FROM:

From: Page Mund
coll
for

ATTN: Tim LeBaron
for

pages- 10

## 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

rins form to be used for re						
BASIC INFORMATION		100	100			
Accident/Incident Location	State:	Tx	D	ate/Time	2011	Local Time: 8:15 Time Zoue: Central
Phase of Operation  Standing Takeoff (incl. initial climb) Cri Taxi Climb Ma Descent Landing Ap	uise Ho ancuvering Of oproach Ur	over her oknown		ollision with C   Midair   On-ground   None		Altitude of In-Flight Occurrence 3,200 ft MSL
AIRCRAFT INFORMATION  Manufacturer: Beechcraft  Model: F90 BE9T  Serial Number:  Registration Number:		7,511,75		Max Gross Weight at Th	Veight: me of Accident Center of Gravi inche	***************************************
Blimp/Dirigible	Ì	If Large Aire Flight C Cabin C	raft rew rew	how many scats	7 Lar Ch con 22	ading Gear Retractable beck any additional landing gear offiguration that applies:  Tricycle Tailwheel  Amphibian High Skid Emergency Float Skid Float Ski Hull Ski/Wheel  Unknown
Type of Maintenance Program  Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify:	Last Inspection 100 Hour AAIP Annual	Continue Condition Unknow	onai vn	enacessassas bits is .	Airframe Tot hours meas	pection:  mm/dd/yyyy  Lal Time:hrs  lared at (check one)  spection
IFR Equipped  ☐ Ycs ☐ No ☐ Unknown	Stall Warning:	•		ed	□None	Extinguishing System
ELT Installed ELT Activated  Yes No Yes No  ELT Aided in Locating Accident/Incident  Yes No	ELT Manufact Model/Series: Serial Number Battery Type:	4 , h		MAKA Mish popular berson and a second		
Engine Type Reciproca  Reciproca  System Ty	ting Fuel Pro	peller				

OWNER/OPERATOR INFORMATIC	W.					
Registered Aircraft Owner	Owner Address					
Name: Quality Air Lease Services, LLC	Name: Quality Air Lease Services, LLC					
Fractional Ownership Aircraft: Yes No		City: P.O. Box 1215 El Campo State: Texas ZIP: 77437				
Operator of Aircraft	ed Owner	Country: USA  Operator Address Same As Registered Owner				
Name:	•					
Doing Business As:		City: State: ZIP:				
Air Carrier/Operator Designator (4 Character Coo	Country:					
Regulation Flight Conducted Under	Revenue Sightseeing Flight					
☑ FAR 91 ☐ FAR 129 ☐ FAR 91 Specia	☐ Yes    ✓ No					
FAR 103 FAR 133 Non-US, Comn FAR 121 FAR 135 Non-US, Non-US FAR 125 FAR 137 Armed Forces	Air Medical Flight  Yes No					
Purpose of Flight for FAR 91, 103, 133, 137 (Select ime)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial Operating Certificate Held (Check all that apply)				
Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning Acrial Application	Scheduled or Commuter Non-Scheduled or Air Taxi  Domestic or International Domestic  International	None   Plag Carrier Operating Certificate (121)   Supplemental   Air Cargo   Foreign Air Carriers (129)   Commuter Air Carrier (135)   On-Demand Air Taxi (135)   Large Helicopter (127)				
Acrial Observation	Cargo Operation	Rotorcraft External Load (133)				
Air Drop Air Race / Show	Passenger/Cargo PassengerHow many?	- or - Agricultural Aircraft (137)				
☐ Flight Test	Cargolbs					
Public Use	☐ Mail	Other Operator of Large Aircraft				
OTHER AIRCRAFT—COLLISION	If air or ground collision occurred, complete	this section for other aircraft).				
The property of the property o						
		L Destroyed Minor				
Model:						
Registered Owner of Other Aircraft		Substantial None				
Registered Owner of Other Aircraft First Name:		Substantial None				
Registered Owner of Other Aircraft	City:State;	Destroyed   Minor   Substantial   None				
Registered Owner of Other Aircraft First Name: Middle Initial:	City:State;	Substantial None				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft	City: State: Country:	ZIP:				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial:	City: State: Country:  City: State:	ZIP:				
Registered Owner of Other Aircraft  First Name: Middle Initial: Last Name: Pilot of Other Aircraft  First Name: Middle Initial: Last Name: Last Name:	City: State: Country:  City: State: Country:  Country:	ZIP:				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial:	City: State: Country:  City: State: Country:  Country:	ZIP:				
Registered Owner of Other Aircraft  First Name: Middle Initial: Last Name: Pilot of Other Aircraft  First Name: Middle Initial: Last Name: Last Name:	City: State: Country:  City: State: Country:  State: Country:  Yes   No   Unknown	ZIP:				
Registered Owner of Other Aircraft  First Name: Middle Initial: Last Name: Pilot of Other Aircraft  First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAI Was there Mechanical Malfunction/Failure?	City: State: Country:  City: State: Country:  State: Country:  Yes   No   Unknown	ZIP:    Destroyed   Minor   None   None				
Registered Owner of Other Aircraft  First Name: Middle Initial: Last Name: Pilot of Other Aircraft  First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAI Was there Mechanical Malfunction/Failure?	City: State: Country:  City: State: Country:  State: Country:  Yes   No   Unknown	ZIP:    Destroyed   Minor   None     Substantial   None     ZIP:         Total Time/Cycles   Hours   Hours				
Registered Owner of Other Aircraft  First Name: Middle Initial: Last Name: Pilot of Other Aircraft  First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAI Was there Mechanical Malfunction/Failure?	City: State: Country:  City: State: Country:  State: Country:  Yes   No   Unknown	ZIP:    Destroyed   Minor   None     Substantial   None     None     Substantial   None     None     Total Time/Cycles   Hours     Cycles   Cycles				
Registered Owner of Other Aircraft  First Name: Middle Initial: Last Name: Pilot of Other Aircraft  First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAI Was there Mechanical Malfunction/Failure?	City: State: Country:  City: State: Country:  State: Country:  Yes   No   Unknown	ZIP:    Destroyed   Minor   None     Substantial   None     ZIP:         Total Time/Cycles   Hours   Hours				
Registered Owner of Other Aircraft  First Name: Middle Initial: Last Name: Pilot of Other Aircraft  First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAI Was there Mechanical Malfunction/Failure?	City: State: Country:  City: State: Country:  State: Country:  Yes   No   Unknown	ZIP:    Destroyed   Minor   None     Substantial   None     ZIP:				
Registered Owner of Other Aircraft  First Name: Middle Initial: Last Name: Pilot of Other Aircraft  First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAI Was there Mechanical Malfunction/Failure?	City: State: Country:  City: State: Country:  State: Country:  Yes   No   Unknown	ZIP:    Destroyed   Minor   None     Substantial   None     Substantial   None     Total Time/Cycles   Hours     Hours   Cycles     Time Since This Part     Inspected/Overhauled				
Registered Owner of Other Aircraft  First Name: Middle Initial: Last Name: Pilot of Other Aircraft  First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAI Was there Mechanical Malfunction/Failure?	City: State: Country:  City: State: Country:  LURE (If more space is needed; continue.  Yes No Unknown scrial no., and describe the failure.)	ZIP:    Destroyed   Minor   None     Substantial   None     Substantial   None     Total Time/Cycles   Hours     Hours   Cycles     Time Since This Part     Inspected/Overhauled				
Registered Owner of Other Aircraft  First Name: Middle Initial: Last Name: Pilot of Other Aircraft  First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTIONIFAI  Was there Mechanical Malfunction/Failure? (If yes, list the name of the part, manufacturer, part no.)	City: State: Country:  City: State: Country:  LURE (If more space is needed, continue  Yes No Unknown scrial no., and describe the failure.)	ZIP:    Destroyed   Minor   None     Substantial   None     Substantial   None     Total Time/Cycles   Hours     Hours   Cycles     Time Since This Part     Inspected/Overhauled				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAI Was there Mechanical Malfunction/Failure? (If yes, list the name of the part, manufacturer, part no.)	City: State: Country:  City: State: Country:  State: Country:  LURE (If more space is needed, continue  Yes No Vunknown scrial no., and describe the failure.)  ER PROPERTY  Fire  Both Ground and In-Flight	ZIP:  ZIP:  Din Separate sheet)  Total Time/Cycles On Part  Hours  Cycles  Time Since This Part Inspected/Overhauled Hours				

FROM:

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)									
To my understanding the Aircraft was totaled, burnt to the ground. There was damage to a garage and then damage to another garage along with the attached house that caught on fire.									
		•							
i I									
r I									
AIRPORT INFORMATION (it tresaccident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section).									
Airport Identifier: KMDD	200.000			n Airport Cent					
Airport Name: Midland Airport		,				70 degrees MAG			
Proximity to Airport Off Airport/Airst	trip On Airport	On Airstrip		tion:		2,800 ft MSL			
Approach Segment (Select one)	my Clear than the	ryst Littlery	Allhoir sicea	11016:		TE IVEAL			
On Instrument Approach Landin	ng 🔲 Bas	an lesr	□ F	žna)		Go Azound			
☐ Crosswind ☐ Down		w ∧pproach		borted Landing (	~~~~				
IFR Approach (Check all that apply)			VFR Approach	h (Check all tha	t apply)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
☐ None ☐ PAR ☐ Sidestep		Practice ZI GPS	▼ None Traffic Pattern			op and Go Such and Go			
SDF Dils	☐ ASR	Loran	Straight-In	•		mulated Forced Landing			
☐ VOR/TVOR ☐ Localizer Only ☐ VOR/DME ☐ LOC-back course	☐ Visual ☐ ☐ Contact	Unknown	Valley/Terrain	n Following	☐ Fe	erced Landing			
TACAN RNAV	Circling		Go Around Full Stop			ecantonary Danding			
Runway Information						(Check all that apply)			
Ruaway ID: 25 (L/R/C) Length:	5,022 ft Width:	<u>75</u> n	Dry Holes	Snow-	Compacted Crusted	Water-Calm Water-Choppy			
Runway/Landing Surface (Check all that	apply)	William Programme - 17	☐ Ice Covered	Snow-	-Dry	☐ Water-Glassy			
Asphalt Grass/Turf Mac			Rough Rubber Depos	Snow-	Wet	☐ Wet ☑ Unknown			
Concrete Gravel Mets	al/Wood Unknown w	1	Slush Covered		ation	M Offichowo			
FLIGHTITINERARY INFORMA	TION								
Last Departure Point	Time of Departure	Destination	n	170	Type Fligh	t Plan Filed			
Airport ID: KARM	Time: 6:30	Airport ID: _i	KMDD		None	☐ VFR/IFR			
City: Wharton		City: Midla	ınd		Company Military \	VFR  IFR VFR  Unknown			
State: TX	Time Zone: Central	State: Tx	1111		☐ VFR				
Country: USA		Country: US	<u>A</u>		Activated?	✓ Yes □ No			
Type of ATC Clearance/Service (Check a	" " "								
☐ None ☐ Special VFR ☐ VFR ☐ IFR	Special VFR	ial IFR On Top		FR Flight Followi affic Advisory	og	☐ Cruise ☐ Unknown/NA			
Airspace where the accident/incident occ				1	Maria de la compansión de				
Class A Class E	□ Proi	hibited Area		Jet Training	Area	Special			
☐ Class B ☐ Class G ☐ Class C ☐ Domo Area	<del>=</del>	stricted Area litary Operation	to Arun (NAC)A\	☐ TRSA ☐ FAR 93		Air Traffic Control Area Unknown			
Class D Warning Area		port Advisory A				FT3 statements			
Aircraft Load Description (Check all that	apply)			,	**************************************	Hanayan galamananan Alliminan yaga basabasa a Maria a yaga wasana a ya			
✓ None     ☐ Towing Glide       ☐ Passengers     ☐ Towing Barne		achutists		☐ Livesteck ☐ Unknown		ļ			
Cargo Other Externs		uer emical/Fertilize:	n/Seeds	TI DIRTWANT					
FUEL & SERVICES INFORMAT	MON	A second of	ielūje iš eg						
Fuel on Board at Last Takeoff	Fuel Type		18.5						
(convert from pounds, as necessary)	□ 80/87	115/145 Jet A		Oth	es, specify				
460 Gallons	100 Low Load 100/130	☑ Jet A ☐ Automotiv	☐ JP4 ve ☐ JP5						
Other Services, if Any, Prior to Departur	r¢								

EVACUATION OF AIRCRAFT									
Was an emergency evacuation of the aircraft performed?									
Method of Exit - Describe ho	w the occupants	exited and	how m	any occupants c	vacuated each	loca	tion		
Pilot exited through regular door	. There were no o	ther occup	ants.						
1									
l ·									
j									
WEATHERINFORMA	TION ATTEM	E ACCI	)EN	MINCIDENT	SITE	4.0			
Weather Observation Facilit			111	ce of Weather l		A ALL LANGE AND	387 - 3 - 1 (1931) A. (1931) A. (1931) A. (1931)	Method of	Briefing
Facility ID: KMDD	<b>`</b>		(Chec	k all that opply)				(Check all t	hat apply)
Observation Time: 7:45 am				ational Weather Se ight Service Statio			☐ Company ☐ Military	✓ In Person ☐ Teletype	
Time Zone: Central			l 🗀 r	V/Radio			Internet	Z Telepho	ne/Computer
Distance from Accident Site:	<u>50</u> .	NM.		utomated Report ommercial Weatho	r Service (DUA)	13)	Unknown	Aircraft TV/Radi	ne/Computer Radio io n
Direction from Accident Site:		ccs MAG					<del></del>	······································	11 11
Briefing Type/Completeness			~~	t Condition				Visibility	i
Full Partial / Limited By Pilot	☐ Abbrevist ☐ Unknown			awn 🔲 D ay 🔲 N			Dark Night Bright Night	2	miles
Partial / Limited By Briefer	☐ Not Perti			····	-5····		Not Reported		
Sky/Lowest Cloud Condition		Ceiling			_		striction to Visibil	*	hat apply)
	Thin Broken Thin Overeast	None     Broke			scured lefinite		None Blowing Dust	Z Fog	ınd Fog
Partial Obscuration	Unknown	Overc			known		Blowing Sand	Z Hace	5
Scuttered		- Cultur	VP. 1 3	, the same of the			Blowing Snow Blowing Spray	☐ Ice I ☐ Smo	
Lowest Cloud Condition Hei	-	Ceiling	Meigh				Dust	Unk	
	) ft AGL				ft AGL	<u>                                     </u>			
Wind Direction	Wind Speed	5		Wind Gusts	******	1 '	pe of Turbulence of None	C <i>heck all that a</i> Blouds	(pply)
☑ Indicated: 300 degrees MAG	Velocity:	5 <sub>KTS</sub>		Velocity:	KTS		Clear Air Vi	sinity of Thunds	ersione.
	Calm			Gusting		Se	verity of Turbulen	če	
☐ Variable	Light and Var	iable		Not Gusting			1000	derate	☐ Light
	A PROPERTY OF		are arrive		4			derate Chop	
NOTAMs (D, L and FDC	), AIRVIETS, S	IGMET'S	, PIK	EPs in effect a	t the time of	the	accident/incider	t	
1									
ĺ									
	•								
	] ]	cing Fore	ast				Type of Precipita	tion (Check all	that apply)
Temperature: (C)		Amou; None		Moderate	Type   Rime		☐ None	Drizzle	
4	11	Trace	1	Severo	Clear		Rain Snow	☐ Ice Pellets ☐ Snow Pell	
Altimeter Setting:	MB	Z) Light			Mixed		Hail	Snow Gra	
Density Altitude:	<del></del>	cing Actu	al	<u> </u>			Rain Showers  Freezing Rain	Icc Crysta Ice Pellets	
Dew Point:(C)	1 '	Amou:		Moderate	Type □ Rime		Snow Shower	Freezing I	Drizzle
or(F)	1	Trace		Severe	Clear		Intensity of Preci	pitation	_
		Light			Mixed		🗆 Light 🛮 🗷	Moderate	☐ Heavy

	<b>《大学》,"大学</b> ","大学","大学","大学","大学","大学","大学","大学","大学		PILOT "A" INFORMATION								
Pilot "A" Responsibilities at the Time of Accident/Incident											
☑ Pilot ☐ Co-Pilot	Student Pilot	🔲 Flight L	ustructor [	Check Pilot	Flight	i Engineer	Other:	Flight Crow			
Pilot "A" Identification							·		<del>                                      </del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
First Name: Page				City	. Needv	/ille					
Middle Initial: C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************	······································	Stat	e: Tx	2	IP: 7746			A	
Last Name: Mund	MACLICAL PROPERTY OF THE PROPE	·····		Cou	ıntry: US	A					
Age at time of Accident/Incident: 53 Date of Birth: Certificate Number: mm/dil/yyyy											
Degree of Injury	Seat Occup	îed		Seat	Belt	(		Shoulder E	Iarness		
☐ None ☐ Fatal	Left Left	Front	☐ Unknov	va. Used			] No	Used	☐ Yes	Z No	
☐ Minor ☐ Unknown ☐ Serious	Right Center	☐ Rear ☐ Single		Avai	lable i	ZIYes [	] No	Available	Yes	🗹 No	
Pilot Certificate(s) (Check ai											
		☐ Recre	ational	Z Commerci	9.]		Flight Engir	ncer -	☐ Foreign		
Private Flig	lent ht Instructor	Sport Sport		Airline In			U.S. Militar				
Principal Occupation	Medical Certific	ate		Med	iical Cert	ificate Va	lidity	Date of L	ast Medic	al	
3 GEG * *****		Class 3	679			itations/wai		08/03/	/2011		
	Class 1 Class 2	] Unknown	nse (Sport Pilot		vith innetat Inknown	ions/wa(ver	5.	mm/dd	<b>L</b>		
beneft out and a page Y-11											
Medical Certificate Limitat											
Glasses for distance and near vision	1.										
Medical Certificate Waiver	8			**************************************				***			
Date of Last Flight Review	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
	or Equivalent, Including									<u>, , , , , , , , , , , , , , , , , , , </u>	
FAR 121/135 Checks: 08/14/2011 Make: Simulator											
	08/14/2011 mm/dd/yyyy	!		raft		-					
······································		Make: Model	Simulator	VIEW MARKET HE PROPERTY OF THE	M. W.	Instructo	Rating(s)				
Airplane Rating(s) (Check all that apply)	mm/dd/yyyy Other Aircrai (Check all that a	Make: Model ft Rating(s)	Simulator : Instrum	raft ent Rating(s)		Instructor	r Rating(s)				
Airplane Rating(s) (Check all that apply)	mm/dd/yyyy  Other Aircrai (Check all that a	Make: Model ft Rating(s)	Simulator  Instrum (Check at	ent Rating(s) I that apply)	}	(Check all :	that apply)		Instrument		
Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea	mm/dd/yyyy Other Aircrai (Check all that a	Make: Model ft Rating(s)	Simulator  Instrum (Check at	ent Rating(s) I that apply)	}	(Check all a		ine [	Instrument Instrument Heticopter	Helicopter	
Airplane Rating(s) (Check all that apply)  None  Z single-Engine Land Single-Engine Sea Multiengine Land	mm/dd/yyyy  Other Aircrai (Check all that a  None Airship Free Balloon Glider	Make: Model ft Rating(s)	Simulator  Instrum (Check al.	ent Rating(s) I that apply) ne pter		(Check all a	hat apply) : Single-Eng : Multi-Enga	ine [	Instrument Helicopter Olider	Helicopter	
Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea	mm/dd/yyyy  Other Aircrai (Check oll that of None Airship Free Balloon Glider Gyroplane	Make: Model ft Rating(s)	Simulator  Instrum (Check al. None Airpla	ent Rating(s) I that apply) ne pter		(Check all a	hat apply) : Single-Eng : Multi-Enga	ine [	Instrument Helicopter	Helicopter	
Airplane Rating(s) (Check all that apply)  None  Single-Engine Land  Single-Engine Sea  Multiengine Land	mm/dd/yyyy  Other Aircrai (Check all that a  None Airship Free Balloon Glider	Make: Model It Rating(s)	Simulator  Instrum (Check al. None Airpla	ent Rating(s) I that apply) ne pter		(Check all a	hat apply) : Single-Eng : Multi-Enga	ine [	Instrument Helicopter Olider	Helicopter	
Airplane Rating(s) (Check all that apply)  None  Z single-Engine Land Single-Engine Sea Multiengine Land	mm/dd/yyyy  Other Aircrai (Check all that a  None Airship Free Balloon Glider Gyroplane Heljcopter	Make: Model It Rating(s)	Simulator  Instrum (Check al. None Airpla	ent Rating(s) I that apply) ne pter		(Check all :  None Airplan Gyropls Gyropls Powerer	that apply) Single-Eng Multi-Enga ne Lift	ine [	Instrument Helicopter Olider Sport	Helicopter	
Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy  Other Aircrai (Check all that a  None Airship Free Balloon Glider Gyroplane Heljcopter	Make: Model It Rating(s)	Simulator  Instrum (Check al. None Airpla	ent Rating(s) I that apply) ne pter		(Check all :  None Airplan Gyropls Gyropls Powerer	that apply) Single-Eng Multi-Enga ne Lift	ine D	Instrument Helicopter Olider Sport	Helicopter	
Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy  Other Aircrai (Check all that a  None Airship Free Balloon Glider Gyroplane Heljcopter	Make: Model It Rating(s)	Simulator  Instrum (Check al. None Airpla	ent Rating(s) I that apply) ne pter		(Check all :  None Airplan Gyropls Gyropls Powerer	that apply) Single-Eng Multi-Enga ne Lift	ine D	Instrument Helicopter Olider Sport	Helicopter	
Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy  Other Aircrai (Check all that a  None Airship Free Balloon Glider Gyroplane Heljcopter	Make: Model It Rating(s)	Simulator  Instrum (Check al. None Airpla	ent Rating(s) I that apply) ne pter		(Check all :  None Airplan Gyropls Gyropls Powerer	that apply) Single-Eng Multi-Enga ne Lift	ine D	Instrument Helicopter Olider Sport	Helicopter	
Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy  Other Aircrai (Check all that a  None Airship Free Balloon Glider Gyroplane Heljcopter	Make: Model It Rating(s)	Simulator  Instrum (Check al. None Airpla	ent Rating(s) I that apply) ne pter		(Check all :  None Airplan Gyropls Gyropls Powerer	that apply) Single-Eng Multi-Enga ne Lift	ine D	Instrument Helicopter Olider Sport	Helicopter	
Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea  Type Ratings	mm/dd/yyyy  Other Aircraf (Check all that a   None	Make: Model It Rating(s)	Instrum (Check at	ent Rating(s) I that apply) ne pter		(Check all i	that apply)  Single-Engle Multi-Engle Lift  Adorsement	ine D	Instrument Helicopter Olider Sport	Helicopter	
Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea  Type Ratings	mm/ddiyyyy  Other Aircrai (Check all that a  None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model ft Rating(s) pply) This Make	Simulator  Instrum (Check all None Airpla Fower  Airplane Single	ent Rating(s) I that apply) ne pter ed Lift Airplane		(Check all i  None  Airplam  Airplam  Gyropla  Powerer  Student E	that apply)  Single-Engine Multi-Engine Lift  Adorsement	ine	Instrument Helicopter Glider Sport	Helicopter	
Airplane Rating(s) (Check all that apply)  None  Single-Engine Land Single-Engine Land Multiengine Land Multiengine Sea  Type Ratings	mm/dd/yyyy  Other Aircrai (Check all that a  None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model It Rating(s) pply) This Make & Model	Simulator  Instrum (Check al. None Airpla Fower  Airplane Single Engine	ent Rating(s) I that apply) ne pter ed Lift  Airplane Multiengine	Night	(Check all i  None  Airplam  Airplam  Gyropla  Powerer  Student E	that apply)  Single-Engine Multi-Engine Lift  Adorsement  Concert  Simulated	ine D	Instrument Helicopter Olider Sport	Helicopter	
Airplane Rating(s) (Check all that apply)  None  Single-Engine Land Single-Engine Sea  Multiengine Sea  Type Ratings  Flight Time (enter appropriate number of hours in each box)  Total Time	mm/dd/yyyy  Other Aircrai (Check all that a  None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift  All Aircraft 4,600	Make: Model  Rating(s)  pply)  This Make & Model  25	Instrum (Check at   None   None   Helico   Power  Airplane Single Engine  3,775	ent Rating(s) I that apply) ne pter ed Lift  Airplane Multlengine 810	Night 425	(Check all i  None Airplam Airplam Gyropla Powered  Student F	that apply)  Single-Engine Multi-Engine Lift  Adorsement	ine	Instrument Helicopter Glider Sport	Helicopter	
Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea  Type Ratings  Flight Time (enter appropriate number of hours in each box) Total Time Pilot in Command (PIC)	mm/dd/yyyy  Other Aircrai (Check all that a  None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model It Rating(s) pply) This Make & Model	Simulator  Instrum (Check al. None Airpla Fower  Airplane Single Engine	ent Rating(s) I that apply) ne pter ed Lift  Airplane Multiengine	Night	(Check all i  None Airplam Airplam Gyropla Powered  Student F	that apply)  Single-Engine Multi-Engine Lift  Adorsement  Concert  Simulated	ine	Instrument Helicopter Glider Sport	Helicopter	
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PILOT "B" INFORM	ATION	100				AND FOR		7	e ( September 1985)	
Pilot "B" Responsibilities at the Time of Accident/Incident										
Pilot Co-Pilot	Student Pilot	Flight In	structor [	Check Pilot	∏ Flig	nt Engineer	Other	Flight Crew		
Pilot "B" Identification										, <u></u>
First Name:	ELL	······································		Cit	y:					
Stafe; ZIP:										
The state of the s										
Age at time of Accident/Incident: Date of Birth: Certificate Number: mm/dd/yyyy										
Degree of Injury	Seat Occupied	11/1			Belt	T		Shoulder E	Tarnece	
None   Fatal		Front Rear	Unknown	. 1 .0.00	l	☐ Yes [	□ No	Used	Yes	□No
Serious Ouknown	Right Center	Kear Single		Ayai	lable	∐ Yes [	□ No	Available	☐ Yes	□ No
Pilot Certificate(s) (Check of						<del></del>		111765M	·	
☐ None ☐ Stu	ident	Recreat	tional	Commerci	al	f''''	Flight Engir	acoe	Foreign	
☐ Private ☐ Fli	ght Instructor	Sport Sport		Airline Tr			U.S. Militar	У	TTI 1 Oresigni	
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Date of Last Flight Review or Equivalent, Including		Flight I	Review Airc	raft						
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☐ Multiengine Land ☐ Multiengine Sea	☐ Glider ☐ Gyroplane		☐ Powere	xi Lift		Gyroplan Powered		닭	Glider Sport	
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Total Time				<u> </u>			<u> </u>			
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1.ast 30 Days	<u> </u>				<u> </u>	-				
Last 24 Hours	1 T	B B								

ADDITIONAL FLIGHT CR	EAN MEMBERS	Exclusive of cabin-	anendanis, compl <b>ete t</b> h	e following Infor	mation)				
Pilot Name and Address			week dienerge programme gebruik van de gebruik van		Degree	of Injury			
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Middle Initial:		State:	ZIP:		Mino				
Last Name:	-	Country:							
Pilot Certificate(s) (Check all tha					Seat Oc	-			
None Student Private Flight Instructor	☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport	Flight Engineer U.S. Military	Foreign	☐ Left ☐ Right	Front Rear			
Type Rating/Endorsement for	Lisbar		lime at the Time	V.		π			
Accident/Incident Aircraft?	☐ Yes ☐ No	of this Accide	nt/Incident:	hrs		Unknown			
the self-theorem and the second of the secon	Was a second and the second and the second	AMERICA DE LA CASA DE		e skarini (), ppinanjaria i Briganja, po	Lighted to a second of the second				
Pilot Name and Address						of Injury			
First Name:		City:	ZP:	***************************************	None Mino				
Middle Initial: Last Name:		State:			Serio				
Pilot Certificate(s) (Check all tha	- August 15 (1)	- COMMITY.	112333		Seat Oc				
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Private Flight Instructor	☐ Sport	Airline Transport	Flight Engineer U.S. Military		Right Cente	Rear			
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FROM:



## NARRATIVE HISTORY OF FLIGHT (Pleage type of print fromk)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wrockage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained. Departed from Wharton Regional Airport Karm at 6:30 am Dec 2, 2011 enroute to Midland Airpork KMDD. Estimated time 1.45 hours. Was Cleared from 12000 down to 6000, then was instructed that I could go back up to 7000 to stay above the clouds, because of icing conditions reports, and had all deicing equipment on. Approximately 50 miles from KMDD I checked AWOS with ceilings of 500 fit, and 2 miles visability with winds approximately 300 degrees at 5 kts and asked for GPS 25 approach. Cleared for the GPS 25 approach and maintained 4500 until established. On the way to the final approach point the autopilot was heading to the JIBEM, so I switched the autopilot to heading, and went to WAVOK. I deployed the boots twice before approaching WAVOK. At WAVOK I was told to abort the approach and turn back to a north easterly direction to re intercept the final approach course. At which time the copilot windshield iced up. I was vectored around to a heading of 248 degrees at 4500 fit. I was cleared again for the approach and the pilot windshield was halfway iced up. I proceeded from the final approach course to 3400 and leveled out. Then went down to 3300 and was just underneath the cloud deck looking for the runway. Everything was flying smooth until I accelerated throttles from about halfway to about three quarters. At this point I lost roll control and the airplane rolled approximately 90 degrees to the left. I disengaged autopilot and began to turn the yoke to the right and holding steady. It was slow to respond and when I thought that I had it teveled off the airplane continued to roll approximately 90 degrees to the right. At this time I was turning the yoke back to the left and pulling back to level it off, but it continued

## RECOMMENDATION (Flow could this accident incident have been prevented?)

Operator/Owner Safety Recommendation

Dec. 28 2011 11:10AM P10

FAX NO. :2813425145

FROM:

		ATION (Please type or print in ink)		
		e is needed for any answers.		
I do not have any informati has said that they have giv	on on the aboven the inform	eve aircraft at this time. This information will have to sation to.	o be obtained from Quality Lease Services or from the F.	AA, which Quality Lease Services
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NTSB Accident/Incid CEN12LA095	lent ivo.	Reviewed by NTSB Regional Office West Chicago, IL	Name of Investigator Edward Malinowski	Date Report Received 12/29/11