

National Transportation Safety Board

**FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

LAX00GA286

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

Landing Gear Position N/A	1 Nose/Tail	2 Left Main	3 Right Main	4 Body Gear
	1 <input type="checkbox"/> Up	1 <input type="checkbox"/> Up	1 <input type="checkbox"/> Up	1 <input type="checkbox"/> Not installed
	2 <input type="checkbox"/> Down	2 <input type="checkbox"/> Down	2 <input type="checkbox"/> Down	2 <input type="checkbox"/> Up
	3 <input type="checkbox"/> Intermediate A Other	3 <input type="checkbox"/> Intermediate A Other	3 <input type="checkbox"/> Intermediate A Other	3 <input type="checkbox"/> Down 4 <input type="checkbox"/> Intermediate A Other

Landing Gear Damage N/A	A Impact			B Fire		
	1 Destroyed	2 Substantial	3 Minor/None	1 Destroyed	2 Substantial	3 Minor/None
	5 Nose/tail					
	6 Left/main					
	7 Right/main					

Trailing Edge Flap Positions N/A	8 Left Inboard	9 Left Outboard	10 Right Inboard	11 Right Outboard
	1 <input type="checkbox"/> Up	1 <input type="checkbox"/> Up	1 <input type="checkbox"/> Up	1 <input type="checkbox"/> Up
	A Down _____ deg.	A Down _____ deg.	A Down _____ deg.	A Down _____ deg.
	B Other	B Other	B Other	B Other

Leading Edge Flap Positions 12 <input checked="" type="checkbox"/> Not Installed (Go to block 17)	13 Left Inboard	14 Left Outboard	15 Right Inboard	16 Right Outboard
	1 <input type="checkbox"/> Up	1 <input type="checkbox"/> Up	1 <input type="checkbox"/> Up	1 <input type="checkbox"/> Up
	A Down _____ deg.	A Down _____ deg.	A Down _____ deg.	A Down _____ deg.
	B Other	B Other	B Other	B Other

Leading Edge Slat Position 17 <input checked="" type="checkbox"/> Not Installed (Go to block 22)	18 Left Inboard	19 Left Outboard	20 Right Inboard	21 Right Outboard
	1 <input type="checkbox"/> Up	1 <input type="checkbox"/> Up	1 <input type="checkbox"/> Up	1 <input type="checkbox"/> Up
	A Down _____ deg.	A Down _____ deg.	A Down _____ deg.	A Down _____ deg.
	B Other	B Other	B Other	B Other

Spoiler Positions 22 <input checked="" type="checkbox"/> Not Installed (Go to block 27)	23 Flight Spoilers-Left	24 Flight Spoilers-Right	25 Ground Spoilers-Left	26 Ground Spoilers-Right
	1 <input type="checkbox"/> Stowed	1 <input type="checkbox"/> Stowed	1 <input type="checkbox"/> Stowed	1 <input type="checkbox"/> Stowed
	2 <input type="checkbox"/> Deployed	2 <input type="checkbox"/> Deployed	2 <input type="checkbox"/> Deployed	2 <input type="checkbox"/> Deployed
	A Other	A Other	A Other	A Other

Trim Tab Positions (Multiple entry) 27 <input checked="" type="checkbox"/> Not Installed (Go to block 33)	28 Left Aileron	29 Right Aileron	30 Upper Rudder	31 Lower Rudder	32 Elevator/Stab.
	1 <input type="checkbox"/> Not installed	1 <input type="checkbox"/> Not installed	1 <input type="checkbox"/> Not installed	1 <input type="checkbox"/> Not installed	1 <input type="checkbox"/> Not installed
	2 <input type="checkbox"/> Neutral	2 <input type="checkbox"/> Neutral	2 <input type="checkbox"/> Neutral	2 <input type="checkbox"/> Neutral	2 <input type="checkbox"/> Neutral
	3 <input type="checkbox"/> Up	3 <input type="checkbox"/> Up	3 <input type="checkbox"/> Left	3 <input type="checkbox"/> Left	3 <input type="checkbox"/> Up
4 <input type="checkbox"/> Down	4 <input type="checkbox"/> Down	4 <input type="checkbox"/> Right	4 <input type="checkbox"/> Right	4 <input type="checkbox"/> Down	
A _____ deg.	A _____ deg.	A _____ deg.	A _____ deg.	A _____ deg.	
B Other	B Other	B Other	B Other	B Other	

Cargo Restraint System(s) (Multiple entry for each block)	33 Cargo Restraint Installed	34 Cargo Restraint Used	35 Cargo Restraint Failed
	1 <input checked="" type="checkbox"/> None (Go to block 36)	1 <input type="checkbox"/> None (Go to block 36)	1 <input type="checkbox"/> None
	2 <input type="checkbox"/> Cargo net	2 <input type="checkbox"/> Cargo net	2 <input type="checkbox"/> Cargo net
	3 <input type="checkbox"/> Straps/tie down	3 <input type="checkbox"/> Straps/tie down	3 <input type="checkbox"/> Straps/tie down
A Other	A Other	A Other	

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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2 | A | X | 0 | 0 | G | A | 2 | 8 | 6

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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 *N/A*

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>75</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															
53 Right Wing															
54 Left Tip															
55 Right Tip															
56 Fuselage	75				X				X		X				
57 (Specify)															

Engine/Propeller Historical Information

Engines	A Engine #1	B Engine #2	C Engine #3	D Engine #4	E Other
60 Serial Number	895064				
61 Hours, Total	5541				
62 Date, Last Overhaul (Nos. for M, D, Y)	UNK				
63 Hours, Since Last Overhaul	UNK				
64 Date, Last Inspection (Nos. for M, D, Y)	7/21/00				
65 Hours, Since Last Inspection	11.1				

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Propellers ⁶⁸ Not installed <i>(Go to block 85)</i>	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 <i>(Nos. for M. D. Y)</i>					
74 Hours, Since Last Inspection					
75 Date, Last Inspection <i>(Nos. for M. D. Y)</i>					

78 Propeller Type (Multiple entry) 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		79 Engine Supercharger Installed 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other	80 Engine Turbocharger Installed 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other
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Firewall Valve Shutoff Position	85 <input type="checkbox"/> Not installed <i>(Go to block 90)</i>
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86 Engine #1 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Open 3 <input checked="" type="checkbox"/> Closed A Other	87 Engine #2 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Open 3 <input type="checkbox"/> Closed A Other <i>N/A</i>	88 Engine #3 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Open 3 <input type="checkbox"/> Closed A Other <i>N/A</i>	89 Engine #4 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Open 3 <input type="checkbox"/> Closed A Other <i>N/A</i>
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Thrust Reverser Position	90 <input checked="" type="checkbox"/> Not installed <i>(Go to block 97)</i>
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	1 Open	2 Closed	3 Intermediate	A Other
91 #1 Engine				
92 #2 Engine				
93 #3 Engine				
94 #4 Engine				

97 Fuel Found In #1 Engine (Multiple entry) 1 <input type="checkbox"/> None 2 <input checked="" type="checkbox"/> Lines 3 <input checked="" 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 checked="" type="checkbox"/> Filter(s) 9 <input type="checkbox"/> Selector valve 10 <input type="checkbox"/> Fuel manifold/spider A Other	
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 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 <i>N/A</i>	

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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>N/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>N/A</u>	
101 Fuel Samples Analyzed 1 <input type="checkbox"/> Yes 2 <input checked="" 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 type="checkbox"/> Yes 2 <input checked="" 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>N/A</u>	107 Failure Contained 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other <u>N/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 <u>X</u> E Survival kit _____ C Empennage _____ F Other _____	113 Reason(s) for ELT Failure/Noneffectiveness (Enter codes from list below by ELT location) (Multiple entry) A Cockpit _____ C Empennage _____ E Survival kit _____ B Cabin <u>01</u> 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>NARCO</u> A Other	115 ELT Model No., Fixed ELT's <u>ELT-10</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>2/02</u> A Other
118 ELT Manufacturer, Raft ELT's A Other <u>N/A</u>	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