR	<input type="checkbox"/> Loran		
<input type="checkbox"/> Visual	<input type="checkbox"/> Unknown		
<input type="checkbox"/> Contact			
<input type="checkbox"/> Circling			

Runway Information	Condition of Runway/Landing Surface (Check all that apply)
Runway ID: <u>20</u> (L/R/C) Length: <u>6,607</u> ft Width: <u>150</u> ft	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm
Runway/Landing Surface (Check all that apply)	<input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy
<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water	<input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy
<input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown	<input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet
<input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow	<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

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>KRIC</u>	Time: <u>2130</u>	Airport ID: <u>KCLT</u>	<input type="checkbox"/> None <input type="checkbox"/> VFR/IFR
City: <u>Richmond</u>	Time Zone: <u>EDT</u>	City: <u>Charlotte</u>	<input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR
State: <u>VA</u>		State: <u>NC</u>	<input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown
Country: <u>USA</u>		Country: <u>USA</u>	<input type="checkbox"/> VFR
			Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)	Fuel Type
<u>175</u> Gallons	<input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____
	<input checked="" type="checkbox"/> 100 Low Lead <input 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

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

PILOT WAS PULLED FROM THE AIRCRAFT BY EMERGENCY RESPONDERS

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>KRIC</u> Observation Time: <u>0054</u> Time Zone: <u>UTC</u> Distance from Accident Site: <u>0</u> NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input checked="" type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown		Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
Briefing Type/Completeness <input 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 checked="" type="checkbox"/> Not Pertinent		Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		Visibility <u>10</u> miles
Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input checked="" type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown		Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown		Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height <u>25,000</u> ft AGL		
Wind Direction <input checked="" type="checkbox"/> Indicated: <u>180</u> degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: <u>12</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ 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	

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

RIC 04/014 RIC RWY 25 VASI OTS WEF(effective from) 1104111100-1105111100
 RIC 04/015 RIC RWY 7/25 CLSD EXC TAXI BTN TWY L AND RWY 16/34, TAXI
 INT TWY M WEF(effective from) 1104111100-1105102200
 RIC 04/032 RIC RWY 2/20 CLSD EXC TAXIING WEF(effective from) 1104120221-1104121600
 RIC 04/001 RIC OBST TOWER 289 (145 AGL) 2.30 WSW LGTS OTS (ASR
 1017156) TIL 1104192143
 RIC 12/108 RIC OBST BRIDGE UNKN (404 AGL) 8 SE LGTS OTS
 RIC 04/027 RIC NAV RWY 34 ILS OTS WEF(effective from) 1104121200-1104122100
 RIC 04/006 RIC NAV RWY 16 ILS LLZ OTS
 RIC 04/018 RIC NAV VOR OTS
 RIC 04/028 RIC NAV RWY 2 ILS OTS WEF(effective from) 1104121200-1104122100
 RIC 04/029 RIC NAV RWY 16 ILS GP OTS WEF(effective from) 1104121200-1104122100

Temperature: <u>24</u> (C) or _____ (F) Altimeter Setting: <u>29.70</u> in. HG or _____ MB Density Altitude: <u>1,545</u> ft Dew Point: <u>17</u> (C) or _____ (F)		Icing Forecast 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 Icing Actual 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		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
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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: Anthony City: Richmond
 Middle Initial: L State: VA ZIP: 23228
 Last Name: Carr Country: USA

Age at time of Accident/Incident: 24 Date of Birth: 1987 Certificate Number: _____
mm/dd/yyyy

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Serious	Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input 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 type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>01/11/2011</u> <small>mm/dd/yyyy</small>
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Medical Certificate Limitations

Must wear corrective lenses

Medical Certificate Waivers

None

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

02/17/2011
mm/dd/yyyy

Flight Review Aircraft

Make: Piper
 Model: PA31-350

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

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	1,948	31								
Pilot in Command (PIC)		31								
Time as Instructor										
This Make/Model										
Last 90 Days	88	31								
Last 30 Days	51	12								
Last 24 Hours	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: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input 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 type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical _____ <i>mm/dd/yyyy</i>
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Medical Certificate Limitations

Medical Certificate Waivers

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

Flight Review Aircraft

Make: _____
 Model: _____

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

Student Endorsements *(Include dates)*

Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

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

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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	<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

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

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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	<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

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

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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	<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

Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs
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PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Injury	Serious Injury	Minor Injury	No Injury	Unknown	
First Name: _____	_____	<input type="checkbox"/>										
Middle Initial: _____												State: _____ ZIP: _____
Last Name: _____												Country: _____

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.

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 <u>04/15/2011</u> <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: <u>Operator - Thomas Schaner, Director of Operations</u>
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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. <u>ERA11LA240</u>	Reviewed by NTSB Regional Office <u>ERA-VA</u>	Name of Investigator <u>Diaz</u>	Date Report Received <u>04/15/2011</u>
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