

**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: opa-locka State: FL
 ZIP: 33054 Country: USA
 Latitude: 25:54:26N (00:00:00 N/S) Longitude: 080:16:41W (000:00:00 E/W)

Date/Time

Date: 07/12/2011 Local Time: 12:45
mm/dd/yyyy
 Time Zone: Eastern

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

30 ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: KOPF
 Observation Time: 12:30
 Time Zone: Eastern
 Distance from Accident Site: 0 NM
 Direction from Accident Site: 12 degrees MAG

Source of Weather Information
(Check all that apply)

National Weather Service Company
 Flight Service Station Military
 TV/Radio Internet
 Automated Report Unknown
 Commercial Weather Service (DUATS)

Method of Briefing
(Check all that apply)

In Person
 Teletype
 Telephone/Computer
 Aircraft Radio
 TV/Radio
 Unknown

Briefing Type/Completeness

Full Abbreviated
 Partial / Limited By Pilot Unknown
 Partial / Limited By Briefer Not Pertinent

Light Condition

Dawn Dusk Dark Night
 Day Night Bright Night
 Not Reported

Visibility

10 miles

Sky/Lowest Cloud Condition

Clear Thin Broken
 Few Thin Overcast
 Partial Obscuration Unknown
 Scattered

Ceiling

None (clear) Obscured
 Broken Indefinite
 Overcast Unknown

Restriction to Visibility (Check all that apply)

None Fog
 Blowing Dust Ground Fog
 Blowing Sand Haze
 Blowing Snow Ice Fog
 Blowing Spray Smoke
 Dust Unknown

Lowest Cloud Condition Height

3000 ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

Indicated: _____ degrees MAG
140 degrees MAG
 Variable

Wind Speed

Velocity: 10 KTS
 -or-
 Calm
 Light and Variable

Wind Gusts

Velocity: _____ KTS
 Gusting
 Not Gusting

Type of Turbulence (Check all that apply)

None In Clouds
 Clear Air Vicinity of Thunderstorm

Severity of Turbulence

Extreme Moderate Light
 Severe Moderate Chop

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

Temperature: _____ (C)
 or _____ (F)

Altimeter Setting: 30.25 in. HG
 or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
 or _____ (F)

Icing Forecast

Amount **Type**
 None Moderate Rime
 Trace Severe Clear
 Light Mixed

Icing Actual

Amount **Type**
 None Moderate Rime
 Trace Severe Clear
 Light Mixed

Type of Precipitation (Check all that apply)

None Drizzle
 Rain Ice Pellets
 Snow Snow Pellets
 Hail Snow Grains
 Rain Showers Ice Crystals
 Freezing Rain Ice Pellets Shower
 Snow Shower Freezing Drizzle

Intensity of Precipitation

Light Moderate Heavy

AIRCRAFT INFORMATION																																																				
Manufacturer: <u>Leqn Jet</u> Model: <u>35</u> Serial Number: <u>007</u> Registration Number: <u>N110UN</u>				Max Gross Weight: <u>18300</u> lbs Weight at Time of Accident: <u>13200</u> lbs Location of Center of Gravity at Time of Accident: -or- <u>18.92</u> inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum 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>8</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		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 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: _____			Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown		Date Last Inspection: <u>02/15/2011</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>19128.5</u> hrs hours measured at <i>(check one)</i> <input checked="" type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident																																															
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>Engine fire extinguisher</u>																																															
ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____																																																	
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 type="checkbox"/> Fuel Injected Propeller <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Engine</th> <th style="width: 15%;">Engine Manufacturer</th> <th style="width: 15%;">Engine Model/Series</th> <th style="width: 15%;">Manufacturing Serial Number</th> <th style="width: 10%;">Date of Mfg. <i>mm/dd/yyyy</i></th> <th style="width: 10%;">Engine Rated Power Measured as <i>(check one)</i> <input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust</th> <th style="width: 5%;">Total Time (hours)</th> <th style="width: 5%;">Time Since Inspection (hours)</th> <th style="width: 5%;">Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td>Honeywell</td> <td>TFE 731-2B2</td> <td>P-89346</td> <td></td> <td>3500</td> <td>10486</td> <td>70</td> <td>3689</td> </tr> <tr> <td>Eng. 2</td> <td>Honeywell</td> <td>TFE 731-2B2</td> <td>P-89350</td> <td></td> <td>3500</td> <td>10936</td> <td>70</td> <td>3285</td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> <input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	Eng. 1	Honeywell	TFE 731-2B2	P-89346		3500	10486	70	3689	Eng. 2	Honeywell	TFE 731-2B2	P-89350		3500	10936	70	3285	Eng. 3									Eng. 4								
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Eng. 3																																																				
Eng. 4																																																				
OWNER/OPERATOR INFORMATION																																																				
Registered Aircraft Owner Name: <u>Robinson Air Crane Inc.</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Owner Address City: <u>MIAMI</u> State: <u>FL</u> ZIP: <u>33167</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) <ul style="list-style-type: none"> <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) <ul style="list-style-type: none"> <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	Type of Commercial Operating Certificate Held (Check all that apply) <ul style="list-style-type: none"> <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
Cargo Operation <ul style="list-style-type: none"> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail 		

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: _____

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

Airport Identifier: KOPF Distance From Airport Center: _____ SM
Airport Name: MIAMI OpacLocka Executive Direction From Airport: 128 degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: 08 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) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling 	VFR Approach (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input checked="" type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input checked="" type="checkbox"/> Full Stop <input type="checkbox"/> Unknown
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Runway Information Runway ID: <u>12</u> (L/R/C) Length: <u>6800</u> ft Width: <u>150</u> ft	Condition of Runway/Landing Surface (Check all that apply) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <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
Runway/Landing Surface (Check all that apply) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow 	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KOPF</u> City: <u>OpacLocka</u> State: <u>FL</u> Country: <u>USA</u>	Time of Departure Time: <u>12:15</u> Time Zone: <u>Eastern</u>	Destination Airport ID: <u>KOPF</u> City: <u>OpacLocka</u> State: <u>FL</u> Country: <u>USA</u>	Type Flight Plan Filed <ul style="list-style-type: none"> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 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"/> Class B	<input type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93
<input checked="" type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Special
<input type="checkbox"/> Air Traffic Control Area			
<input type="checkbox"/> Unknown			
Aircraft Load Description (Check all that apply)			
<input type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists	<input type="checkbox"/> Livestock
<input checked="" 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)		Fuel Type	
4000 lbs, 520 Gallons		<input type="checkbox"/> 80/87	<input type="checkbox"/> 115/145
		<input type="checkbox"/> 100 Low Lead	<input checked="" type="checkbox"/> Jet A
		<input type="checkbox"/> 100/130	<input type="checkbox"/> Automotive
		<input type="checkbox"/> JP3	<input type="checkbox"/> JP4
		<input type="checkbox"/> JP5	<input type="checkbox"/> Other, specify _____
Other Services, if Any, Prior to Departure			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)			Total Time/Cycles On Part
			_____ Hours
			_____ Cycles
			Time Since This Part Inspected/Overhauled
			_____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage		Aircraft Fire	
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Substantial	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Both Ground and In-Flight
<input type="checkbox"/> Minor	<input type="checkbox"/> Destroyed	<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)			
R/H wing tip tank separated from the wing after impact with runway			
EVACUATION OF AIRCRAFT			
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			
2 pax and 2 crew exited the airplane through the airplane main door.			

PILOT "A" INFORMATION										
Pilot "A" Responsibilities at the Time of Accident										
<input checked="" type="checkbox"/> Pilot <input 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										
Pilot "A" Identification										
First Name: <u>LUIS</u>					City: <u>MIAMI</u>					
Middle Initial: <u>A</u>					State: <u>FL</u> ZIP: <u>33161</u>					
Last Name: <u>HERNANDEZ</u>					Country: <u>USA</u>					
Age at time of Accident: <u>43</u>			Date of Birth: [REDACTED] <small>mm/dd/yyyy</small>			Certificate Number: [REDACTED]				
Degree of Injury			Seat Occupied			Seat Belt			Shoulder Harness	
<input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<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			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	
Pilot Certificate(s) (Check all that apply)										
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military										
Principal Occupation			Medical Certificate			Medical Certificate Validity			Date of Last Medical	
<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			_____ <small>mm/dd/yyyy</small>	
Medical Certificate Limitations										
<i>Holder must wear corrective lenses.</i>										
Medical Certificate Waivers										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:					Flight Review Aircraft					
<u>10/21/2010</u> <small>mm/dd/yyyy</small>					Make: <u>HAWKER</u> <u>HS-125</u> Model: <u>HS-125</u>					
Airplane Rating(s) (Check all that apply)			Other Aircraft Rating(s) (Check all that apply)			Instrument Rating(s) (Check all that apply)			Instructor Rating(s) (Check all that apply)	
<input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			<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 checked="" type="checkbox"/> Instrument Airplane <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport	
Type Ratings						Student Endorsements (Include dates)				
<u>LR Jet, HS125, DA10, EAS04</u>										
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	13594	1100	1735	11244	1721	1482	120	115	-	-
Pilot in Command (PIC)	12532	1100	1735	11244	1721	1482	120	-	-	-
Time as Instructor	1402	20	800	602	180	-	-	-	-	-
This Make/Model	-	-	-	-	150	80	-	-	-	-
Last 90 Days	61.2	13	-	61.2	3	12	-	-	-	-
Last 30 Days	14.7	8	-	14.7	-	-	-	-	-	-
Last 24 Hours	1.6	1.6	-	1.6	-	-	-	-	-	-

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "B" Identification

First Name: LEO City: Diabola
 Middle Initial: _____ State: FL ZIP: 32013
 Last Name: CORDERO Country: USA

Age at time of Accident: 72 Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

Pilot
 Other
 Unknown

Medical Certificate

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

Medical Certificate Validity

Without limitations/waivers
 With limitations/waivers
 Unknown

Date of Last Medical

10-23-09
mm/dd/yyyy

Medical Certificate Limitations

Holder shall possess lenses that correct for near vision

Medical Certificate Waivers

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

01-06-2010
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
 Model: 172

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

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	2.500					1.275	1.225			
Pilot in Command (PIC)	1.200									
Time as Instructor										
This Make/Model										
Last 90 Days	2.5									
Last 30 Days	1.0									
Last 24 Hours	3									

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 Injury	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____											
Middle Initial: _____											
Last Name: _____											
City: _____											
State: _____ ZIP: _____											
Country: _____											
First Name: _____											
Middle Initial: _____											
Last Name: _____											
City: _____											
State: _____ ZIP: _____											
Country: _____											
First Name: _____											
Middle Initial: _____											
Last Name: _____											
City: _____											
State: _____ ZIP: _____											
Country: _____											
First Name: _____											
Middle Initial: _____											
Last Name: _____											
City: _____											
State: _____ ZIP: _____											
Country: _____											

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

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

On July 12, 2011 Depart KOPF at app. 12:15 local for a local flight to the N.W intend to land back to KOPF at 12:45 local time, we encounter wind shear moments prior to land, at this point the airplane roll side ways the speed decreased approximate 20kts, I maneuver the airplane to regain control, the Right hand wing tip hit the RWY, airplane went side ways, apply differentiation power and flight controls I keep the airplane in the RWY, Roll to the end clear Runway and taxi ways, bring the airplane to a stop at the fuel farm (J.P. Aviation) located at the end of RWY 12.


RECOMMENDATION (How could this accident 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 07/14/2011 <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature:  Type or Print Name: <u>LUIS A. HERNANDEZ</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. ERA116A397	Reviewed by NTSB Regional Office MIAMI, FL	Name of Investigator Jose Obregon	Date Report Received 7/15/2011
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