

**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>Boyne City</u> State: <u>MI</u> ZIP: <u>49712</u> Country: <u>USA</u> Latitude: <u>45:12.5N</u> (dd:mm:ss N/S) Longitude: <u>084:59.4W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>10/31/2012</u> Local Time: <u>0922</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 type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input type="checkbox"/> None	Altitude of In-Flight Occurrence _____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Piaggio</u> Model: <u>Piaggio Avanti</u> Serial Number: <u>1057</u> Registration Number: <u>N401WS</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Max Gross Weight: <u>12,100</u> lbs Weight at Time of Accident/Incident: <u>10,700</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>211.1</u> inches from <input type="checkbox"/> nose or <input checked="" 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 (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: <u>8</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
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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>10/24/2012</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>3,002</u> hrs hours measured at (check one) <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>Hand Held and Engine</u>
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ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ELT Manufacturer: <u>ACK Technologies</u> Model/Series: <u>E-04</u> Serial Number: <u>5490</u> Battery Type: <u>5 year Lithium</u> Battery Exp. Date: <u>09/21/2014</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 type="checkbox"/> Turbo Fan <input checked="" 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 Manufacturer: <u>Hartzell 5 Blade Prop</u> <input checked="" type="checkbox"/> Controllable Pitch Model: <u>HCE5N-3A and HCE5N-3L</u>
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Pratt and Whitney	PT6-66	PCE-RK0054	2001	1450, flat rated to 850	3,002	2	2
Eng. 2	Pratt and Whitney	PT6-66	PCE-RK0057	2001	1450, flat rated to 850	3,002	2	2
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

<p>Registered Aircraft Owner</p> <p>Name: <u>Ann Arbor Aviation Partners, LLC</u></p> <p>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Owner Address</p> <p>City: <u>Ann Arbor</u></p> <p>State: <u>MI</u> ZIP: <u>48105</u></p> <p>Country: <u>USA</u></p>
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<p>Operator of Aircraft <input type="checkbox"/> Same As Registered Owner</p> <p>Name: <u>Flagship Private Air, LLC</u></p> <p>Doing Business As: <u>Flagship Private Air, LLC</u></p> <p>Air Carrier/Operator Designator (4 Character Code): <u>2FPA</u></p>	<p>Operator Address <input type="checkbox"/> Same As Registered Owner</p> <p>City: <u>Belleville</u></p> <p>State: <u>MI</u> ZIP: <u>48111</u></p> <p>Country: <u>USA</u></p>
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<p>Regulation Flight Conducted Under</p> <p> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces </p>	<p>Revenue Sightseeing Flight</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Air Medical Flight</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</p> <p> <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 </p>	<p>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</p> <p> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi </p> <p>Domestic or International</p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> International</p> <p>Cargo Operation</p> <p> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail </p>	<p>Type of Commercial Operating Certificate Held (Check all that apply)</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input checked="" type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft </p>
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OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

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)

<p>Was there Mechanical Malfunction/Failure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i></p> <p>Suspect Steering Manifold, Messier, 114180003, DH-0002, nose wheel failed to castor on landing.</p>	<p>Total Time/Cycles On Part</p> <p>_____ Hours _____ Cycles</p> <p>Time Since This Part Inspected/Overhauled</p> <p>_____ 2 Hours</p>
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY

<p>Aircraft Damage</p> <p> <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed </p>	<p>Aircraft Fire</p> <p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground </p>	<p>Aircraft Explosion</p> <p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground </p>
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

Left outboard main wing leading edge damaged by small tree and airport perimeter fence. Suspect damage to radar/radome due to nose impact with berm and fence. Front wing dislodged from mounts with left tip cap broken off. Landing lights and door sheared off.

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

Airport Identifier: N98 Distance From Airport Center: _____ SM
 Airport Name: Boyne City Municipal Direction From Airport: _____ degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: _____ 660 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: 27 (L/R/C) Length: 4,001 ft Width: 75 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 Airport ID: <u>KYIP</u> City: <u>Belleville</u> State: <u>MI</u> Country: <u>USA</u>	Time of Departure Time: <u>0822L</u> Time Zone: <u>EDT</u>	Destination Airport ID: <u>N98</u> City: <u>Boyne City</u> State: <u>MI</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
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Type of ATC Clearance/Service (Check all that apply)
 None Special VFR Special IFR VFR Flight Following Cruise
 VFR IFR VFR On Top Traffic Advisory Unknown / NA

Airspace where the accident/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)
422 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? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location
 Normally, through the main cabin door without lowering the steps. The steps would have contacted the ground and possibly be damaged.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>KCVX</u> Observation Time: <u>0905-0910</u> Time Zone: <u>EDT</u> Distance from Accident Site: <u>13</u> NM Direction from Accident Site: <u>300</u> degrees MAG	Source of Weather Information (Check all that apply) <input checked="" 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 type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	Method of Briefing (Check all that apply) <input checked="" 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 checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility <u>10</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 (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
Lowest Cloud Condition Height <u>1,600</u> ft AGL	Ceiling Height <u>1,600</u> ft AGL	

Wind Direction <input checked="" type="checkbox"/> Indicated: <u>360</u> degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: <u>16</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: <u>25</u> KTS <input checked="" type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	Type of Turbulence (Check all that apply) <input checked="" 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
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NOTAMs (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident
 No published NOTAMs, however, Runway 9 PAPI was reported out of service by MN Center.

 The wind data above was reported at CVX, however, the winds at Boyne City were considerably lighter due to surrounding terrain. The local winds were out of the north-northwest at approximately 8-10 knots.

Temperature: <u>5</u> (C) or _____ (F) Altimeter Setting: <u>29.68</u> in. HG or _____ MB Density Altitude: _____ ft Dew Point: <u>2</u> (C) or _____ (F)	Icing Forecast Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed Icing Actual Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed	Type of Precipitation (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
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PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

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

Pilot "A" Identification

First Name: James City: Belleville
 Middle Initial: F State: MI ZIP: 48111
 Last Name: Wise Country: USA
 Age at time of Accident/Incident: 63 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 checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	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 checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>07/18/2012</u> <i>mm/dd/yyyy</i>
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Medical Certificate Limitations

Must wear corrective lenses

Medical Certificate Waivers

None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>05/23/2012</u> <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: <u>HawkerBeechcraft</u> Model: <u>C-90</u>
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Airplane Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings CE-500 and DA-20	Student Endorsements <i>(Include dates)</i>
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Flight Time <small>(enter appropriate number of hours in each box)</small>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	11,506	665	85	6,508	2,909	1,452	227	4,914	0	0
Pilot in Command (PIC)	8,656	481	56	4,361	2,093	980		1,414	0	0
Time as Instructor	3,710	0	0	886				2,766	0	0
This Make/Model					109	233	0			
Last 90 Days	85	0	0	85	9	43	0	0	0	0
Last 30 Days	19	2	0	19	4	9	0	0	0	0
Last 24 Hours	1	1	0	1	0	1	0	0	0	0

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 <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	

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"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown

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

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"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown

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

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"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown

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
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PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	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: _____											
Last Name: _____											
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: _____ ZIP: _____											
Country: _____											
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: _____											
Last Name: _____											
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Last Name: _____											
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State: _____ ZIP: _____											
Country: _____											

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.

N401WS was scheduled as a re-positioning flight to Boyne City, MI (N98) to pick up four passengers and return them to Detroit Metro Airport (KDTW) on 31 October 2012. James F. Wise was the assigned Pilot-in-Command and Pilot Flying at the time of the incident. The crew arrived at the company at 0700 EDT to begin flight preparation with a planned departure time of 0830 EDT. The aircraft had been fueled the previous evening and was pre-flighted in the hangar - no defects noted. A normal battery start, taxi, run-up, departure, and takeoff was completed at Willow Run Airport with the taxi beginning at 0811 EDT. Run-up checks were conducted on taxi-way H with all systems operating normally and departure from Runway 32 at approximately 0822 EDT. Take off, climb-out and en route phases of the flight were uneventful. Upon arrival in the Boyne City (N98) area, received the Charlevoix, MI (KCVX) AWOS and planned for the RNAV(GPS) 27 Approach. The approach lead to a breakout from instrument conditions at approximately 1600 feet MSL, MDA was 1480 feet. Vertical ground contact was possible before the actual breakout, and the runway was in sight upon leaving the overcast. The approach was stabilized on speed. The descent rate was increased momentarily once clearing a hill. However, the winds were not as strong as reported by the KCVX AWOS. According to onboard systems, the winds were out of the North and Northwest at 25 knots on final approach and decreasing as we got closer to the ground. The last noted winds were at 12 knots from the northwest just prior to touchdown. Contact sounds were made by two to three birds just prior to touchdown at approximately 5-10 feet in a landing attitude. The last noted airspeed prior to touchdown was 118 knots. Touchdown was on center line near the approach end of the runway. Power levers were moved from idle to beta/reverse range to slow the aircraft. A slow left turn began to develop that could not be controlled by adding right pedal and right brake. The pilot flying was pushing the Control Wheel Master Switch while adding full right pedal and right brake and moved the right power lever to full reverse with no controllable steering response. The aircraft departed the left side of the runway through the grass and came to rest after hitting a small tree and airport boundary fence; and spanning an airport boundary drainage ditch. The main wheels were on the grass and the nose was on the fence berm beyond the ditch. An emergency shutdown was performed and exited the aircraft unassisted through the main cabin door. Local observers at an industrial facility adjacent to the airport notified local 911 of the incident. Police and EMS responded. The undersigned contacted the company, and the FAA, Certificate Holding District Office, to notify them of the mishap. Upon inspection of the aircraft at the site, it was noted that the nose wheels were turned full left into the side of the ditch/berm.

-----End of Statement-----

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


Operator/Owner Safety Recommendation

Recommend inspection of steering manifold for failure/malfunction. Steering was OFF. Published Abnormal Procedure failed to correct the situation.

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 11/02/2012 <i>mm/dd/yyyy</i>	Signature Signature:  Type or Print Name: James F Wise		
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. CEN13LA038	Reviewed by NTSB Regional Office Denver	Name of Investigator Lindberg	Date Report Received 11/5/2012