

**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>FORT LAUDERDALE</u> State: <u>FL</u> ZIP: <u>33312</u> Country: <u>USA</u> Latitude: <u>26:07:00</u> (dd:mm:ss N/S) Longitude: <u>080:15:00</u> (ddd:mm:ss E/W)		Date/Time Date: <u>05/23/2012</u> Local Time: <u>1600</u> <i>mm/dd/yyyy</i> Time Zone: <u>EDT</u>	
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input checked="" 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 <p align="center">3,000 ft MSL</p>

AIRCRAFT INFORMATION

Manufacturer: <u>BOMBARDIER</u> Model: <u>CHALLENGER 601 CL-600-2B16</u> Serial Number: <u>5194</u> Registration Number: <u>N207JB</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Max Gross Weight: <u>45,100</u> lbs Weight at Time of Accident/Incident: <u>30,700</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
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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> <table style="width:100%;"> <tr> <td style="width:50%;">Standard</td> <td style="width:50%;">Special</td> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Acrobatic</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Light Sport</td> </tr> </table>	Standard	Special	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Utility	<input type="checkbox"/> Limited	<input type="checkbox"/> Acrobatic	<input type="checkbox"/> Provisional	<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> Experimental		<input type="checkbox"/> Special Flight		<input type="checkbox"/> Light Sport	Number of Seats: <u>11</u> If Large Aircraft, how many seats for: Flight Crew: <u>2</u> Cabin Crew: <u>0</u> Passengers: <u>9</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
Standard	Special																
<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted																
<input type="checkbox"/> Utility	<input type="checkbox"/> Limited																
<input type="checkbox"/> Acrobatic	<input type="checkbox"/> Provisional																
<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> Experimental																
	<input type="checkbox"/> Special Flight																
	<input type="checkbox"/> Light Sport																

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>03/2012</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>4,966</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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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,APU,BAGGAGE</u>
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ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELT Manufacturer: <u>ARTEX</u> Model/Series: <u>C406-2</u> Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____
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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: _____
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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 type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>MEDCP AVIATION LLC ASTON AVIATION LLC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>[REDACTED]</u> State: <u>FL</u> ZIP: <u>33133</u> Country: <u>USA</u>
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>MAJESTIC JET</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>POMPANO BEACH</u> State: <u>FL</u> ZIP: <u>33060</u> Country: <u>USA</u>

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 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 checked="" type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	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 checked="" 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 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
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OTHER AIRCRAFT – COLLISION (if air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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Registered Owner of Other Aircraft
First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Pilot of Other Aircraft
First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

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

Was there Mechanical Malfunction/Failure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> MAIN CABIN DOOR DEPARTED THE AIRPLANE INFLIGHT	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
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

MAIN CABIN DOOR DEPARTED AIRCRAFT AND FELL TO THE GROUND, RIGHT LEADING EDGE DENTED, FORWARD FUSELAGE SUSTAINED NUMEROUS IMPACT PUNCTURES

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

Airport Identifier: _____ **Distance From Airport Center:** _____ SM
Airport Name: _____ **Direction From Airport:** _____ degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** _____ 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 Sideslep 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: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

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

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>KOPF</u> City: <u>OPA LOCKA</u> State: <u>FL</u> Country: <u>USA</u>	Time: <u>1555</u> Time Zone: <u>EDT</u>	Airport ID: <u>KPMP</u> City: <u>POMPANO</u> State: <u>FL</u> Country: <u>USA</u>	<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 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)
 _____ 590 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

NONE

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
 2 FLIGHT CREW MEMBERS EXITED THE AIRCRAFT VIA THE MAIN CABIN EXIT

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG	Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown	Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility _____ miles

Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	Restriction to Visibility (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
Lowest Cloud Condition Height _____ ft AGL	Ceiling Height _____ ft AGL	

Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	Type of Turbulence (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light
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NOTAMS (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	Icing Forecast Amount <input type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed Icing Actual Amount <input type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Type of Precipitation (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
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PILOT "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: GEAROID City: POMPANO BEACH
 Middle Initial: P State: FL ZIP: 33060
 Last Name: OCEABHULL Country: USA
 Age at time of Accident/Incident: 37 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 <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>05/17/2011</u> <i>mm/dd/yyyy</i>
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Medical Certificate Limitations
 NONE

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>11/14/2011</u> <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: <u>LRJET</u> Model: <u>55</u>
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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 type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings	Student Endorsements (Include dates)
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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	2,550	65	1,200	1,200	250	75	70			
Pilot in Command (PIC)	1,400	0	1,300							
Time as Instructor	900									
This Make/Model										
Last 90 Days	61	21		60						
Last 30 Days	25			25	2	2				
Last 24 Hours	5	5		5						

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

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<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	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<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	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<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: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State: _____	_____	<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"/>
ZIP: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

On May23, 2012 at around 15:45 (approx.) local time, we departed on N-207JB, Challenger 601.

From KOPF to KPMP, departed on runway 09, we initially climb runway heading to 2000 Ft, change frequency to departure, we where giving a few heading to the North, north west, and climb to 3000 ft.

About 3 min into the flight we heard a loud bang, and a rush of air enter the cabin, we realized we loss the main cabin door, at that moment we where about 4NM south of KFLL, and we decided to make the emergency landing into that airport.

The noise in the cockpit was so loud that we could not hear the radio, we try a few frequency, but no contact.

But my primary concern, was the possible damage to the aircraft tail, and land the airplane as soon as possible. With a safe landing, and everyone on board safe on the ground.

The day started in Las Vegas with a departure at 8am to Opa Loca KOPK everything was normal, the complete flight when with out an incident, landing in KOPF about 15:15pm local time, drop the Pax, added 300 gallons of fuel and left to reposition the airplane back to is base in KPMP.

The flight from KOPF to KPMP was flown by Second in command, Cap. Gearoid Oceabhull from the right seat. Everything to the moment of the incident was normal with out any concerns or abnormalities .

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 _____ <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: <u>LEONARDO ROMERO</u>
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Signature and Name of Person Filing Report if Other than Pilot/Operator
Signature: _____
Type or Print Name: _____
Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No. ERA12LA356	Reviewed by NTSB Regional Office ERA	Name of Investigator Hicks	Date Report Received 2/14/2013
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