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

This form to be used for reporting civil and public use aircraft accidents and incidents								
BASIC INFORMATION								
Accident/Incident Location	****	Date/Time						
Nearest City/Place: KEY WEST ZIP: 33040 Country: UNITED STATES Latitude: (ddyneye: N/S) Longitude:	Date:11	/03/20	11 Loc	al Time: 12	:15 PM			
ZIP: 33040 Country: UNITED STATES		mm	/dd/yyyy			7		
Latitude:(dd:mm:ss N/S) Longitude:	id:mm:ss E/W)			110	ie Zone:	~~~	··	
Phase of Operation			Collision w	ith Oth	ier Aircrast	Altitude o	f In-Flight	
Standing Takeoff (incl. initial climb) Cruis		Hover	Midair	,	1	Occurrent	ce .	
Taxi Climb Man Descent Landing Appr		Other Unknown	☐ On-groun None	d	***		0 f	ì MSL
AIRCRAFT INFORMATION								
Manufacturer: CESSNA			Max Gro	oss Wei	ight;	4,300 lbs		
Model: CITATION 550			1		of Accident/Inc		12.0	nn ike
Serial Number: 550-0454	······································		-		iter of Gravity			
	Amateur-buil		1	i or cor	283.2 inches fro			1
Registration Number: 370002	Amateur-Dun	r: 🗀 tes 🖾 iv	or				namic Cord (
Category of Aircraft Type of Airworthiness	Certificate	Number of	Seats:			ıg Gear	Retract	
☑ Airplane (Check all that apply)		3 (dilline: V)	DOMEST			any addition	al landing ge	au
☐ Balloon Standard Spec ☐ Blimp/Dirigible ☐ Normal ☐ P.		If Large Airc	raft, how many	seats fo	r: config	uration that a	pplies:	
Donat Div	estricted mited	Flight C	rew:		_ Z Iri	cycle	☐ Ta	ilwheel
☐ Gyrocraft ☐ Acrobatic ☐ Pr	ovisional	i	rew:		Ŧ	aphibian	□Hij	gh Skid
	(perimental	1	ers:		1 En	ergency Floa	at 🔲 Ski	
Ultralight $H_1^{s_1}$	ecial Flight ght Sport							i/Wheel
Unknown	<u> </u>				Un	known		
Type of Maintenance Program	Last Inspec	tion Type		I	Date Last Inspec	tion:	N/A	
Annual	100 Hour		ous Airworthiness			1927.	n/dd/yyyy	
Conditional (Amateur-built only) Manufacturer's Inspection Program	Annual Annual	Unknow	nal Inspection Airframe Total			 Cimer	warmen i kommunen i kombina e na mbanna Marik e na M	hrs
Other Approved Inspection Program (AAIP)					hours measured			
☐ Continuous Airworthmess ☐ Other, specify:					☐ Last Inspec	tion 🔲 T	ime of Aucide	ent/Incident
IFR Equipped	Stall Warnii	alled	า	Type of Fire Ext	inguishing	System		
✓ Yes □ No □ Unknown	1	No Unknor		10	☐ None			
					Specify N/A			
						#-W-00000000000000000000000000000000000		
ELT Installed ELT Activated	ELT Manuf	facturer: N/A		······		············		
✓ Yes No Yes No	Model/Serie	Model/Series: N/A						
ELT Aided in Locating Accident/Incident	Serial Numl	ber: N/A						
☐ Yes ☐ No	Battery Typ	ie: N/A	Battery Exp. Date:					
Engine Type Reciprocati		Propeller						
Recording Turbo Jet System Typ	•	-	× 4	&				
Turbo Shaft Turbo Fan Turbo Prop Unknown Carburetor Fuel Inject		☐ Fixed Pitch ☐ Controllable]			rer:			,,,,,
Turbo Prop Unknown I Fuel Inject			.MO	del:	Ingine Rated	1		
	Sign of the same o			P	ower Measured		Time	Time
apara property of	and the same of th		Date		s (check one) Horsepower o	Total	Since	Since Overhaul
Fngine Engine Manufacturer Model/Series	i	inufacturer's rial Number	of Mt mm/dd	*6• 1	☐ Horsepower of Miles of Thrust	(hours)	Inspection (hours)	(hours)
Engine Engine Manufacturer Model/Series Eng. 1 P&W JT15D-4	N/A				2500			
Eng. 2 P8W JT160-4	N/A				250)		
Eng. 3								
Eng. 4							<u> </u>	

OWNER/OPERATOR INFORMA	TIAN							
		10	Owner Address					
Registered Aircraft Owner			City:					
Name: JODA LLC			State: MO ZIP: 63017					
Fractional Ownership Aircraft: Yes] No	C	Country: USA					
Operator of Aircraft Same As Re	egistered Owner	C	Operator Address	Same As Registered Owner				
Name: SOUTH AVIATION		C	City:	FORT LAUD.				
Doing Business As: OPERATOR		S	State: FL ZIP: 33315 Country: UNITED STATES					
Air Carrier/Operator Designator (4 Charact	er Code):							
Regulation Flight Conducted Under		K	Revenue Sightsecing					
	Special Flight Public Use (select Commercial Federal St							
	, Commercial ☐ Federal ☐ St , Non-commercial ☐ Unknown	A A	Air Medical Flight ☐ Yes No					
☐ FAR 125 ☐ FAR 137 ☐ Armed F								
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue Operation for FAR 121, 125, 129, 135 (S	lelect one) (C	Check all that apply)	Operating Certificate Held				
Personal	Scheduled or Commuter		None	Carl Carle (1931)				
☐ Business	Non-Scheduled or Air Taxi		☐ Flag Carrier Operatin ☐ Supplemental	in Courtinesics (171)				
Executive/Corporate Other Work Use			Air Cargo					
Instructional	Domestic or International	1 7	☐ Fereign Air Carriers ☐ Commuter Air Carrie	(129) rr (135)				
Ferry Positioning	Domestic International	· [On-Demand Air Tax	i (135)				
Acrial Application			Large Helicopter (12	1				
☐ Aerial Observation ☐ Air Drop	Cargo Operation Passenger/Cargo		Rotorcraft External Load (133)					
Air Race / Show	Passenger How	v many?	Agricultural Aircraft (137)					
☐ Flight Test	Cargo lbs	.	Other Operator of Large Aircraft					
Public Use Unknown	L With							
OTHER AIRCRAFT - COLLISI	ON (If air or ground collision occur	red, complete this	s section for <i>other</i> a	rcraft)				
	cturer:			Damage to Other Aircraft				
			1	☐ Destroyed ☐ Minor ☐ Substantial ☐ None				
Registered Owner of Other Aircraft								
ŭ		City:						
First Name:Middle Initial:		City:						
Last Name:		Country:						
Pilot of Other Aircraft				energy constraints of the constr				
First Name:		City:	27.835					
Middle Initial:		State:	ZIP:					
Last Name:								
MECHANICAL MALFUNCTION			separate sheet)	T. C. T. T. C. Crolos				
Was there Mechanical Malfunction/Fail	ure? Yes No Unknown	. i		Total Time/Cycles On Part				
(If yes, list the name of the part, manufacturer,) MAIN WHEEL BRAKES FAILED. AND EME	part no., serial no., and describe me jaulie.	-/		100				
MAIN WHEEL BHAKES FAILED. AND EVIC	MGENO! CHEDWAND BUSINES AND			Hours				
RAINER TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T				Cycles				
Services (Services (Servic				Time Since This Part				
**************************************	Inspected/Overhauled							
de La composition della compos				Hours				
DAMAGE TO AIRCRAFT AND		·- · · · · · · · · · · · · · · · · · ·	A *					
1	ircraft Fire		Aircraft Explosion None	Both Ground and In-Flight				
Minor Destroyed	None Both Ground and In-Flight Duknown Origin On-Ground			Unknown Origin				

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)								
	· -							
					Page American			
					600			
					10 January			

AIRPORT INFORMATION (If the	accident/incident	occurred on app	proach, takeoff or within 3 mil	es of an airport, c	omplete this section)			
Airport Identifier: KEYW			Distance From Airport Co		n			
Airport Name: KEY WEST INTERNATI	ONAL AIRPORT	···········	Direction From Airport:					
Proximity to Airport Off Airport/Airsti		On Airstrip	Airport Elevation:		3 ft. MSL			
Approach Segment (Select one)	· · · · · · · · · · · · · · · · · · ·		*	3134				
On Instrument Approach	g \square	Base leg	Final		☐ Go Around			
☐ Crosswind ☐ Downs		Low Approach		g (after touchdown)				
IFR Approach (Check all that apply)	F-3 541 C	□ Becautes	VFR Approach (Check all	that apply)	and Go			
□ None □ PAR □ ADF/NDB □ Sidestep	□ MLS □ LDA	☐ Practice ☐ GPS	Traffic Pattern	Touc	h and Go			
SDF	☐ A5R	Loran Unknown	Straight-In Valley/Terrain Following		dated Forced Landing ed Landing			
□ VOR/TVOR □ Localizer Only □ VOR/DME □ LOC-back course	☑ Visual ☐ Contact	LI CHKHOWII	Go Around	Proc	nutionary Landing			
TACAN RNAV	Circling		Fall Stop	Unk				
Runway Information			Condition of Runway/Lan	ding Surface (C) ow-Compacted	heck all that apply) Water-Calm			
	4,801_it Width:	100_n	Holes	ow-Crusted	☐ Water-Choppy			
Runway/Landing Surface (Check all that				ow-Dry ow-Wet	☐ Water-Glassy ☐ Wet			
Asphalt ☐ Grass/Turf ☐ Mac Concrete ☐ Gravel ☐ Meter			Rubber Deposits So	ft.	Unknown			
☐ Concrete ☐ Gravel ☐ Meta ☐ Dirt ☐ Ice ☐ Snow			Slush Covered Ve	egetation				
FLIGHT ITINERARY INFORMA	TION							
Last Departure Point	Time of Departu	}		Type Flight	Plan Filed □ VFR/IFR			
Airport ID: KFLL	Time: 11:30 AM	Airport ID:		Company V	FR 🛛 IFR			
City: FORT LAUDERDALE		City: KEY	WEDI	- ☐ Military VF	R Unknown			
State: FL	Time Zone: EST	State: FL	NITED STATES	Activated? [] Yes □ No			
Country: UNITED STATES	77.7	Country: U	WILDSINIES					
Type of ATC Clearance/Service (Check a		Special IFR	☐ VFR Flight Foll		Cruise			
None ☐ Special VFR ☐ VFR ☐ IFR		VFR On Top	Traffic Advisor		Unknown / NA			
Airspace where the accident/incident oc			·····	. , ,	7 s			
Class A Class E		Prohibited Area Restricted Area	☐ Jet Tmir ☐ TRSA		☐ Special ☐ Air Traffic Control Area			
☐ Class B ☐ Class G ☐ Demo Area	<u></u>	Military Operation	ons Area (MOA) 🔲 FAR 93		Unknown			
☑ Class D ☐ Warning Arc	<u> </u>	Airport Advisory	Area					
Aircrast Load Description (Check all than	appiy)	Airport Advisory		-t-				
Aircraft Load Description (Check all that	apply)		Area Livestoc Unknow					
Aircraft Load Description (Check all than None Towing Glide Passengers Towing Banr Cargo Other External	1 <u>C</u> apply) or <u>C</u> er <u>C</u>	Airport Advisory Parachutists	Livestoc					
Aircraft Load Description (Check all than None Towing Glide Passengers Towing Bann	apply) er	Airport Advisory Parachutists Water	Livestoc					
Aircraft Load Description (Check all that None	apply) er C er C tl C TION Fuel Type	Airport Advisory Parachutists Water Chemical/Fertiliz	☐ Livestoc ☐ Unknow zer/Sceds	AL				
Aircraft Load Description (Check all that None	apply) er	Airport Advisory Parachutists Water Chemical/Fertiliz	Livestor Unknow	AL				
Aircraft Load Description (Check all that None	apply cr	Airport Advisory Parachutists Water Chemical/Fertiliz	Livestoc Unknow	AL				
Aircraft Load Description (Check all that None	apply cr	Airport Advisory Parachutists Water Chemical/Fertiliz	Livestor Unknow	AL				
Aircraft Load Description (Check all that None	apply cr	Airport Advisory Parachutists Water Chemical/Fertiliz	Livestor Unknow	AL				
Aircraft Load Description (Check all that None	apply cr	Airport Advisory Parachutists Water Chemical/Fertiliz	Livestor Unknow	AL				

EVACUATION OF AIRCRAFT									
Was an emergency evacuation of the aircraft performed? Yes No									
Method of Exit – Describe hoved Main DOOR. 5 OCCUPAN			ow me	any occupants eva	cuated each i	ocat	ion		
WEATHER INFORMA	TION AT TH	E ACCID	ENT	/INCIDENT S	SITE				
Weather Observation Facilit			Sour	ce of Weather In			Y	Method of Briefing	
Facility ID: KFLL Observation Time: 10:00 AM Time Zone: EST Distance from Accident Site: Direction from Accident Site.	Facility ID: KFLL Observation Time: 10:00 AM Time Zone: EST Distance from Accident Site: 140 NM			(Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS			☐ Company ☐ Military ☑ Internet ☐ Unknown	(Check all that apply) In Person Teletype Telephone/Computer Aircraft Radio TV/Radio Unknown	
Briefing Type/Completeness		ees MAG	Light	t Condition				Visibility	
Full Partial / Limited By Pilot Partial / Limited By Briefer	☐ Abhreviat ☐ Unknown ☐ Not Pertir	***	Da Da	awa 🔲 Dus			Dark Night Bright Night Vot Reported	10_miles	
Sky/Lowest Cloud Condition			(clear)				(Check all that apply) Fog Ground Fog Haze Smoke Unknown		
ALLO VI SUBLE CONTROL CONTROL OF THE PARTY O	ft AGL		ft AGI.			□ Dust □ Unknown			
Wind Direction	Wind Speed	1		Wind Gusts		Ту	pe of Turbulence (C	heck all that apply)	
☑ Indicated:	Velocity:	15 KTS		Velocity:	0_kts		None In Cl Clear Air Vicin	onds úty of Thunderstorm	
60 degrees MAG	-01						verity of Turbulence	· ·	
☐ Variable	☐ Calm ☐ Light and Var		Gusting Not Gusting			erate			
NOTAMs (D, L and FDC), AIRMETs, S	IGMETs,	PIRI	EPs in effect at	the time of	the	accident/incident		
		cing Forec	ast			The same of the sa	Type of Precipitati	on (Check all that apply)	
Temperature:(C) or80 (F) Altimeter Setting:30:10 or	n. HG	Amoun None Trace Light	of?	Moderate Severe	Type Rime Clear Mixed		M None ☐ Rain ☐ Snow ☐ Hail	☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystais	
Density Altitude:	n l	cing Actua			Туре		Freezing Rain	☐ Ice Pellets Shower ☐ Freezing Drizzle	
Dew Point:(C) or(F)	Character Control	Z None Trace Light		Moderate Severe	Rime Clear Mixed		Intensity of Precipi		

PILOT "A" INFORMATION										
Pîlot "A" Responsibilities at the Time of Accident/Incident										
] Flight Ins		Check Pilot	☐ Flight I	Engineer	Other F	light Crew		
Pilot "A" Identification										
First Name: JOSE			-	City:		~~^~		LLYS		
Middle Initial: 1				State	: NY		P: <u>11423</u>			
Last Name: BATISTA				Cour	stry: USA	<u> </u>				
Age at time of Accident/Incide	ent: 55 Da	ite of Birt	th:		ificate Nu	mber:				
Degree of Injury	Seat Occupied			Seat			.	Shoulder H		
Mone ☐ Fatal		Front	Unknow	1	-] No	Used	Yes V	□ No
☐ Minor ☐ Uaknowa ☐ Scrious		Rear Single		Availa	able 👱	Yes [No	Available	Yes	C11/0
Pilot Certificate(s) (Check all										
None ☐ Stude		Recrea		Commercia			Flight Engin		Foreign	
	t Instructor	Sport		Airline Tra	nsport		U.S. Military			
Principal Occupation M	ledical Certificate			- 1		ficate Vali		Date of La	ist Medica	41
IZ pilor □	None Clas		(D 100 -	1 1		ations/waiv ons/waivers		07/28/	2011	
Other	【Class 1 ☐ Driv 【Class 2 ☐ Uni		ise (Sport Pilot o		itti iimtäis aknown	onse waivers		mm/dd/	1933'	
☐ Ulkdowii =					····			<u>L</u>		
Medical Certificate Limitation	ons	r moom aid s	In supunsi							
HOLDER SHOULD POSSESS GLAS	SSES THAT CORRECT	I FUH NEA	ALCICIA SA							
Medical Certificate Waivers										
NONE										
1 Nur 1 4 ho										
,										
Date of Last Flight Review		Flight	Review Airci	raft						
or Equivalent, Including	as lon lond a		CESSNA							
FAR 121/135 Cheeks:	05/29/2010 mm/dd/yyyy	Model	CITATION	550					-	
	Other Aircraft Ra	L		ent Rating(s)	T	Instructor	· Rating(s)			
Airplane Rating(s) (Check all that apply)	(Check all that apply	***		ent Kaung(s) That apply)		(Check all t				
None	None	•	None			None			Instrument	
Single-Engine Land	☐ Airship		Aimlar Aimlar		***************************************	Aimplane	: Single-Eng : Multi-Engi		Instrument Helicopter	Helicopter
☐ Single-Engine Sea ☑ Multiengine Land	☐ Free Balloon ☐ Glider		☐ Helico		***************************************	∐ Aπpiane ∐ Gyropia	wwwEngi ne		Glider	
Multiengine Land Multiengine Sea	Gyroplane		Littmen	war *2111		Powered			Sport	
	☐ Helicopter				Approximate					
Toma Datings	Powered Lift					Student E	ndorseme	nts (Include a	lates)	
Type Ratings BE-300, BE-400 MU-300 CE-560LX	CE-550				2			•		
					1					
					***************************************	•				
				······································	,	·		···	Γ	
Flight Time (enter appropriate	AH Th	ús Make	Airplane Single	Airplane		Instr	ument	1		Lighter
number of hours in each box)		Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	14,200	1,200	5,500	8.630	2,100	·	250			
Pilot in Command (PIC)	13,920	1,200	5,400	8,610	2,100	1,800	250	<u> </u>		
Time as Instructor					ļ					
This Make/Model			100		ļ	1				
Last 90 Days	10	3		10		ļ		<u> </u>		
Last 30 Days				· · · · · · · · · · · · · · · · · · ·						
Last 24 Hours		1			1	1		1		1

PILOT "B" INFORMATI	ION										
Pilot "B" Responsibilities at th		t/Incident		-				,			
		Flight Instru		Check Pilot	☐ Flig	tht Engi	neer	Other F	light Crew	~~~	
Pilot "B" Identification											
First Name: FEDERIC				Ci	ty: <u>FOR</u>	T LAL	<u>JDERC</u>	DALE			
Middle Initial:				Sta	ate: FLO	RIDA	ZI	P:			I
Last Name: MACHADO.			-		ountry: _U						3
Age at time of Aceident/Inciden	t: Date	e of Birth:	mm/dd/yys		ertificate	Numb	er:				
T	Scat Occupied		mm/awyy;		at Belt				Shoulder H:	ırness	
	Scat Occupied Left Fi	root F	Unknown	Uso		□ Ye	*5 🔲	1	Used	Yes	□ No
Minor Unknown	Right R	ear		1	ailable		es 🗆		Available	☐ Yes	□ No
	Center Si	ingle									
Pilot Certificate(s) (Check all th	•••	***		·			·	manage manage	F	Teamler	
None Student		☐ Recreatio ☐ Sport	mal	Commer				Flight Engin U.S. Military		Foreign	999
Private Flight I					edical Ce	riffer			Date of La	st Medica	
	edical Certificate None	3		1	ecarcar Ce Without li			-			***
	Class 1 Drive	er's License	(Sport Pilot e	only)	With limit	tations/					
	Class 2 Unku				Unknown				mm/dd/y	339 	
Medical Certificate Limitation	IS				P.111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
											ĺ
									f-11		
Medical Certificate Waivers											
										•	
							ç				
Date of Last Flight Review		-	eview Airc								
or Equivalent, Including FAR 121/135 Checks:		Make:		and the second s		***************************************					
s rem exercis unuens.	nim/dd/yyyy	Model:									
Airplane Rating(s)	Other Aircraft Rat		Instrume	ent Rating((s)	1		Rating(s)			
(Check all that apply)	(Check all that apply)		(Check all	that apply)		1		at apply)		San agent	lum1
	None		☐ None ☐ Airplar				one imlane '	Single-Engir		Instrument A Instrument F	
	☐ Airship ☐ Free Balloon		☐ Ampiar			$\Box A$	irplane l	Multi-Engine	e 🗍 1	Helicopter	4
Multiengine Land	☐Glider		Power			G	yroplan	e		Glider	
Multiengine Sea	☐ Gyroplane ☐ Helicopter					LIP	owered !	Litt	LJ:	Sport	
	∐ Helicopter □ Powered Lift								***************************************		
Type Ratings			<u></u>			Stud	lent En	idorsemen	ts (Include da	ites)	
						. Delivery of the second					
P. 2000											
CAMPAGE STATE OF THE STATE OF T						***************************************					
	·		A houte	T		<u></u>				1	
Flight Time (enter appropriate number of hours in each box)		s Make Model	Airplane Single Engine	Airplane Multiengin		u .	Instr Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time						工					<u> </u>
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model	COMP.										
Last 90 Days										ļ	
Last 30 Days								L		<u> </u>	
Last 24 Hours		1		-	.	ŧ			j		

ADDITIONAL FLIGHT CRE	W MEMBERS	(Exclusive of cabin a	ttendants, complete the	following info	mati	on)	<u></u>
Pilot Name and Address						Degree of In	
First Name:		City:		······································	Ver condense No.	☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial:		State:	Z(P:			Serious	
Pilot Certificate(s) (Check all that	(male)	2. 3/ MAPPE 3.		7,		Seat Occupi	ed
None Student	Recreational	☐ Commercial	Flight Engineer	☐ Foreign	Appliant process	Left	Front
Private Flight Instructor	Sport	Airline Transport	U.S. Military			☐ Right ☐ Center	☐ Rear ☐ Single
Type Rating/Endorsement for Accident/Incident Aircraft?	□Yes □No		ime at the Time nt/Incident:	hrs			Unknown
	Птег Птег	171 12H3 / ACCIONA	***************************************			Degree of In	inre
Pilot Name and Address						None	☐ Fatal
First Name:		City:	ZIP:			Minor	Unknown
Middle Initial: Last Name:		Country:				Serious	
Pilot Certificate(s) (Check all that	(apply)				ļ	Seat Occupi	
□ None □ Student	Recreational	Commercial	Flight Engineer	☐ Foreign		□ Left □ Right	☐ Front ☐ Rear
Private Flight Instructor	Sport	Airline Transport	U.S. Military ime at the Time			Center	Single
Type Rating/Endorsement for Accident/Incident Aircraft?	□Yes □Ne	of this Accide	nt/Incident:	hrs			Unknown
Pilot Name and Address						Degree of Ir	ıjury
First Name:		City:				☐ None ☐ Minor	Fatal Unknown
Middle Initial:		State:	ZIP:			Scrious	T CHARGAI
Last Name:		Country:				Scat Occupi	ind
Pilot Certificate(s) (Check all that			There is no decision.	☐ Foreign		Left	□ Front
☐ None ☐ Student ☐ Private ☐ Flight Instructor	☐ Recreational ☐ Sport	Commercial Airline Transport	Flight Engineer U.S. Military	☐ Poteigit		Right	Rear
Type Rating/Endorsement for	Liapore	Total Flight T	line at the Time			Center	☐ Single ☐ Unknown
Accident/Incident Aircraft?	☐ Yes ☐ No	of this Accide	nt/Incident:	hrs			

PASSENGER(S) / OTHER		(Include flight attend	ants; continue on separ	ate sheet if nec	essa	ry)	
		i (Include flight attend	ants; continue on separ		essa	nu (Vi	nus ry ry ry ry ry njury
PASSENGER(S) / OTHER	PERSONNEL	i (Include flight attend	ants; continue on separ	ate sheet if nec	essa No.	Revenue (K. Revenue Non-Occupant	Fatal Serions Injury Minor Injury No fojury
PASSENGER(S) / OTHER Name and Address	PERSONNEL	Cirv.	A A A A A A A A A A A A A A A A A A A	Sent	Crew	Revenue Revenue Non- Occupant FAA	
PASSENGER(S) / OTHER Name and Address First Name:	PERSONNEL	City:State:	ZIP:	Sent	Crew	Revenue Revenue Non- Occupant FAA	Fatal Serions Simplify Minor Injury Ninor Injury On No bujury Unknown
PASSENGER(S) / OTHER Name and Address First Name: Middle Initial:	PERSONNEL	City:State:		Sent	Crew	Revenue Revenue Non- Occupant FAA	
PASSENGER(S) / OTHER Name and Address First Name: Middle Initial: Last Name:	PERSONNEL	City:	ZIP:	Sent	C Crew	Revenue Revenue Non- Occupant	
PASSENGER(S) / OTHER Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial:	PERSONNEL	City: State: Country: City: State:	ZIP:	Sent	C Crew	Revenue Revenue Non- Occupant	
PASSENGER(S) / OTHER Name and Address First Name: Middle Initial: Last Name: First Name:	PERSONNEL	City: State: Country: City: State: Country:	ZIP:	Sent	C Crew	Revenue Revenue Non- Occupant	
PASSENGER(S) / OTHER Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name:	PERSONNEL	City: State: Country: City: State: Country:	ZIP:	Sent	Comment		
PASSENGER(S) / OTHER Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial:	PERSONNEL	City: State: Country: City: State: Country: City: State: State:	ZIP:	Sent	Comment		
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Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include vereckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.
OVEMBER 30 2011
N NOVEMBER 03 2011, IN A FLIGHT FROM KFLL (FORT LAUDERDALE) FL. INA CITATION 550 REGISTRATION N938D. TO KEY WEST ITERNATIONAL AIRPORT, I WAS CONDUCTING A VISUAL APPROACH TO RW 09 AT KEY WEST INT, AT THE MOMENT OF LANDING ROLL WE OTICE THAT THE BRAKES OF THE AIRPLANE WASNT WORKING IN BOTH SIDES, PILOT AND COPILOT PEDALS, AND I TRIED THE EMERGENCY RAKES AND IT ALSO FAILED.
Y THE TIME I REALIZE WE HAVE NO BRAKES AT ALL, WE DIDN'T HAVE ENOUGH RUNWAY AVAILABLE TO STOP THE AIRPLANE AND THE IRPLANE CAME TO REST PAST THE END OF THE RUNWAY.
RECOMMENDATION (How could this accident/incident have been prevented?)
Operator/Owner Safety Recommendation
Operator/Owner Safety Recommendation
Operator/Owner Safety Recommendation

ADDITIONAL INFORMAT	TION (Please type or print in ink)		
Use this space if additional space is	s needed for any answers.		
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I HEREBY CERTIFY THAT TY	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE BES	ST OF MY KNOWLEDGE
Date of this Report Signature	and Name of Pilot/Operator		
10/01/0011			
mm/dd/yyyy Timu or the	- JOSE / RATISTA		
Signature and Name o	than Pilot/Operate	or	
Signature:		- 141 (- 141	
Type or Print Name: JOSE 1. DA Title: PILOT	1,007		A STATE OF THE STA
Time: 1 1003	FOR NTSB	USE ONLY	
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
FRAI2TAO60	ASHBURN, VA	T. GONTHER	12/1/17