

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

C14110101FA121410

Supplement C - Wreckage Documentation, Multi-(3 or more) Reciprocating Engine and Turbine-Powered Aircraft

Landing Gear Position	1 Nose/Tail 1 <input type="checkbox"/> Up 2 <input checked="" type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A Other	2 Left Main 1 <input type="checkbox"/> Up 2 <input checked="" type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A Other	3 Right Main 1 <input type="checkbox"/> Up 2 <input checked="" type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A Other	4 Body Gear 1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Up 3 <input type="checkbox"/> Down 4 <input type="checkbox"/> Intermediate A Other				
	Landing Gear Damage		Impact		Fire			
		A		B				
		1 Destroyed	2 Substantial	3 Minor/None	1 Destroyed	2 Substantial	3 Minor/None	
5 Nose/tail		X						
6 Left/main		X						
7 Right/main		X						
Trailing Edge Flap Positions	8 Left Inboard 1 <input type="checkbox"/> Up A Down _____ deg. B Other <i>Destroyed</i>	9 Left Outboard 1 <input type="checkbox"/> Up A Down _____ deg. B Other	10 Right Inboard 1 <input type="checkbox"/> Up A Down _____ deg. B Other <i>Destroyed</i>	11 Right Outboard 1 <input type="checkbox"/> Up A Down _____ deg. B Other				
	Leading Edge Flap Positions	13 Left Inboard 1 <input type="checkbox"/> Up A Down _____ deg. B Other	14 Left Outboard 1 <input type="checkbox"/> Up A Down _____ deg. B Other	15 Right Inboard 1 <input type="checkbox"/> Up A Down _____ deg. B Other	16 Right Outboard 1 <input type="checkbox"/> Up A Down _____ deg. B Other			
12 <input checked="" type="checkbox"/> Not Installed (Go to block 17)	18 Left Inboard 1 <input type="checkbox"/> Up A Down _____ deg. B Other		19 Left Outboard 1 <input type="checkbox"/> Up A Down _____ deg. B Other		20 Right Inboard 1 <input type="checkbox"/> Up A Down _____ deg. B Other		21 Right Outboard 1 <input type="checkbox"/> Up A Down _____ deg. B Other	
Leading Edge Slat Position	23 Flight Spoilers-Left 1 <input checked="" type="checkbox"/> Stowed 2 <input type="checkbox"/> Deployed A Other		24 Flight Spoilers-Right 1 <input checked="" type="checkbox"/> Stowed 2 <input type="checkbox"/> Deployed A Other		25 Ground Spoilers-Left 1 <input checked="" type="checkbox"/> Stowed 2 <input type="checkbox"/> Deployed A Other		26 Ground Spoilers-Right 1 <input checked="" type="checkbox"/> Stowed 2 <input type="checkbox"/> Deployed A Other	
17 <input checked="" type="checkbox"/> Not Installed (Go to block 22)	28 Left Aileron 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Up 4 <input type="checkbox"/> Down A _____ deg. B Other <i>Destroyed</i>		29 Right Aileron 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Up 4 <input type="checkbox"/> Down A _____ deg. B Other <i>Destroyed</i>		30 Upper Rudder 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Left 4 <input type="checkbox"/> Right A _____ deg. B Other <i>Destroyed</i>		31 Lower Rudder 1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Left 4 <input type="checkbox"/> Right A _____ deg. B Other	
27 <input type="checkbox"/> Not Installed (Go to block 33)	32 Elevator/Stab. 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Up 4 <input type="checkbox"/> Down A _____ deg. B Other <i>Destroyed</i>		33 Cargo Restraint Installed 1 <input type="checkbox"/> None (Go to block 36) 2 <input type="checkbox"/> Cargo net 3 <input type="checkbox"/> Straps/tie down A Other <i>Destroyed</i>		34 Cargo Restraint Used 1 <input type="checkbox"/> None (Go to block 36) 2 <input type="checkbox"/> Cargo net 3 <input type="checkbox"/> Straps/tie down A Other		35 Cargo Restraint Failed 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Cargo net 3 <input type="checkbox"/> Straps/tie down A Other	
Cargo Restraint System(s) (Multiple entry for each block)		36 Airframe/Structure, Evidence of In-flight Separation/Failure (Multiple entry)						
		1 <input checked="" type="checkbox"/> None	5 <input type="checkbox"/> Right wing	9 <input type="checkbox"/> Canard	13 <input type="checkbox"/> Cabin door(s)			
		2 <input type="checkbox"/> Helicopter (Complete Supplement G)	6 <input type="checkbox"/> Left stab/elevator	10 <input type="checkbox"/> Tail cone	14 <input type="checkbox"/> Cargo door(s)			
		3 <input type="checkbox"/> General disintegration	7 <input type="checkbox"/> Right stab/elevator	11 <input type="checkbox"/> Powerplant	A Specify _____			
		4 <input type="checkbox"/> Left wing	8 <input type="checkbox"/> Vertical fin/rudder	12 <input type="checkbox"/> Powerplant nacelle	B Other			

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39 Flight Control System, Evidence of Operational Failure or Malfunction (Multiple entry)

- 1 None
- 2 Pitch Control
- 3 Roll control
- 4 Yaw control
- A Specify _____
- B Other _____

40 Aircraft STOL Modification Installed

- 1 Yes
- 2 No
- A Other _____

Computed Weight and Balance Information

Complete when weight and/or center of gravity limitations are exceeded. Otherwise, go to block 51.

Takeoff

45 Weight _____ Lbs.	46 Center of Gravity A _____ % MAC or B _____ Inches	47 CG Range (Multiple entry) 1 <input type="checkbox"/> At takeoff weight 2 <input type="checkbox"/> At max gross weight A _____ % MAC to _____ MAC or B _____ Inches to _____ Inches	
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Accident

48 Weight _____ Lbs.	49 Center of Gravity A _____ % MAC or B _____ Inches	50 CG Range (Multiple entry) 1 <input type="checkbox"/> At takeoff weight 2 <input type="checkbox"/> At accident weight A _____ % MAC to _____ MAC or B _____ Inches to _____ Inches	51 Fuel On Board at Accident 1 <input checked="" type="checkbox"/> Estimated 2 <input type="checkbox"/> Verified A <u>261</u> Gallons B _____ Pounds C Other _____
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Fuel Tanks	Fuel On Board at Accident			D Tank Construction				F Spillsafe Fittings			H Fuel Leakage/Rupture				
	A Gallons Estimated	B Gallons Verified	C Other	1 Wet Wing	2 Bladder	3 Metal	E Other	1 Yes	2 No	G Other	1 None	2 Line	3 Fitting	4 Tank	I Other
52 Left Wing	130.5			X					X					X	
53 Right Wing	130.5			X					X					X	
54 Left Tip															
55 Right Tip															
56 Fuselage															
57 (Specify)															

Engine/Propeller Historical Information

Engines	A Engine #1	B Engine #2	C Engine #3	D Engine #4	E Other
60 Serial Number	1277	1282			
61 Hours, Total	763	763			
62 Date, Last Overhaul (Nos. for M, D, Y)					
63 Hours, Since Last Overhaul					
64 Date, Last Inspection (Nos. for M, D, Y)	10/30/99	10/30/99			
65 Hours, Since Last Inspection	30	30			

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CH11021F1A01410

Supplement C—Wreckage Documentation, Multi-(3 or more) Reciprocating Engine and Turbine-Powered Aircraft (continued)

Propellers ⁶⁸ Not installed (Go to block 85)	A Engine #1	B Engine #2	C Engine #3	D Engine #4	E Other
69 Propeller Manufacturer					
70 Propeller Model/Series Number					
71 Hours, Total					
72 Hours, Since Overhaul					
73 Date, Last Overhaul (Nos. for M, D, Y)					
74 Hours, Since Last Inspection					
75 Date, Last Inspection (Nos. for M, D, Y)					
78 Propeller Type (Multiple entry)		79 Engine Supercharger		80 Engine Turbocharger	
1 <input type="checkbox"/> None installed 2 <input type="checkbox"/> Metal 3 <input type="checkbox"/> Composite 4 <input type="checkbox"/> Constant speed-controllable pitch 5 <input type="checkbox"/> Reversible 6 <input type="checkbox"/> Full automatic feathering 7 <input type="checkbox"/> Full manual feathering A Other		Installed 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other		Installed 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other	
Firewall Valve Shutoff Position			85 <input type="checkbox"/> Not installed (Go to block 90)		
86 Engine #1		87 Engine #2		88 Engine #3	
1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Open 3 <input type="checkbox"/> Closed A Other <u>Destroyed</u>		1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Open 3 <input type="checkbox"/> Closed A Other <u>Destroyed</u>		1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Open 3 <input type="checkbox"/> Closed A Other <u>D/A</u>	
89 Engine #4		90 <input type="checkbox"/> Not installed (Go to block 97)			
1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Open 3 <input type="checkbox"/> Closed A Other <u>D/A</u>					
Thrust Reverser Position			90 <input type="checkbox"/> Not installed (Go to block 97)		
			1 Open 2 Closed 3 Intermediate A Other		
91 #1 Engine			1 Open		
<u>Thrust Attenuator</u>			X		
92 #2 Engine			2 Closed		
<u>Thrust Attenuator</u>			X		
93 #3 Engine			3 Intermediate		
			A Other <u>D/A</u>		
94 #4 Engine			A Other <u>D/A</u>		
97 Fuel Found In #1 Engine (Multiple entry)			98 Fuel Found In #2 Engine (Multiple entry)		
1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lines 3 <input type="checkbox"/> Strainer 4 <input checked="" type="checkbox"/> Fuel control 5 <input type="checkbox"/> Carburetor/fuel injector 6 <input checked="" type="checkbox"/> Engine driven pump 7 <input type="checkbox"/> Aux fuel pump 8 <input type="checkbox"/> Filter(s) 9 <input type="checkbox"/> Selector valve 10 <input type="checkbox"/> Fuel manifold/spider A Other			1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lines 3 <input type="checkbox"/> Strainer 4 <input checked="" type="checkbox"/> Fuel control 5 <input type="checkbox"/> Carburetor/fuel injector 6 <input checked="" type="checkbox"/> Engine driven pump 7 <input type="checkbox"/> Aux fuel pump 8 <input type="checkbox"/> Filter(s) 9 <input type="checkbox"/> Selector valve 10 <input type="checkbox"/> Fuel manifold/spider A Other		

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99 Fuel Found In #3 Engine (Multiple entry) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lines 3 <input type="checkbox"/> Strainer 4 <input type="checkbox"/> Fuel control 5 <input type="checkbox"/> Carburetor/fuel injector 6 <input type="checkbox"/> Engine driven pump 7 <input type="checkbox"/> Aux fuel pump 8 <input type="checkbox"/> Filter(s) 9 <input type="checkbox"/> Selector valve 10 <input type="checkbox"/> Fuel manifold/spider A Other <u>D/A</u>		100 Fuel Found In #4 Engine (Multiple entry) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lines 3 <input type="checkbox"/> Strainer 4 <input type="checkbox"/> Fuel control 5 <input type="checkbox"/> Carburetor/fuel injector 6 <input type="checkbox"/> Engine driven pump 7 <input type="checkbox"/> Aux fuel pump 8 <input type="checkbox"/> Filter(s) 9 <input type="checkbox"/> Selector valve 10 <input type="checkbox"/> Fuel manifold/spider A Other <u>D/A</u>	
101 Fuel Samples Analyzed 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other	102 Fuel, Evidence of Improper Grade or Contamination (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Improper Grade 3 <input type="checkbox"/> Contamination A Other	103 Lube Oil Analyzed 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other	104 Lube Oil, Evidence of Improper Grade or Contamination (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Improper Grade 3 <input type="checkbox"/> Contamination A Other
105 Engine In-flight Failure (Multiple entry) 1 <input checked="" type="checkbox"/> No 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> Rotational 4 <input type="checkbox"/> Explosion A Other	106 Engine Failure Position (Multiple entry) 1 <input type="checkbox"/> #1 2 <input type="checkbox"/> #2 3 <input type="checkbox"/> #3 4 <input type="checkbox"/> #4 A Other <u>D/A</u>	107 Failure Contained 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other <u>D/A</u>	108 Engine In-flight Fire (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> #1 Engine 3 <input type="checkbox"/> #2 Engine 4 <input type="checkbox"/> #3 Engine 5 <input type="checkbox"/> #4 Engine A Other

ELT (Emergency Locator Transmitter) Information

112 Preimpact Location of ELT's (Multiple entry) (Enter number by location) A Cockpit _____ D Raft _____ B Cabin _____ E Survival kit _____ C Empennage <u>D7</u> F Other _____	113 Reason(s) for ELT Failure/Noneffectiveness (Enter codes from list below by ELT location) (Multiple entry) A Cockpit _____ C Empennage <u>D7</u> E Survival kit _____ B Cabin _____ D Raft _____ F Other _____
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- Reason(s) for Noneffectiveness/Failure (ELT choices for block 113)**
- | | | | |
|----------------------------------|--------------------------------|---|-----------------------------------|
| 01 Insufficient G's | 07 Fire damage | 12 Shielded by wreckage | 17 Packing device still installed |
| 02 Improper installation | 08 Impact damage | 13 Shielded by terrain | 18 Remote switch off |
| 03 Battery corroded | 09 Antenna broken/disconnected | 14 Internal failure | |
| 05 Battery installed incorrectly | 10 Water submersion | 15 Tested satisfactorily after accident | |
| 06 Incorrect battery | 11 Unit not armed | 16 Signal direction altered by terrain | |

114 ELT Manufacturer, Fixed ELT's <u>ARTEX AIRCRAFT</u> A Other	115 ELT Model No., Fixed ELT's <u>ELT 110-4</u> A Other	116 ELT Battery Type, Fixed ELT's 1 <input checked="" type="checkbox"/> Alkaline 2 <input type="checkbox"/> Cadmium 3 <input type="checkbox"/> Ni/Cad 4 <input type="checkbox"/> Nickel 5 <input type="checkbox"/> Lithium A Other	117 Battery Expiration Date, Fixed ELT's (Nos. for M, D, Y) <u>06/23/02</u> A Other
118 ELT Manufacturer, Raft ELT's A Other	119 ELT Model No., Raft ELT's A Other	120 ELT Battery Type, Raft ELT's 1 <input type="checkbox"/> Alkaline 2 <input type="checkbox"/> Cadmium 3 <input type="checkbox"/> Ni/Cad 4 <input type="checkbox"/> Nickel 5 <input type="checkbox"/> Lithium A Other	121 Battery Expiration Date, Raft ELT's (Nos. for M, D, Y) A Other