NATIONAL TRANSPORTATION SAFETY BOARD NTSB Form 6120.1 PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site http://www.ntsb.gov, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

Rules pertaining to aircraft accidents/incidents, overdue aircraft, and safety issues are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a). The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when, after seven (7) days, an overdue aircraft is still missing. An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that **ALL** questions be answered completely and accurately to serve the above purposes.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 C.F.R. 830.2.

2. "Substantial Damage" means damage or failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM It is necessary that ALL questions on this report be answered completely and accurately. If more space is needed, continue on a blank sheet.

Nearest City/Place: Use the name of the nearest community that has a Post Office in the state where the accident/incident occurred.

Date & Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate.

Max Gross Weight: Enter the certificated max gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Airworthiness Certificate: For light sport aircraft, if aircraft certificated as "Light Sport - Experimental", check both the "Light Sport" and "Experimental" check boxes.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle,

cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Engine: Enter engine make and model information as indicated on the engine data plate.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "Doing Business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under FAR Part 91 at the time of the accident.

Public Use: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Military operations should not be included under public use. If public use, also indicate whether the flight was conducted by Federal, State, or Local government.

Air Medical Flight: Indicate whether accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

NTSB Form 6120.1 (rev. 2/2011). This form replaces 6120.1/2.

Purpose of Flight (FAR 91, 103, 133, 137): Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

PERSONAL—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

BUSINESS—Includes all personal flying without a paid, professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE—Company flying with a paid, professional crew.

OTHER WORK USE—Miscellaneous flight operations conducted for compensation or hire such as construction work (not FAR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

INSTRUCTIONAL—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

FERRY—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

POSITIONING—Non-revenue flight conducted for the primary purpose of moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

AERIAL APPLICATION—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION—Aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP—Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW—Includes any flight operations conducted as part of an organized air race or public demonstration.

FLIGHT TEST—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component, or evaluating an applicant for a pilot certificate or rating.

PUBLIC USE-See definition above.

UNKNOWN—Use only if the primary purpose of flight is not known.

Other Aircraft – Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, takeoff, or within 3 miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identification: Provide the official 3 or 4 character airport identifier.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident site.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident (reported as broken or overcast).

NOTAMs ((D), (L) and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs, AIRMETs, SIGMETs, PIREPs in effect near the accident/incident. For NOTAMs, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

Pilot Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Pilot A" and "Pilot B" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the Instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none". If the pilot holds a pilot certificate other than student, and was flying an aircraft requiring an endorsement enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor".

Additional Flight Crew Members: Complete this section if there were more than two required flight crew members on the aircraft. This also includes a check airman performing official duties, but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the instructions for the official definition of injury levels. Occupants are considered "Revenue" passengers if they were being carried for compensation or hire. The option "FAA" refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

Several questions throughout the form allow for multiple responses; when appropriate choose all responses that apply.

These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report.* For additional definitions of questions and responses, please refer to <http://www.ntsb.gov>.

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: Birmingham ZIP: 35212 Country: United States of America						e: AL	Date/Time Date: 08/14/13						
Latitude	<u>33:33:50 N</u> (d	ld:mm:ss N	/S) Longitude: 86	:45:08.3V	V (ddd	:mm:ss E/W)				1 111P	e zone		
Phase of Operation Standing Takeoff (incl. initial climb) Cruise Hover Taxi Climb Maneuvering Other Descent Landing Approach Unknown							Collision with Other Aircraft Altitude of In-Flight Midair Occurrence On-ground ft MSL					ft MSL	
AIRC	AIRCRAFT INFORMATION												
Manufacturer: Airbus Model: A300-622R Serial Number: 841 Registration Number: N155UP Amateur-built: Yes I						Yes 🗹 No)	Max Gross W Weight at Tin Location of C	Veight: me of Acci Center of C	37 dent/Inci Gravity a inches fro Percent M	5,900 lbs ident: t Time of m nose	291,5 Accident/In or datus	00 lbs ncident: m
Catego	ory of Aircraft lane oon	Type of (Check ai Standar	Airworthiness (Il that apply) rd Spec	Certificato	e	Number of S	Se:	ats:	<u>7</u> for:	Landin Check a configu	g Gear any addition tration that	Retrac	table
Glid Gyrd Heli Pow Ultra Unk	er ocraft copter ered lift alight nown	☐ Norm ☐ Utility ☐ Acrob ☑ Trans	al Re vatic Dr port Ex Sp Li	estricted Flight C imited Flight C invisional Cabin C experimental Passeng ight Sport			2rew: 3 2 T 2rew: 0 4 gers: 4 6 1 1 1			Tric	cycle phibian ergency Flo at l known	Ta Hi at Sk Sk Sk	ailwheel igh Skid cid ci ci/Wheel
Type o	f Maintenance Prual ditional (Amateur-bu	rogram iilt only)		Last Inspection Type			us . nal	Airworthiness	Date La	st Inspect	ion:	8/14/2013 m/dd/yyyy	
Man Othe Con Othe	ufacturer's Inspection or Approved Inspection tinuous Airworthines or, specify:	on Program on Program ss	n (AAIP)	🗌 Annual 📄 Unknov			vn Airframe Tota hours measur ✓ Last Insp			e Total T measured ast Inspecti	I Time: 11,043 hrs red at (check one) Imme of Accident/Incident section Time of Accident/Incident		
IFR E Z Yes	Juipped	nown		Stall Warning System Installed ✓ Yes □ No □ Unknown				ed	Type of Fire Extinguishing System ✓ None □ Specify				
ELT II	nstalled E	LT Activa] Yes 🔽	ated No	ELT M Model/S	anufa Series:	cturer: Kanna Kannad 406	nnad 406 AS (TNC)						
ELT A	ided in Locating	Accident	Incident	Serial N	lumbe	er: <u>2616068-0</u>)0 [,]	49					
🗌 Yes	🖌 No			Battery	Туре	: <u>51820516-9</u>	99			Batter	y Exp. Da	ite: <u>5/2016</u>	<u>; </u>
Engine Type Reciprocating Reciprocating Turbo Jet Turbo Shaft Turbo Fan Turbo Prop Unknown				i g Fuel ed	P	ropeller] Fixed Pitch] Controllable Pi	itcł	Manufac	turer:				
Engine	Engine Manufact	urer	Engine Model/Series	Manufacturer's Serial Number				Date of Mfg. mm/dd/yyyy	Engine Ra Power Me as (check Horse V lbs of	ented easured one) power or Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1 Eng. 2	Pratt & Whitney Pratt & Whitney		4158		728586	; ; ;		2/2002		58000	11,863	2,405	
Eng. 3													
Eng. 4													

OWNER/OPERATOR INFORMATIO	DN				
Registered Aircraft Owner	Owner Address				
Name: United Parcel Service Co.	City: Louisville				
Fractional Ownership Aircraft: 🗌 Yes 🔽 No	State: KY ZIP: 40223 Country: USA				
Operator of Aircraft Same As Registe	red Owner	Operator Address	Same As Registered Owner		
Name: United Parcel Service Co.		City:			
Doing Business As: United Parcel Service Co		State: ZII	P:		
Air Carrier/Operator Designator (4 Character Co	ode): IPXA	Country:			
Regulation Flight Conducted Under		Revenue Sightseeing Fli	ght Cart		
FAR 91 FAR 129 FAR 91 Speci FAR 103 FAR 133 Non-US, Com FAR 121 FAR 135 Non-US, No-US, NON-US, NON-US, NON-US, NON-US, NON-US, NO	al Flight Dublic Use (select type) mercial Federal State Local commercial Unknown	Air Medical Flight	No		
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial Op (Check all that apply)	perating Certificate Held		
 Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning A erial Application 	✓ Scheduled or Commuter □ Non-Scheduled or Air Taxi Domestic or International ✓ Domestic □ International	 None Flag Carrier Operating Certificate (121) Supplemental Air Cargo Foreign Air Carriers (129) Commuter Air Carrier (135) On-Demand Air Taxi (135) 			
Acrial Observation	Cargo Operation	Rotorcraft External Load	1(133)		
Air Drop	Passenger/Cargo	- or -	7)		
☐ Flight Test	\square Passenger now many \square \square Cargo 89,227 lbs	Gricultural Aircraft (137)			
Public Use	🔲 Mail	Other Operator of Large Aircraft			
		 this costion for other sizes			
OTHER AIRCRAFT - COELISION	(in an or ground consion occurred, complete	The section for other and a	mage to Other Aircraft		
Aircraft Registration Number Manufacture Model:	r:		Destroyed Minor Substantial None		
Registered Owner of Other Aircraft					
First Name:	City:				
Middle Initial:	State:	ZIP:			
Last Name:	Country:				
Pilot of Other Aircraft					
First Name:	City:	710			
Middle Initial:	State:	ZIP:	_		
MECHANICAL MALFUNCTION/FA	ILURE (If more space is needed, continue	on separate sneet)			
Was there Mechanical Malfunction/Failure?	\square Yes \square No \checkmark Unknown		Total Time/Cycles		
(if yes, list the name of the part, manufacturer, part no	., seriai no., ana aescribe ine faiture.)				
			Hours		
			Cycles		
			Inspected/Overhauled		
DAMAGE TO AIRCRAFT AND OT	IER PROPERTY				
Aircraft Damage Aircraft	Fire	Aircraft Explosion	a an ann 1996 ann an an Arland an Arland.		
□ None □ Substantial □ None □ Minor ☑ Destroyed □ In-Flin	Both Ground and In-Flight Dunknown Origin	✓ None B □ In-Flight □ U □ On-Ground	Both Ground and In-Flight Inknown Origin		

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)											
Description of Damage to Aircrait and Other Property (use additional sheet if necessary)											
Minor damage to occupied structures outside the airport area.											
AIRPORT INFORMATION (If th	e accident/incident occi	urred on app	roach, takeoff or wi	thin 3 miles	of an airpor	t, complete this section)					
Airport Identifier: KBHM			Distance From A	irport Cen	ter:	1 <u>SM</u>					
Airport Name: Birmingham Shuttleswo	rth International Airpo	rt	Direction From A	Airport:	North 3	60 degrees MAG					
Proximity to Airport Off Airport/Airs	rip 🔽 On Airport 🔲	On Airstrip	Airport Elevatio	n:		650 ft. MSL					
Approach Segment (Select one)	• <u> </u>	•	•			nn a chailte ann ann ann ann ann ann ann ann ann an					
On Instrument Approach	ng 🔲 Bas	e leg	🗹 Final			🗌 Go Around					
Crosswind Down	wind 🔲 Lov	v Approach	Abor	ted Landing (after touchdow	/n)					
IFR Approach (Check all that apply)		_	VFR Approach	(Check all the	at apply)						
ADE/NDB Sidesten		Practice	None			op and Go such and Go					
	\square ASR	Loran	Straight-In			mulated Forced Landing					
VOR/TVOR Localizer Only	Visual Z	Unknown	Valley/Terrain Fo	ollowing		preed Landing					
TACAN			Full Stop		Z U	nknown					
Runway Information			Condition of Run	way/Landii	ng Surface	(Check all that apply)					
Runway ID: <u>18</u> (L/R/C) Length:	7,099 ft Width:	<u>150</u> ft		Snow	-Compacted	Water-Calm					
Runway/Landing Surface (Check all that	apply)		I Ice Covered	Snow	-Crusted -Dry	Water-Glassy					
Asphalt Grass/Turf Mac	adam 🗌 Water		Rough	Snow	-Wet	Vet Vet					
Concrete Gravel Met	al/Wood 🗌 Unknowr	1	Slush Covered Vegetation								
	TION										
Last Departure Point	Time of Departure	Destination	1		Type Fligh	t Plan Filed					
Airport ID: KSDF	- 0055-	Airport ID:	KBHM		None 🗌	VFR/IFR					
City: Louisville	Time: 00002	City: Birmir	ngham		Company	VFR IFR					
State: KY	Time Zone: UTC -4	State: AL		_							
Country: United States of America		Country: Un	ited States of Ame	rica	Activated?	🖌 Yes 🗌 No					
Type of ATC Clearance/Service (Check a	ll that apply)										
□ None □ Special VFR		al IFR		Flight Followi	ing	Cruise					
		On Top		c Advisory							
Airspace where the accident/incident oc	curred (Check all that ap	ply) hibitad Araa	r	1 Int Training	A ====	- Special					
	\square Res	tricted Area		TRSA	Alea	Air Traffic Control Area					
Class C Demo Area	☐ Mil	itary Operation	s Area (MOA)] FAR 93		🔲 Unknown					
		SOLT Advisory A	Area		<u></u>						
None Towing Glide	<i>арріу)</i> г ПРата	achutists	Г	Livestock							
Passengers Towing Bann	er 🗌 Wat	ter		Unknown							
Cargo Other Externa	l 🗌 Che	mical/Fertilizer	r/Seeds								
FUEL & SERVICES INFORMATION											
Fuel on Board at Last Takeoff	Fuel Type	—			10						
(convert from pounds, as necessary)	\square 80/87 \square 100 Low Lead	☐ 115/145 √ Jet A			er, specify						
Gallons	100/130	Automotiv	e 🗍 JP5								
Other Services, if Any, Prior to Departu	re										

EVACUATION OF AIF	CRAFT		989 M								
Was an emergency evacuation	on of the aircraft	nerforme	-d?	TYes V	1 No		2 - 2	<u>an an a</u>			
Mathod of Exit – Describe ho	w the occupants (vited and	how m			loca	tion	· · · · · · · · · · · · · · · · · · ·			
Memou of Bate Decenter In	w the occupante -	Altes une .	110 ** ***	any occupante -	Vaouator cut-	1000					
•											
WEATHED INCODMATION AT THE ACCIDENT/INCIDENT SITE											
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE Weather Observation Facility Nethod of Printing Method of Printing											
Facility ID. BHM	y		(Chec	ck all that apply)	IIIIVI Mativii			(Check all that apply)			
Observation Time: 0953z		—		ational Weather S	ervice		Company Military	In Person			
Time Zone: UTC -5		_	<u> </u> T	V/Radio	on			Telephone/Computer			
Distance from Accident Site:	1	 √M		utomated Report	er Service (DUA)	TQ)	Unknown	Aircraft Radio			
Direction from Accident Site:	degr	ees MAG				107					
Briefing Type/Completeness			Ligh	t Condition				Visibility			
Full Desting / Limited By Pilot	Abbreviate	ed		awn 🛛 I	Dusk		Dark Night	10 miles			
Partial / Limited By Briefer	Not Pertin	ent		ay Li	vigin		Not Reported	nincs			
Sky/Lowest Cloud Condition	1	Ceiling				R	estriction to Visibility	(Check all that apply)			
	Thin Broken		(clear) Obscured en Indefinite cast Unknown				None Discussion	Fog			
Partial Obscuration	Unknown						Blowing Dust Blowing Sand	Haze			
Scattered .							Blowing Snow	Ice Fog			
Lowest Cloud Condition Hei	ght	Ceiling	Heigh	Height			Dust				
1,100) ft AGL			3,500	ft AGL	Ļ		-			
Wind Direction	Wind Speed	A		Wind Gusts			ype of Turbulence (C)	heck all that apply)			
Indicated: 340 degrees MAG	Velocity:	<u>4</u> KTS		Velocity:	KTS		Clear Air	ouds ity of Thunderstorm			
	□ Calm		Gusting		Se	Severity of Turbulence					
U Variable	Light and Vari	able	Not Gusting			Extreme Moderate Ligh					
						Severe Mode	erate Chop				
NOTAMS (D, L and FDC)), AIRMET's, S	IGMETS	, PIR	EPs in effect a	at the time of	f the	e accident/incident				
See attached sheet.											
	I	cing Fore	cast				Type of Precipitation	on (Check all that apply)			
Temperature: $23 (C)$	7	Amour A None	nt	Moderate	Type □ Rime		None None	Drizzle			
Altimatar Satting: 2007 i] Trace		Severe				Snow Pellets			
Of]	MB	Light				-	Hail	Snow Grains			
Density Altitude:	ft I	eing Actus	al				Freezing Rain	Ice Pellets Shower			
Dew Point: <u>22</u> (C)		Amour None	nt	Moderate	T ype □ Rime		Snow Shower	Freezing Drizzle			
or(F)] Trace	<u> </u>	Severe	Clear		Intensity of Precipi	tation			
	_	Light					🗌 Light 🛛 🗋 M	oderate 🗌 Heavy			

PILOT "A" INFORMATION											
Pilot "A" Responsibilities at ✓ Pilot □ Co-Pilot	the Time of Acc	cident/Incid	ent nstructor	Check Pilot	🗌 Fligh	nt Engineer	🗌 Other	Flight Crew			
Pilot "A" Identification											
First Name: Cerea City: Matthews											
Middle Initial: State: NC ZIP: 28104 Last Name: Beal Jr. Country: USA											
Age at time of Accident/Incident: <u>59</u> Date of Birth: <u>mm/dd/yyyy</u> Certificate Number: <u>F</u>											
Degree of Injury	Seat Occupi	ed		Seat	Belt			Shoulder H	larness		
☐ None 🗹 Fatal ☐ Minor ☐ Unknown ☐ Serious	 ✓ Left ☐ Right ☐ Center 	Front Rear Single	Unknov	wn Used Avai	lable	☑ Yes [☑ Yes [] No] No	Used Available	✔ Yes ✔ Yes	No No	
Pilot Certificate(s) (Check all that apply)											
None Stude Private Flight	nt Instructor	Recre Sport	ational	Commerci	al ansport		Flight Engi U.S. Militar	neer Y	Foreign		
Principal Occupation M	ledical Certifica	ate		Med	lical Cer	tificate Va	lidity	Date of L	ast Medica	ıl	
☑ Pilot	None	Class 3			Vithout lin	nitations/wai	vers	4/16/2	2013		
Unknown	Class 1	Unknown	nse (Sport Pilot	$(oniy) \square U$	vith limita Jnknown	itions/waiver	s	mm/dd	/уууу		
Must have available glasses for near	Medical Certificate Limitations Must have available glasses for near vision.										
Medical Certificate Waivers											
N/A											
Data of Last Flight Davian		Flicht	Deview Air	wo ft							
or Equivalent, Including		rugu	. Review Airy	ran							
FAR 121/135 Checks:	6/26/2013	- Make:									
	mm/dd/yyyy	(a)	:				D - 4! (-)				
(Check all that apply)	(Check all that ap	oply)	(Check al	ent Kating(s) l that apply)		(Check all i	r Kating(s) that apply)				
None	None		None None	· ····· ·····	✓ None						
Single-Engine Land	Airship		Z Airpla	ne		Airplan	e Single-Eng	gine	Instrument	Helicopter	
Multiengine Land			Power	ed Lift		Gyropla	e Multi-Engi ane		Glider		
🔲 Multiengine Sea	Gyroplane		_			Powere	d Lift] Sport		
	Powered Lift										
Type Ratings Student Endorsements (Include dates)											
A-310											
	T	ľ	Airplane			Inst	rument				
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time	6,406	3,265									
Pilot in Command (PIC)	1,516	1,516									
Time as Instructor											
This Make/Model											
Last 90 Days	97	97						ļ			
Last 30 Days	41	41									
Last 24 Hours	2	2									

PILOT "B" INFORMATION										
Pilot "B" Responsibilities at the Time of Accident/Incident										
🗌 Pilot 🗹 Co-Pilot	Student Pilot	🗌 Flight In	structor	Check Pilot	∐ Flig	ght Engineer	U Other I	Flight Crew		
Pilot "B" Identification										
First Name: Shanda				City	: Lync	hburg				
Middle Initial:				Stat	e: <u>IN</u> intrv· I	Z. United State	11": <u>37352</u> s of Amer	ica		
Last mame. Terming		n						· - ••		
Age at time of Accident/Incident: <u>38</u> Date of Birth: <u>Certificate Number:</u> <u>Mm/dd/yyyy</u>										
Degree of Injury	Seat Occupied	l		Seat	Belt			Shoulder H	arness	
None Fatal	Left	Front	Unknown	Used	lable	Yes		Used	Yes	
Serious	Center			Avai	laule	Lyd res L	טאז ב	Available	LV ICS	
Pilot Certificate(s) (Check all that apply)										
□ None □ Stude	nt		ational	Commerci	al		Flight Engir	neer	Foreign	
Private Flight	t Instructor	∐ Sport		✓ Airline Trans	ansport		U.S. Militar	y Det of	ant M- 14	1
Principal Occupation	Ledical Certifica	ite			lical Ce	ertificate Val	lidity	Date of L	ast ivienica	1
V Pilot □ Other	Class 1	Driver's Licer	nse (Sport Pilot	only)	Vith limit	tations/waivers	3	1/7/201	13	
] Class 2	Unknown			Inknown	l		mm/dd/y	vyyy	
Medical Certificate Limitations N/A Medical Certificate Waivers N/A Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Flight Review Aircraft Make:										
Image: Construction of the second	✓ None ☐ None ✓ Note ☐ Airship ✓ Airplane ☐ Ai ☐ Free Balloon ☐ Helicopter ☐ Ai ☐ Glider ☐ Powered Lift ☐ Gy ☐ Gyroplane ☐ Po ☐ Helicopter ☐ Ai					Airplane Airplane Gyroplan	Airplane Single-Engine Instrument Helicopter Airplane Multi-Engine Helicopter Gyroplane Glider Powered Lift Sport			
Type Ratings Student Endorsements (Include dates)										
A-310, B-747, B-757, B-767, BE-100, HS-125, MU-300										
Flight Time (enter appropriate number of hours in each hox)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Nigh	t Actual	rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1,253	403								
Pilot in Command (PIC)	0	0								
Time as Instructor	0	0								
This Make/Model										
Last 90 Days	95	95						ļ		
Last 30 Days	31	31					<u> </u>			
Last 24 Hours	2	2					1			

Pior Name City: Pior	ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)										
First Name Oity	Pilot Name and Address						Degree of In	ijury			
Middle Initial: State ZP Initial: Initial: Initial: State Initial: Init	First Name:		City:	·			None Minor	🔲 Fatal			
Last Name: Country Sect Occupied Ploto Criticate(s) Check all data apply) Social Student: Sect Occupied Private Sport Table Fright Time at the Time Sect Occupied Private Sport Table Fright Time at the Time Sect Occupied Private Sport Table Fright Time at the Time Sect Occupied Private City Dime Sect Occupied Sect Occupied Private City ZiP Sect Occupied Sect Occupied Private Stodent Country Sect Occupied Sect Occupied Private Stodent Country Sector Sector Plot Criticate(s) Check all that apply None Sector Sector Plot Criticate(s) Check all that apply Total Flight Time at the Time Sector Sector Plot Criticate(s) Sector Total Flight Time at the Time Sector Sector Sector Private Stodent Sector Country Sector Sector Sector Plot Criticate(s) Check all that apply Sector Sector <	Middle Initial:		State:	ZIP:			Serious				
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None Nation: Network Commercial import Instruction provide instruction of the sector of the	Pilot Certificate(s) (Check all tha	t apply)		Disht Engineer				Front			
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First Name City:	Pilot Name and Address					<u></u>	Degree of In	ıjury			
Name State Last Name Country: Did Certificat(s) Check all that apply Private State Private State Private State Private Country: Pilor Certificat(s) Contential Pilor Name Country: Mode finital Country: Private Private Country: Private State Private Country: Private Country: Private Recreational Country: Country: Private Serious Private Recreational Country: Country: Private Serious Private Recreational Country: Country: Private Serious Serious Serious Private Recreational Country: Country: Private Recreational Country: Country: Private Recreational Private Recreational Private Recreational Private Recreational Private Recreational Private Recreational Private Recreational </th <th>First Name:</th> <th></th> <th>City.</th> <th></th> <th></th> <th></th> <th>None None</th> <th>🔲 Fatal</th>	First Name:		City.				None None	🔲 Fatal			
Last Nume:	Middle Initial:		State:	ZIP:	<u> </u>		☐ Minor	Unknown			
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First Name: City:	Pilot Name and Address					<u></u>	Degree of In	ıjury			
Maine	Firet Name		City:				□ None	Fatal			
Last Name: Country: Decretificate(s) Pilot Certificate(s) Check all hiat apply) Set Occupied None Student Sport Drivate Sport Type Rating/Endorsement for Accident/Incident Aircraft? Total Flight Time at the Time of this Accident/Incident ime total Flight attendants; continue on separate sheet if necessary PASSENGER(S) / OTHER PERSONNEL (include flight attendants; continue on separate sheet if necessary) Name and Address Passender City: Name: Country: I ast Name: Country: First Name: City: State: ZIP: Middle Initial: Last Name: City: First Name: City: Tist Name: City: Country: City: Tist Name: City: City: Tist Name: City: </td <td>Middle Initial:</td> <td></td> <td>State:</td> <td> ZIP:</td> <td></td> <td></td> <td>Minor</td> <td>Unknown</td>	Middle Initial:		State:	ZIP:			Minor	Unknown			
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NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained. Aircraft was on short final for runway 18 in KBHM when the aircraft came in contact with trees, power lines, and the ground short of the runway.

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

Operator/Owner Safety Recommendation

Under investigation.

ADDITIONAL INFORMATION (*Please type or print in ink*) Use this space if additional space is needed for any answers.

I HEREBY CERTIF	Y THAT THE	ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE	BEST OF MY KNOWLEDGE							
Date of this Report	Report Signature and Name of Pilot/Operator										
09/16/2013	Signature:										
mm/dd/yyyy	Type or Print	Name:									
Signature and Name	of Person Fi	ling Report if Other than Pilot/Operat	or								
Signature.											
Type or Print Name:	Houston	Mills Jr									
Title: Airlins D	Title: Airline Director of Safety										
FOR NTSB USE ONLY											
NTSB Accident/Inci	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received							

KBHM /BHM BIRMINGHAM/SHUTTLESWORTH INTL _______ 1A365/13 VALID: 1308140900 - 1308141000 RWY 06/24 CLSD 1A349/13 RWY 06 DISTANCE REMAINING SIGNS MISSING 1A347/13 RWY 24 TORA 10060/LDA 10060/TODA 10060 1A345/13RWY 06/24 NOW 10060X150 1A344/13 RWY 06/24 NONSTANDARD MARKING 1A342/13 RWY 24 TOUCHDOWN MARKINGS MISSING 1A341/13RWY 06/24 WORKING PROGRESS TRENCHING 1290 FT NORTHEAST OF THR DSPLCD 1A337/13 RWY 24 THR DSPLCD 1938 FT 1A316/13 RWY 24 PAPI U/S 1A314/13 RWY 24 ALS U/S 1A362/13 RNAV (GPS) RWY 36, AMDT 1... DESCENT ANGLE 3.04/TCH 55 NA. 1A326/13 NAV ILS RWY 24 DME U/S 1A315/13 NAV ILS RWY 24 GP U/S 1A309/13 RNAV (RNP) Z RWY 24, ORIG-A... CHANGE TERMINAL ROUTE TO READ: SPATT (IF) TO HUKEV MINIMUM ALTITUDE 2700. 1A331/13 TWY A7 CLSD 1A327/13 TWY A CLSD NORTHEAST OF HANGER 25B 1A143/13 APRON SW ENTRANCE TO RAMP C CLSD 1A84/13 ADS-B SERVICES TISB AND FISB AVBL FEBRUARY 26, 2013. TIS-B SERVICE IS AVAILABLE THROUGHOUT THE NAS WHERE THERE ARE BOTH ADEOUATE SURVEILLANCE COVERAGE (RADAR) AND BROADCAST COVERAGE FROM ADS-B GROUND STATIONS. REPORTS OF TIS-B AND FIS-B MALFUNCTIONS SHOULD BE REPORTED BY RADIO OR TELEPHONE TO THE NEAREST FSS FACILITY.

CONVECTIVE SIGMET(S)

_____ MKCE WST 140655. CONVECTIVE SIGMET 11E. VALID UNTIL 0855Z. NC SC AND CSTL WTRS. FROM 80E ECG-190ESE ECG-50SSW ILM-30E FLO-80E ECG. AREA TS MOV FROM 26030KT. TOPS ABV FL450. MKCC WST 140655. CONVECTIVE SIGMET 35C. VALID UNTIL 0855Z. AL MS LA CSTL WTRS. FROM 90SSE SJI-70SE LEV-90S LEV. LINE TS 35 NM WIDE MOV FROM 35025KT. TOPS TO FL430. MKCC WST 140655. CONVECTIVE SIGMET 39C. VALID UNTIL 0855Z. LA. FROM 10ENE AEX-50WSW AEX. LINE TS 30 NM WIDE MOV FROM 33020KT. TOPS TO FL430. MKCE WST 140755. CONVECTIVE SIGMET 12E. VALID UNTIL 0955Z. NC AND CSTL WTRS. FROM 80E ECG-190ESE ECG-40S ILM-40WSW ILM-80E ECG. AREA TS MOV FROM 26030KT. TOPS ABV FL450. ======== SIGMET(S) _____ NO SIGMETS