

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Pueblo</u> State: <u>CO</u> ZIP: <u>81001</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		Date/Time Date: <u>02/02/2012</u> Local Time: <u>1915</u> <i>mm dd yyyy</i> Time Zone: <u>MST</u>	
Phase of Operation <input type="checkbox"/> Standing <input checked="" 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 type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	Altitude of In-Flight Occurrence _____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Learjet</u> Model: <u>35</u> Serial Number: <u>027</u> Registration Number: <u>N31WS</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Max Gross Weight: <u>18,300</u> lbs Weight at Time of Accident/Incident: <u>17,000</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- <u>17.1</u> Percent Mean Aerodynamic Cord (% MAC)	
--	--	--	--

Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate (Check all that apply) 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: _____ If Large Aircraft, how many seats for: Flight Crew: <u>2</u> Cabin Crew: _____ Passengers: <u>8</u>	Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
---	--	---	---

Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input 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 checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: <u>05/23/2011</u> <i>mm dd yyyy</i> Airframe Total Time: <u>11,748</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
---	--	---

IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>HIL</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: <u>Airtex</u> Model/Series: <u>406</u> Serial Number: _____ Battery Type: <u>#452-0133</u> Battery Exp. Date: <u>10/2013</u>
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm dd yyyy</i>	Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Garrett	731-2-2B	P74176C	1975	3500	11,316	67	67
Eng. 2	Garrett	731-2-2B	P74176C	1975	3500	11,325	67	1,081
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Extra Point L.L.C.</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>Lewes</u> State: <u>DE</u> ZIP: <u>19958-9776</u> Country: <u>USA</u>	
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input 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	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> _____ _____ _____		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground

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

Both main landing gear were not attached to the aircraft, nose wheel collapsed, and front part of right tip tank was missing.

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

Airport Identifier: KPUB **Distance From Airport Center:** _____ SM
Airport Name: Pueblo Memorial Airport **Direction From Airport:** _____ 090 degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** _____ 4,729 ft. MSL

Approach Segment (Select one)
 On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply)
 None PAR MLS Practice
 ADF/NDB Sidestep LDA GPS
 SDF ILS ASR Loran
 VOR/TVOR Localizer Only Visual Unknown
 VOR/DME LOC-back course Contact
 TACAN RNAV Circling

VFR Approach (Check all that apply)
 None Stop and Go
 Traffic Pattern Touch and Go
 Straight-In Simulated Forced Landing
 Valley/Terrain Following Forced Landing
 Go Around Precautionary Landing
 Full Stop Unknown

Runway Information
Runway ID: 8L (L/R/C) Length: 10,498 ft Width: 150 ft

Condition of Runway/Landing Surface (Check all that apply)
 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 Airport ID: <u>KPUB</u> City: <u>Pueblo</u> State: <u>CO</u> Country: <u>USA</u>	Time of Departure Time: <u>1915</u> Time Zone: <u>MST</u>	Destination Airport ID: <u>KLAS</u> City: <u>Las Vegas</u> State: <u>NV</u> Country: <u>USA</u>	Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--

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)
_____ 765 Gallons

Fuel Type
 80/87 115/145 JP3 Other, specify _____
 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location All eight passengers and two crew exited thru the front entry door. All eight passengers and two crew exited under there own power.	

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>KPUB</u> Observation Time: <u>1850</u> Time Zone: <u>MST</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG	Source of Weather Information <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)	Method of Briefing <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	
Briefing Type/Completeness <input checked="" type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility _____ <u>2</u> miles	
Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input checked="" type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered	Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input checked="" type="checkbox"/> Overcast <input type="checkbox"/> Unknown	Restriction to Visibility <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
Lowest Cloud Condition Height _____ <u>1,500</u> ft AGL	Ceiling Height _____ <u>1,500</u> ft AGL		
Wind Direction <input checked="" type="checkbox"/> Indicated: _____ <u>350</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	
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident Notam PUB 09/028 PUB Nav ILS Rwy 26R LLZ now Class 1A Pirep PUB UA/OV PUB 045020/TM0032/FL100/ TP Pay2/ TA M03/ IC Lgt Rime 100-070/ RM DENA Pirep PUB UA/OV COS-COS135035/ TM 0058? FL220/ TP C550/ SK ovcukn/ IC Lgt Rime 110/Blo			Type of Turbulence <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop

Temperature: _____ <u>1</u> (C) or _____ (F) Altimeter Setting: _____ <u>2991</u> in. HG or _____ MB Density Altitude: _____ <u>4,270</u> ft Dew Point: _____ <u>-1</u> (C) or _____ (F)	Icing Forecast Amount <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Icing Actual Amount <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Type of Precipitation <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input checked="" 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 checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
--	--	--

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: Mark City: Pueblo West
 Middle Initial: D State: CO ZIP: 81007
 Last Name: Johnson Country: USA

Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: XXXXXXXXXX
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 type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness 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)

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

Principal Occupation <input type="checkbox"/> Pilot <input checked="" 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 checked="" 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>04/27/2011</u> <small>mm dd yyyy</small>
--	---	---	---

Medical Certificate Limitations

Must possess corrective lenses for near vision

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>07/10/2011</u> <small>mm/dd/yyyy</small>	Flight Review Aircraft Make: <u>Learjet</u> Model: <u>55C</u>
--	--

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

Type Ratings LR-JET	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	2,198	1,063	757	1,245	387	125	76			
Pilot in Command (PIC)	794	55	757	237	111	45	76			
Time as Instructor										
This Make/Model										
Last 90 Days	27	27	0	27	4	2	0			
Last 30 Days	7	7	0	7	1	1	0			
Last 24 Hours	0	0	0	0	0	0	0			

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: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____	
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		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
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: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____	
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		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
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: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____	
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		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
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: <u>Dan</u> Middle Initial: _____ Last Name: <u>DeRose</u> City: <u>Pueblo</u> State: <u>CO</u> ZIP: <u>81001</u> Country: <u>USA</u>	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Mike</u> Middle Initial: _____ Last Name: <u>DeRose</u> City: <u>Pueblo</u> State: <u>CO</u> ZIP: <u>81001</u> Country: <u>USA</u>	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Craig</u> Middle Initial: _____ Last Name: <u>DeRose</u> City: <u>Pueblo</u> State: <u>CO</u> ZIP: <u>81001</u> Country: <u>USA</u>	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Clint</u> Middle Initial: _____ Last Name: <u>DeRose</u> City: <u>Pueblo</u> State: <u>CO</u> ZIP: <u>81001</u> Country: <u>USA</u>	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Sel</u> Middle Initial: _____ Last Name: <u>Elozondo</u> City: <u>Pueblo</u> State: <u>CO</u> ZIP: <u>81001</u> Country: <u>USA</u>	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Eddie</u> Middle Initial: _____ Last Name: <u>DeRose</u> City: <u>Pueblo</u> State: <u>CO</u> ZIP: <u>81001</u> Country: <u>USA</u>	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Nick</u> Middle Initial: _____ Last Name: <u>Kochenberger</u> City: <u>Pueblo</u> State: <u>CO</u> ZIP: <u>81001</u> Country: <u>USA</u>	7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Mark</u> Middle Initial: _____ Last Name: <u>DeRose</u> City: <u>Pueblo</u> State: <u>CO</u> ZIP: <u>81001</u> Country: <u>USA</u>	8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.

SEE ATTACHED

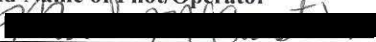
RECOMMENDATION (How could this accident/incident have been prevented?)

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>02/07/2012</u> <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature:  Type or Print Name: <u>Mark McCuiston</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. CEN12FA151	Reviewed by NTSB Regional Office CEN-TX	Name of Investigator Leah Yeager	Date Report Received 2/7/2012
---	---	--	---

To whom it may concern,

This is the account of the night of 02/02/2012 concerning the flight of N31WS to the best of my recollection. My name is Mark Alan McCuiston, ATP certificate [REDACTED] I was the captain of N31WS on a Part 91 flight when the aircraft departed off the south side of runway 8L at approximately 1915 MST at KPUB. The events of the flight began with myself and Mark Johnson, the copilot, arriving at the airport at 1800 MST. I had been checking weather on fltplan.com in the previous 2.5 hours prior to our departure. I also had been discussing the flight and weather conditions with Rocky DeVency. Mark Johnson and I had discussed a preflight briefing after we both arrived at the hanger. It included a normal preflight briefing, lower visibility takeoff procedures, and wet and contaminated runway takeoff procedures. Conditions at that time did not warrant a contaminated take off procedure. I informed Mark to compute normal takeoff numbers and note the increased distance required for wet runway.

A thorough Preflight revealed no discrepancies. Weight and balance was within limits at 17200 pounds and a cg of ^{17.2 in m} 17.9% MAC. There was 5200 pounds of fuel on board. There were 8 passengers and 2 crew on board. Prior to pulling the aircraft out of the hanger for startup, The weather was reporting 2 miles and 1500 overcast with light snow. Temperature was 1 degree centigrade. There was less than 1/8 inch of snow on the taxiway. I determined that measurement with the sole of my boot which is a quarter inch thick. I examined that there was no frozen moisture on the aircraft surfaces. After the passengers were briefed and boarded, both engines were started on GPU power and were within normal limits. GPU was disconnected and both generators brought on line. Mark Johnson was getting current weather from tower which he stated was 5000 ft RVR, Light snow, 1 degree centigrade and dew point of -1. After Taxi clearance to 8L, the before take-off checklist was performed. Windshield heat was purged and nacelle and stab and wing heat were tested and appeared to be working without discrepancies. As we taxied out, the tower asked us if we wanted to take-off runway 35 because the wind was out of 360@15. I instructed Mark Johnson to inform the tower that we wanted runway 8L. My reason for wanting to take-off 8L was because the runway length was longer and because of lower terrain on the east end of 8L. There are also towers to the west of the takeoff path on runway 35. At the hold short line for 8L, I noted no snow on the wings. The tower gave us a clearance to takeoff with a right turn on course. The tower instructed us there were no runway condition reports available since he had no aircraft departures or arrivals for some time. The snow appeared to be no heavier on the runway than I had previously noted prior to boarding the aircraft. I could see the end stripes on the runway. Pre takeoff items were completed and we lined up on the centerline. As engine power was set to calculated N1 for the take-off, indication on engine instruments were indicating within normal limits. Take-off was proceeding normal with no master caution lights or enunciator lights on. Prior to v1 call-out, the aircraft ground path began to veer toward the south side of the runway. The power levers were retarded to flight idle and full left rudder and aileron applied along with full braking. The application of left rudder and aileron with brakes had no effect on the ground path of the aircraft. I heard a loud noise just prior to exiting the south edge of the runway at about a 10 degree angle right of the runway centerline. My recollection was that we crossed two taxiways before coming to a stop. Just prior to crossing the last taxiway I saw a bright orange flash from the right side of the aircraft and then it was gone. As we came to a stop I saw no fire. Power levers were brought to cut off prior to stopping. Firewall shut off handles

were pulled. I asked the passengers if they were alright as we begin evacuation procedures. Mark Johnson stated that all the electrical switches were shut off. All the passengers exited the front door of the aircraft under their own power. After everyone was off the aircraft I informed them to get a safe distance from the aircraft. After seeing there was no fire observed, I rechecked that the aircraft was secured. That included making sure all electrical was off, the firewall handles pulled, and disconnected the cockpit O2 masks. The Fire Department showed up and I asked if they could take the passengers to shelter. The passengers had already started walking to the fire station. I was informed that they were being picked up for transport to the fire station.

Mark Alan McCuiston