

**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>Flint</u> State: <u>MI</u> ZIP: <u>48507</u> Country: <u>USA</u> Latitude: <u>N4257.9</u> (dd:mm:ss N/S) Longitude: <u>W08344.6</u> (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>11/16/2011</u> Local Time: <u>09:40</u> <i>mm/dd/yyyy</i> Time Zone: <u>ET</u>	
<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 checked="" type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b> _____ ft MSL

**AIRCRAFT INFORMATION**

<b>Manufacturer:</b> <u>Piaggio</u> <b>Model:</b> <u>P180, Avanti II</u> <b>Serial Number:</b> <u>1139</u> <b>Registration Number:</b> <u>N168SL</u> <b>Amateur-built:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Max Gross Weight:</b> <u>12,100</u> lbs <b>Weight at Time of Accident/Incident:</b> <u>10,600</u> lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> <u>210.66</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ 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> <i>(Check all that apply)</i> <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 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
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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>11/09/2011</u> <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>4,422</u> hrs hours measured at <i>(check one)</i> <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>Engine bottles, Halon</u>
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<b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>ELT Activated</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>ELT Manufacturer:</b> <u>Techtest</u> <b>Model/Series:</b> <u>Type 503</u> <b>Serial Number:</b> <u>1131</u> <b>Battery Type:</b> <u>Lithium</u> <b>Battery Exp. Date:</b> <u>2/28/2014</u>
<b>ELT Aided in Locating Accident/Incident</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>Engine Type</b> <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input checked="" 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 checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>Hartzell</u> Model: <u>L/H: HC-ESN-3 R/H: HC-ESN-3AL</u>
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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 <i>(check one)</i> <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	Pratt & Whitney	PT6A-66B	PCE-RW0006	7/11/2007	850	4,277	17	294
Eng. 2	Pratt & Whitney	PT6A-66B	PCE-RW0017	8/28/2007	850	4,422	17	440
Eng. 3								
Eng. 4								

**OWNER/OPERATOR INFORMATION**

<p><b>Registered Aircraft Owner</b></p> <p>Name: <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>Fractional Ownership Aircraft: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Owner Address</b></p> <p>City: <u>Clearwater</u></p> <p>State: <u>FL</u> ZIP: <u>33762</u></p> <p>Country: <u>USA</u></p>
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<p><b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner</p> <p>Name: <u>Avantair, Inc.</u></p> <p>Doing Business As: <u>Avantair, Inc.</u></p> <p>Air Carrier/Operator Designator (4 Character Code): <u>V2JA</u></p>	<p><b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner</p> <p>City: <u>Clearwater</u></p> <p>State: <u>FL</u> ZIP: <u>33762</u></p> <p>Country: <u>USA</u></p>
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<p><b>Regulation Flight Conducted Under</b></p> <p> <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         </p>	<p><b>Revenue Sightseeing Flight</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p><b>Air Medical Flight</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
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<p><b>Purpose of Flight</b> for FAR 91, 103, 133, 137 (Select one)</p> <p> <input checked="" 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         </p>	<p><b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one)</p> <p> <input type="checkbox"/> Scheduled or Commuter  <input checked="" type="checkbox"/> Non-Scheduled or Air Taxi         </p> <p><b>Domestic or International</b></p> <p><input checked="" type="checkbox"/> Domestic    <input type="checkbox"/> International</p> <p><b>Cargo Operation</b></p> <p> <input type="checkbox"/> Passenger/Cargo  <input type="checkbox"/> Passenger _____ How many?  <input type="checkbox"/> Cargo _____ lbs  <input type="checkbox"/> Mail         </p>	<p><b>Type of Commercial Operating Certificate Held</b> (Check all that apply)</p> <p> <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         </p>
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**OTHER AIRCRAFT – COLLISION** (If air or ground collision occurred, complete this section for *other* aircraft)

<p><b>Aircraft Registration Number</b></p> <p>N/A</p>	<p><b>Manufacturer:</b> _____</p> <p><b>Model:</b> _____</p>	<p><b>Damage to Other Aircraft</b></p> <p> <input type="checkbox"/> Destroyed    <input type="checkbox"/> Minor  <input type="checkbox"/> Substantial    <input type="checkbox"/> None         </p>
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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)

<p><b>Was there Mechanical Malfunction/Failure?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</p> <p>Engine was shut down and secured by the crew. (Under investigation)</p>	<p><b>Total Time/Cycles On Part</b></p> <p>_____ 4,277 Hours</p> <p>_____ 3,376 Cycles</p> <p><b>Time Since This Part Inspected/Overhauled</b></p> <p>_____ 294 Hours</p>
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**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

<p><b>Aircraft Damage</b></p> <p> <input type="checkbox"/> None    <input type="checkbox"/> Substantial  <input type="checkbox"/> Minor    <input checked="" type="checkbox"/> Destroyed         </p>	<p><b>Aircraft Fire</b></p> <p> <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         </p>	<p><b>Aircraft Explosion</b></p> <p> <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         </p>
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**Description of Damage to Aircraft and Other Property** (use additional sheet if necessary)

Substantial damage to aircraft wing, fuselage and empennage.

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

**Airport Identifier:** KFNT **Distance From Airport Center:** \_\_\_\_\_ SM  
**Airport Name:** Bishop International **Direction From Airport:** \_\_\_\_\_ degrees MAG  
**Proximity to Airport**  Off Airport/Airstrip  On Airport  On Airstrip **Airport Elevation:** 782 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)  
 None  PAR  MLS  Practice  None  Stop and Go  
 ADF/NDB  Sidestep  LDA  GPS  Traffic Pattern  Touch and Go  
 SDF  ILS  ASR  Loran  Straight-In  Simulated Forced Landing  
 VOR/TVOR  Localizer Only  Visual  Valley/Terrain Following  Forced Landing  
 VOR/DME  LOC-back course  Contact  Go Around  Precautionary Landing  
 TACAN  RNAV  Circling  Full Stop  Unknown

**Runway Information** **Condition of Runway/Landing Surface** (Check all that apply)  
Runway ID: 18 (L/R/C) Length: 7,848 ft Width: 150 ft  
 Dry  Snow-Compacted  Water-Calm  
 Holes  Snow-Crusted  Water-Choppy  
 Ice Covered  Snow-Dry  Water-Glassy  
 Rough  Snow-Wet  Wet  
 Rubber Deposits  Soft  Unknown  
 Slush Covered  Vegetation

**Runway/Landing Surface** (Check all that apply)  
 Asphalt  Grass/Turf  Macadam  Water  
 Concrete  Gravel  Metal/Wood  Unknown  
 Dirt  Ice  Snow

**FLIGHT ITINERARY INFORMATION**

**Last Departure Point** **Time of Departure** **Destination** **Type Flight Plan Filed**  
Airport ID: KDTW Time: 09:06 Airport ID: KETB  None  VFR/IFR  
City: Detroit City: West Bend  Company VFR  IFR  
State: MI State: WI  Military VFR  Unknown  
Country: USA Country: USA  VFR  
Activated?  Yes  No

**Type of ATC Clearance/Service** (Check all that apply)  
 None  Special VFR  Special IFR  VFR Flight Following  Cruise  
 VFR  IFR  VFR On Top  Traffic Advisory  Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)  
 Class A  Class E  Prohibited Area  Jet Training Area  Special  
 Class B  Class G  Restricted Area  TRSA  Air Traffic Control Area  
 Class C  Demo Area  Military Operations Area (MOA)  FAR 93  Unknown  
 Class D  Warning Area  Airport Advisory Area

**Aircraft Load Description** (Check all that apply)  
 None  Towing Glider  Parachutists  Livestock  
 Passengers  Towing Banner  Water  Unknown  
 Cargo  Other External  Chemical/Fertilizer/Seeds

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff** **Fuel Type**  
(convert from pounds, as necessary)  80/87  115/145  JP3  Other, specify \_\_\_\_\_  
300 Gallons  100 Low Lead  Jet A  JP4  
 100/130  Automotive  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

Two passengers and two crew members exited out of the main cabin door.

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Weather Observation Facility</b> Facility ID: <u>KFNT</u> Observation Time: <u>14:53Z, 09:53LCL</u> Time Zone: <u>ET</u> Distance from Accident Site: _____ <u>0</u> NM Direction from Accident Site: _____ <u>N/A</u> degrees MAG	<b>Source of Weather Information</b> <i>(Check all that apply)</i> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	<b>Method of Briefing</b> <i>(Check all that apply)</i> <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
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<b>Briefing Type/Completeness</b> <input checked="" type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent	<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	<b>Visibility</b> _____ <u>10</u> miles
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<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> <i>(Check all that apply)</i> <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: _____ <u>290</u> degrees MAG  <input type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: _____ <u>16</u> 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> <i>(Check all that apply)</i> <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
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**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident**

None affecting flight.

<b>Temperature:</b> _____ <u>4</u> (C) or _____ (F)  <b>Altimeter Setting:</b> _____ <u>2991</u> in. HG or _____ MB  <b>Density Altitude:</b> _____ <u>-285</u> ft  <b>Dew Point:</b> _____ <u>-3</u> (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>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>Type of Precipitation</b> <i>(Check all that apply)</i> <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>Intensity of Precipitation</b> <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: Jefferson City: Jamaica Plain  
 Middle Initial: F State: MA ZIP: 02130  
 Last Name: Soris Country: USA  
 Age at time of Accident/Incident: 33 Date of Birth: [REDACTED] Certificate Number [REDACTED]  
*mm/dd/yyyy*

<b>Degree of Injury</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Seat Occupied</b> <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Center <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Single <input type="checkbox"/> Unknown	<b>Seat Belt</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> Used <input checked="" 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

<b>Principal Occupation</b> <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Unknown	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> <u>11/10/2010</u> <i>mm/dd/yyyy</i>
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**Medical Certificate Limitations**

Must wear corrective lenses

**Medical Certificate Waivers**

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

06/08/2011  
*mm/dd/yyyy*

**Flight Review Aircraft**

Make: Piaggio  
 Model: P180

<b>Airplane Rating(s)</b> <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	<b>Other Aircraft Rating(s)</b> <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	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <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
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**Type Ratings**

BE-1900 SIC privileges only

**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	3,851	2,023								
Pilot in Command (PIC)	1,113	113								
Time as Instructor										
This Make/Model										
Last 90 Days	159	159								
Last 30 Days	56	56								
Last 24 Hours	2	2								

**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: Jon City: Orlando  
 Middle Initial: W State: FL ZIP: 32837  
 Last Name: Heyl Country: USA  
 Age at time of Accident/Incident: 50 Date of Birth:            Certificate Number:             
*mm/dd/yyyy*

<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <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	<b>Seat Belt</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> Used <input checked="" 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

<b>Principal Occupation</b> <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	<b>Medical Certificate Validity</b> <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> <u>02/14/2011</u> <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:**

07/17/2011  
*mm/dd/yyyy*

**Flight Review Aircraft**

Make: Piaggio  
 Model: P-180

<b>Airplane Rating(s)</b> (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	<b>Other Aircraft Rating(s)</b> (Check all that apply) <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	<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <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**

B-737

**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	3,957	259	871	3,086						
Pilot in Command (PIC)	2,925									
Time as Instructor										
This Make/Model										
Last 90 Days	168	168								
Last 30 Days	76	76								
Last 24 Hours	2	2								

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

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

<b>Pilot Certificate(s)</b> (Check all that apply)	<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"/> 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

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

<b>Pilot Certificate(s)</b> (Check all that apply)	<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"/> 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

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

<b>Pilot Certificate(s)</b> (Check all that apply)	<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"/> 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

<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	
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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: <u>Carl</u> City: <u>West Bend</u> Middle Initial: <u>A</u> State: <u>WI</u> ZIP: <u>53095</u> Last Name: <u>Pick</u> Country: <u>USA</u>	7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Robert</u> City: <u>West Bend</u> Middle Initial: <u>S</u> State: <u>WI</u> ZIP: <u>53095</u> Last Name: <u>McCormack</u> Country: <u>USA</u>	6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)**

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

Aircraft departed KDTW at 09:06AM ET for an intended flight to KETB. After encountering an irregular engine operation, the crew initiated a left engine shutdown, declared an emergency and diverted to KFNT for a precautionary landing. During the landing roll-out the aircraft departed the runway to the right side of runway 18 and overturned. The passengers and crew exited the aircraft through the main cabin door.

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

Operator/Owner Safety Recommendation

Under investigation at this time.



**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>11/22/2011</u> <i>mm/dd/yyyy</i>	<b>Signature and Name of Pilot/Operator</b> Signature: _____ Type or Print Name: <u>Kevin Beitzel</u>
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<b>Signature and Name of Person Filing Report if Other than Pilot/Operator</b> Signature: _____ Type or Print Name: <u>Kevin Beitzel</u> Title: <u>COO</u>
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**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b> CEN12LA066	<b>Reviewed by NTSB Regional Office</b> CEN	<b>Name of Investigator</b> Sauer	<b>Date Report Received</b> 11/22/2012
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