

**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		Date/Time	
Nearest City/Place: <u>HOBART</u>	State: <u>OK</u>	Date: <u>09/29/2014</u> <small>mm/dd/yyyy</small>	Local Time: <u>3:10 PM</u> 5:10 PM
ZIP: <u>73651</u>	Country: <u>USA</u>		Time Zone: <u>CT</u>
Latitude: <u>35.00413</u> (decimal degrees N/S)		Longitude: <u>-99.024462</u> (E/W)	
Collision with Other Aircraft			
<input type="checkbox"/> Midair	<input type="checkbox"/> On-ground	<input type="checkbox"/> None	

AIRCRAFT INFORMATION

Registration Number: <u>N259H</u>	Maximum Gross Weight: <u>1750</u> lbs
Manufacturer: <u>HEINRICH PREISS</u>	Weight at Time of Accident/Incident: <u>1460</u> lbs
Model: <u>WANS RV9A</u>	Number of Seats: <u>2</u> Flight Crew Seats: <u>2</u>
Serial Number: <u>90466</u>	Cabin Crew Seats: _____ Passenger Seats: _____
Year of Manufacture: <u>2002</u>	Number of Engines: <u>1</u>
Amateur-built: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Kit/Plans: _____	
Make: <u>RV9A</u>	
Original Design: _____	

Category of Aircraft	Type of Airworthiness Certificate <i>(Check all that apply)</i>		Landing Gear <i>(Check all that apply)</i>	None Unknown Retractable	Engine Type	Fuel System Type (Reciprocating)
	<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"/> Unmanned <input type="checkbox"/> Unknown	Standard <input type="checkbox"/> Unknown <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport				

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	<u>LYCOMING</u>	<u>IO-320E2A</u>	<u>L-16241-475</u>	<u>11/16/13</u>	<u>150</u>	<u>180.4</u>	<u>37.9</u>	<u>180.4</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type	<input type="checkbox"/> 100 Hour	<input type="checkbox"/> Continuous Airworthiness	ELT Installed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	ELT Activated	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Additional Equipment <i>(Check all that apply)</i>
	<input type="checkbox"/> AAIP	<input type="checkbox"/> Conditional Inspection		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Airframe Parachute	<input type="checkbox"/> Angle of Attack Indicator	
<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Unknown		ELT Aided in Locating Accident/Incident		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Auto-Pilot		
Date Last Inspection: <u>06/04/2014</u> <small>mm/dd/yyyy</small>		ELT Manufacturer: _____		ELT Manufacturer: _____			<input type="checkbox"/> Data Recorder		
Airframe Total Time: <u>263.9</u> hrs		Model/Series: _____		Model/Series: _____			<input type="checkbox"/> Electronic Multifunction Display		
hours measured at <i>(check one)</i>		Serial Number: _____		Serial Number: _____			<input checked="" type="checkbox"/> Electronic Primary Flight Display		
Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident		Battery Type: _____		Battery Type: _____			<input type="checkbox"/> Handheld GPS		
		Battery Exp. Date: _____		Battery Exp. Date: _____			<input type="checkbox"/> Heads Up Display		
							<input type="checkbox"/> IFR Equipment		
							<input type="checkbox"/> Onboard Weather		
							<input type="checkbox"/> Stall Warning System		

Type of Maintenance Program	<input checked="" type="checkbox"/> Annual	Propeller	<input type="checkbox"/> Fixed Pitch	Type of Fire Extinguishing System	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Conditional (Amateur-built only)		<input checked="" type="checkbox"/> Controllable Pitch		<input type="checkbox"/> Specify _____
<input type="checkbox"/> Manufacturer's Inspection Program		<u>GROWND ADJUSTABLE</u>			
<input type="checkbox"/> Other Approved Inspection Program (AAIP)		Manufacturer: <u>SENSENICH</u>			
<input type="checkbox"/> Continuous Airworthiness		Model: <u>2GOM7/C72RG-0</u>			
<input type="checkbox"/> Other, specify: _____					

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>MEXICO MEDICAL MISSIONS</u>		Owner Address City: <u>GLENWOOD SPRINGS</u> State: <u>CO</u> ZIP: <u>81601</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: Yes <input checked="" type="radio"/> No		Operator of Aircraft Same As Registered Owner Name: <u>ROBERT T. HUDSON II</u>	
Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address Same As Registered Owner City: <u>GROVE</u> State: <u>OK</u> ZIP: <u>74344</u> Country: <u>USA</u>	
Commercial Operating Certificate Held <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft		Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 FAR 129 <input type="checkbox"/> FAR 103 FAR 133 <input type="checkbox"/> FAR 121 FAR 135 <input type="checkbox"/> FAR 125 FAR 137 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Armed Forces <input type="checkbox"/> Public Use (select type) <i>Federal</i> <i>State</i> <i>Local</i> <input type="checkbox"/> Unknown	
Revenue Sightseeing Flight Yes No		Air Medical Flight Yes No	
Revenue Operation for FAR 121, 125, 129, 135 <input type="checkbox"/> Scheduled or Commuter Domestic <input type="checkbox"/> Non-Scheduled or Air Taxi International			
Cargo Operation <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Mail Contract Only			
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal Banner Tow Positioning <input type="checkbox"/> Business Glider Tow Public Use <input type="checkbox"/> Executive/Corporate Skydiving <input type="checkbox"/> Other Work Use Firefighting <input type="checkbox"/> Instructional External Load Unknown <input type="checkbox"/> Air Race/Show Aerial Application <input type="checkbox"/> Air Drop Aerial Observation <input type="checkbox"/> Flight Test Ferry			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Name: <u>HOBBART REGIONAL</u>		Distance From Airport Center: <u>1 1/2</u> SM	
Airport Identifier: <u>HBZ</u>		Direction From Airport: <u>N45°E</u> degrees	
Proximity to Airport: <input checked="" type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport/Airstrip <input type="checkbox"/> NA		Airport Elevation: <u>1563</u> ft. MSL	
Runway Information Runway ID: <u>21</u> (L/R/C) Length: <u>2975</u> ft Width: <u>60</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown			
Approach Segment <i>(Select one)</i> <input type="checkbox"/> On Instrument Approach <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final <input type="checkbox"/> Go Around <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown) <input type="checkbox"/> Unknown			
IFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling		VFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input checked="" type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input checked="" type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown	

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: ROBERT City: GIROUS
 Middle Initial: T. State: OK ZIP: 74344
 Last Name: Hudson Country: USA
 Age at time of Accident/Incident: 59 Date of Birth: [REDACTED] Certificate Number: [REDACTED]
mm/dd/yyyy

Degree of Injury	Seat Occupied	Available Restraint Type	Restraint Used
<input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown

Pilot Certificate(s) (Check all that apply)

None
 Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer U.S. Military Foreign

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
<input checked="" type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Class 1 <input type="radio"/> Class 2 <input checked="" type="radio"/> Class 3 Driver's License (Sport Pilot only) <input type="radio"/> Unknown	<input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> With limitations/waivers <input type="radio"/> Unknown <input type="radio"/> Special Issuance <input type="radio"/> N/A	<u>04/11/2014</u> <small>mm/dd/yyyy</small>

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 06/24/2014
mm/dd/yyyy

Flight Review Aircraft

Make: VANS
Model: RV9A

Airplane Rating(s) <small>(Check all that apply)</small>	Other Aircraft Rating(s) <small>(Check all that apply)</small>	Instrument Rating(s) <small>(Check all that apply)</small>	Instructor Rating(s) <small>(Check all that apply)</small>
<input type="radio"/> None <input checked="" type="radio"/> Single-Engine Land <input type="radio"/> Single-Engine Sea <input type="radio"/> Multiengine Land <input type="radio"/> Multiengine Sea	<input checked="" type="radio"/> None <input type="radio"/> Airship <input type="radio"/> Free Balloon <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift	<input checked="" type="radio"/> None <input type="radio"/> Airplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift	<input checked="" type="radio"/> None <input type="radio"/> Airplane Single-Engine <input type="radio"/> Airplane Multi-Engine <input type="radio"/> Gyroplane <input type="radio"/> Powered Lift <input type="radio"/> Instrument Airplane <input type="radio"/> Instrument Helicopter <input type="radio"/> Helicopter <input type="radio"/> Glider <input type="radio"/> Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	<u>449.9</u>	<u>56.1</u>	<u>449.9</u>		<u>29.4</u>					
Pilot in Command (PIC)	<u>403.6</u>	<u>56.1</u>	<u>403.6</u>		<u>13.8</u>					
Time as Instructor										
This Make/Model										
Last 90 Days	<u>32.4</u>	<u>32.4</u>	<u>32.4</u>							
Last 30 Days	<u>8.0</u>	<u>8.0</u>	<u>8.0</u>							
Last 24 Hours	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>							

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "B" Identification
 First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury	Seat Occupied	Available Restraint Type	Restraint Used
None Fatal Minor Unknown Serious	Left Front Unknown Right Rear Center Single	None 4-point Lap only 5-point 3-point Unknown	None 4-point Lap only 5-point 3-point Unknown

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	Medical Certificate	Medical Certificate Validity	Date of Last Medical
Pilot Other Unknown	None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Without limitations/waivers With limitations/waivers Unknown Special Issuance N/A	_____ <i>mm/dd/yyyy</i>

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ *mm/dd/yyyy*
Flight Review Aircraft
 Make: _____
 Model: _____

Airplane Rating(s) <i>(Check all that apply)</i>	Other Aircraft Rating(s) <i>(Check all that apply)</i>	Instrument Rating(s) <i>(Check all that apply)</i>	Instructor Rating(s) <i>(Check all that apply)</i>
None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	None Airplane Helicopter Powered Lift	None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport

Type Ratings _____ **Student Endorsements** *(Include dates)* _____

Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	None	Fatal
Middle Initial: _____	State: _____ ZIP: _____	Minor	Unknown
Last Name: _____	Country: _____	Serious	

Pilot Certificate(s) (Check all that apply)		Seat Occupied	
None	Student	Recreational	Commercial
Private	Flight Instructor	Sport	Airline Transport
			Flight Engineer
			U.S. Military
			Foreign
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	None	Fatal
Middle Initial: _____	State: _____ ZIP: _____	Minor	Unknown
Last Name: _____	Country: _____	Serious	

Pilot Certificate(s) (Check all that apply)		Seat Occupied	
None	Student	Recreational	Commercial
Private	Flight Instructor	Sport	Airline Transport
			Flight Engineer
			U.S. Military
			Foreign
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	None	Fatal
Middle Initial: _____	State: _____ ZIP: _____	Minor	Unknown
Last Name: _____	Country: _____	Serious	

Pilot Certificate(s) (Check all that apply)		Seat Occupied	
None	Student	Recreational	Commercial
Private	Flight Instructor	Sport	Airline Transport
			Flight Engineer
			U.S. Military
			Foreign
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	None Lap Belt Shoulder Harness Inflatable Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	None Lap Belt Shoulder Harness Inflatable Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	None Lap Belt Shoulder Harness Inflatable Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	None Lap Belt Shoulder Harness Inflatable Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	None Lap Belt Shoulder Harness Inflatable Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	None Lap Belt Shoulder Harness Inflatable Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point <u>GRASS STRIP</u> Airport ID: <u>10 miles SW of</u> City: <u>(MM) - GROVE</u> State: <u>OK</u> Country: <u>USA</u>	Time of Departure Time: <u>1:15 pm</u> Time Zone: <u>CT</u>	Destination Airport ID: <u>HBR</u> City: <u>HOBART</u> State: <u>OK</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of ATC Clearance/Service (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input checked="" type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

<input type="checkbox"/> Class A	<input type="checkbox"/> Class E	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input checked="" type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees
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Basic Conditions <input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC	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	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
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Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered	Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	
Lowest Cloud Condition Height <u>8,000</u> ft AGL	Ceiling Height _____ ft AGL	

Wind Direction <input checked="" type="checkbox"/> Variable <input type="checkbox"/> Indicated: _____ degrees	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Velocity: <u>9</u> KTS	Wind Gusts <input checked="" type="checkbox"/> Not Gusting <input type="checkbox"/> Gusting Velocity: _____ KTS	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> N/A	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	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
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Icing Forecast <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Rime</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Mixed</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Rime	<input type="checkbox"/> Trace	<input type="checkbox"/> Clear	<input type="checkbox"/> Light	<input type="checkbox"/> Mixed	<input type="checkbox"/> Moderate		<input type="checkbox"/> Severe		Icing Actual <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Rime</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Mixed</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Rime	<input type="checkbox"/> Trace	<input type="checkbox"/> Clear	<input type="checkbox"/> Light	<input type="checkbox"/> Mixed	<input type="checkbox"/> Moderate		<input type="checkbox"/> Severe		Turbulence <table style="width:100%;"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> In Clouds</td> <td><input type="checkbox"/> Moderate Chop</td> </tr> <tr> <td><input type="checkbox"/> Vicinity of Thunderstorm</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	Type	Severity	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> In Clouds	<input type="checkbox"/> Moderate Chop	<input type="checkbox"/> Vicinity of Thunderstorm	<input type="checkbox"/> Severe		<input type="checkbox"/> Extreme
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NOTAMs (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- None
- Substantial
- Minor
- Destroyed

Aircraft Fire

- None
- In-Flight
- On-Ground
- Both Ground and In-Flight
- Unknown Origin

Aircraft Explosion

- None
- In-Flight
- On-Ground
- Both Ground and In-Flight
- Unknown Origin

Phase of Operation

- Standing
- Taxi
- Descent
- Takeoff (incl. initial climb)
- Climb
- Landing
- Cruise
- Maneuvering
- Approach
- Hover
- Other
- Unknown

Altitude of In-Flight Occurrence

9,500 ft MSL

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

NOSE GEAR COMPLETELY COLLAPSED. BOTH MAIN GEAR SUBSTANTIAL DAMAGE.

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.

SEE "FLIGHT NARRATIVE"

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

Operator/Owner Safety Recommendation

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Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? Yes No Unknown
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)Total Time/Cycles
On Part____ Hours
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(convert from pounds, as necessary)

14 Gallons

Fuel Type

 80/87 115/145 JP3
 100 Low Lead Jet A JP4
 100/130 Automotive JP5
 Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

CANOPY OPENED NORMALLY AND PILOT CLIMBED OUT.
PASSENGER WAS LIFTED OUT BY EMERGENCY PERSONNEL.**OTHER AIRCRAFT - COLLISION** (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

 Destroyed Minor
 Substantial None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

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

10/27/2014
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: ROBERT L. HUDSON II

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.

CEN14LA526

Reviewed by NTSB Regional Office

DENVER, CO

Name of Investigator

ARNOLD W SCOTT

Date Report Received

10/31/14