

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

**This form to be used for reporting civil and public aircraft accidents and incidents**

**BASIC INFORMATION**

**Accident/Incident Location**  
 Nearest City/Place: Jeffersonville State: IN  
 ZIP: 47172 Country: USA  
 Latitude: 38.37N Longitude: 85.74W  
*(Enter in decimal degrees or degrees minutes seconds)*

**Accident/Incident Date/Time**  
 Date: 2/18/2021 Local Time: 1905  
*mm/dd/yyyy* Time Zone: central  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N559RA  
**Manufacturer:** Learjet  
**Model:** 55  
**Serial Number:** 0146  
**Year of Manufacture:** 1990  
**Amateur-Built:**  Yes *If Yes*  Kit/Plans *Make:* \_\_\_\_\_  
 No  Original Design

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 21500 lbs  
**Weight at Time of Accident/Incident:** 15950 lbs  
**Number of Seats:** 9 Flight Crew Seats: 2  
 Cabin Crew Seats: 0 Passenger Seats: 7  
**Number of Engines:** 2

**Category of Aircraft**  
 Airplane  
 Balloon  
 Blimp/Dirigible  
 Glider  
 Gyroplane  
 Helicopter  
 Powered Lift  
 Rocket  
 Ultralight  
 Unknown

**Type of Airworthiness Certificate**  
*(Check all that apply)*  
**Standard** **Special**  
 Normal  Restricted  
 Aerobatic  Limited  
 Balloon  Provisional  
 Commuter  Special Flight  
 Transport  Experimental  
 Utility  Special Light-Sport  
 Experimental Light-Sport  
 Certificate of Authorization or Waiver (COA)  
 None  Unknown

**Landing Gear**  
*(Check all that apply)*  
 Retractable  
 Tricycle  Tailwheel  
 Amphibian  High Skid  
 Emergency Float  Skid  
 Float  Ski  
 Hull  Ski/Wheel  
 Other Launch/Recovery System  
 None  Unknown

**Engine Type** *(Select one)*  
 Reciprocating  Liquid Rocket  
 Turbo Shaft  Solid Rocket  
 Turbo Prop  Hybrid Rocket  
 Turbo Jet  None  
 Turbo Fan  Unknown  
 Electric  
**Fuel System Type** *(Reciprocating)*  
 Carburetor  Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input type="radio"/> Horsepower or <input checked="" type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	Honeywell	TFE 731	P-85187C	9/29/90	3750	17602.6	1085.3	1085.3
Eng 2	Honeywell	TFE 731	P-85110C	3/3/80	3750	9652.4	1376.6	1376.6
Eng 3								
Eng 4								

**Last Inspection Type**  
 100-Hour  Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown  
**Date Last Inspection:** 11/06/2020  
*mm/dd/yyyy*  
**Airframe Total Time:** 12266.5 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

**Propeller 1**  Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

**Propeller 2**  Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

**Type of Maintenance Program** *(Select one)*  
 Annual  
 Conditional (Amateur-built only)  
 Manufacturer's Inspection Program  
 Other Approved Inspection Program (AAIP)  
 Continuous Airworthiness  
 Other, specify: \_\_\_\_\_

**ELT Installed:**  Yes  No  
*If Yes*  
**ELT Manufacturer:** Artex  
**Model or Part No.:** 453-5000-710  
 TSO No.:  C91 (121.5 MHz)  C91a (121.5 MHz)  
 C126 (406 MHz)  
 Was ELT still mounted in aircraft?  Yes  No  
 Was ELT still connected to antenna?  Yes  No  
 Did ELT Activate?  Yes  No  
*If activated*  
 Did ELT Aid in Locating Aircraft:  Yes  No  
*If not activated*

**Additional Equipment** *(Check all that apply)*  
 ADS-B  
 Airframe Parachute  
 Angle of Attack Indicator  
 Autopilot  
 Data Recorder  
 Electronic Flight Bag or Handheld Device  
 Electronic Multifunction Display  
 Electronic Primary Flight Display  
 Handheld GPS  
 Heads Up Display  
 Onboard Weather  
 Satellite Tracking Device  
 Stall Warning System  
 Video Recording Device  
 Other, Specify: \_\_\_\_\_

**Description of Fire Extinguishing System**  
 None  
 Specify: Engine Fire Bottles

**Indicate Reason:**  Impact Damage  
 Fire Damage  
 Battery Expired/Damaged  
 Unknown

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Royal Air Freight Inc.City: WaterfordFractional Ownership Aircraft:  Yes  NoState: MI ZIP: 48327Country: USA**Operator of Aircraft** Same As Registered Owner Same Address as Registered Owner

Name: \_\_\_\_\_

City: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: \_\_\_\_\_

**Operating Certificates Held***(Check all that apply)*

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

- FAR 91     FAR 129     FAR 415
- FAR 103     FAR 133     FAR 431
- FAR 121     FAR 135     FAR 435
- FAR 125     FAR 137     FAR 437
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial
- Public Aircraft *(Select one)*
  - Armed Forces
  - Federal
  - State
  - Local
- Unknown

**Revenue Operation for FAR 121, 125, 129, 135***(Select one for each group)*

- Scheduled or Commuter     Domestic
- Non-Scheduled or Air Taxi     International
- Passenger
- Cargo
- Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137***(Select one)*

- Aerial Application     Firefighting     Unknown
- Aerial Observation     Flight Test
- Air Drop     Glider Tow
- Air Race/Show     Instructional
- Banner Tow     Other Work Use
- Business     Personal
- Executive/Corporate     Positioning
- External Load     Skydiving
- Ferry

**Revenue Sightseeing Flight** Yes  No**Air Medical Flight** Yes  No**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: Clark RegionalDistance From Airport Center: 25 smAirport Identifier: KJVVDirection From Airport: 320 degrees trueProximity to Airport:  Off Airport/Airstrip     On Airport/Airstrip     N/AAirport Elevation: 478 ft. msl**Runway Information**Runway ID: 32 (L/R/C) Length: 3899 ft Width: 75 ft**Runway/Landing Surface** *(Check all that apply)*

- Asphalt     Grass/Turf     Macadam     Water
- Concrete     Gravel     Metal/Wood
- Dirt     Ice     Snow     Unknown

**Condition of Runway/Landing Surface** *(Check all that apply)*

- Dry     Snow-Compacted     Water-Calm
- Holes     Snow-Crusted     Water-Choppy
- Ice Covered     Snow-Dry     Water-Glassy
- Rough     Snow-Wet     Wet
- Rubber Deposits     Soft
- Slush-Covered     Vegetation     Unknown

**Approach/Departure Segment** *(Select one)*

- Taxi     VFR Departure     On Instrument Approach     Downwind     Low Approach
- Takeoff     IFR Departure Procedure/Clearance     Landing     Base     Go Around
- Initial Climb     Final     Crosswind     Aborted Landing (after touchdown)     Unknown

**IFR Approach** *(Check all that apply)*

- None
- ADF/NDB     PAR     MLS     Practice
- SDF     Sidestep     LDA     GPS
- VOR/TVOR     ILS     ASR
- VOR/DME     Localizer Only     Visual
- TACAN     LOC-back course     Contact
- RNAV     Circling
- Unknown

**VFR Approach** *(Check all that apply)*

- None
- Traffic Pattern     Stop and Go
- Straight-In     Touch and Go
- Valley/Terrain Following     Simulated Forced Landing
- Go Around     Forced Landing
- Full Stop     Precautionary Landing
- Unknown





**ADDITIONAL FLIGHT CREWMEMBERS** (Exclusive of cabin crew, complete the following information)

Crew Name and Address	Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer	<b>Restraint Type:</b> <b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

Crew Name and Address	Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer	<b>Restraint Type:</b> <b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

**PASSENGER(S) / OTHER PERSONNEL** (Include cabin crew; 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: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

## FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>KRSW</u> City: <u>Fort Myers</u> State: <u>Florida</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>1708</u> Time Zone: <u>Eastern</u>	<b>Destination</b> Airport ID: <u>KJVY</u> City: <u>Jeffersonville</u> State: <u>Indiana</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR <input type="radio"/> VFR/IFR <input checked="" type="radio"/> IFR <input type="radio"/> Unknown Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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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 type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input checked="" 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 G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area
<input checked="" type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA	
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93	

**Altitude of In-Flight Occurrence:** \_\_\_\_\_ ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Pilot Weather Information</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input checked="" type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input checked="" type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> National Weather Service	<input type="checkbox"/> Company	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None	<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> On-Board Weather		<b>Weather Observation Facility</b> Facility ID: <u>KJVY</u> Observation Time: <u>1630, 1730, 1830, 1855</u> Time Zone: <u>Eastern</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: _____ degrees true
<input checked="" type="checkbox"/> National Weather Service	<input type="checkbox"/> Company												
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military												
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet												
<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None												
<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown												
<input checked="" type="checkbox"/> On-Board Weather													

<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	<b>Light Condition</b> <input type="radio"/> Dawn <input type="radio"/> Day <input type="radio"/> Dusk <input type="radio"/> Night <input checked="" type="radio"/> Dark Night <input type="radio"/> Bright Night <input type="radio"/> Unknown
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<b>Sky/Lowest Cloud Condition</b> <input type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input checked="" type="radio"/> Thin Overcast <input type="radio"/> Unknown <b>Lowest Cloud Condition Height</b> <u>5000</u> ft agl	<b>Ceiling</b> <input type="radio"/> None (Clear) <input type="radio"/> Broken <input checked="" type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown <b>Ceiling Height</b> <u>5000</u> ft agl	<b>Temperature:</b> _____ (C) or <u>20</u> (F) <b>Dew Point:</b> _____ (C) or <u>?</u> (F) <b>Altimeter Setting:</b> <u>?</u> in Hg or _____ MB
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<b>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction: <u>350</u> degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>5</u> kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>10</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> <u>less than 500'</u> ft
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<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table>	<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		<b>Restriction to Visibility</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<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
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain																											
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<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown																												

<b>Icing Forecast</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<b>Icing Actual</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<b>Turbulence</b> <table style="width: 100%;"> <tr> <th>Type (Check all that apply)</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"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	Type (Check all that apply)	Severity	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
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**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**  
Runway 32/14 Closed

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- None       Substantial  
 Minor       Destroyed  
 Unknown

**Aircraft Fire**

- None       Both Ground and In-Flight  
 In-Flight       Fire at Unknown Time  
 On-Ground       Unknown

**Aircraft Explosion**

- None       Both Ground and In-Flight  
 In-Flight       Explosion at Unknown Time  
 On-Ground       Unknown

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

Nose Landing gear folded back, both main landing gear seperated from aircraft.

**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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

This leg of this trip was RSW - JVY. It was agreed that the co-pilot would be the pilot flying the aircraft as we were not carrying any passengers and the weather was favorable. All normal procedures were followed and the takeoff, climb and enroute portion of the flight was uneventful. On descent all normal procedures were adhered to. Both of us pilots were fully aware that runway 14 - 32 was closed. On descent the approach was briefed per the checklist and normal procedures and checklists were complete. The weather reported at JVY was good VFR with around 5000 ft overcast, 10 miles visibility, and light winds out of the north. We were approaching JVY from the southeast and we briefed to set up for the ILS approach to runway 18 which is 7000', and we expected to break out visually before initiating the approach, and maneuver for a visual to RWY 36, with more favorable winds. Upon breaking out at around 5000 MSL, at night at approximately 1900 local time, I called unicom trying to get an airport advisory, and to have the runway lights for RWY 36 fully bright; but received no answer. I then clicked the mic on CTAF 5 times for the pilot-controlled lighting. A few seconds later the co-pilot saw the runway and pointed it out to me. At that moment we believed that RWY 36 lights had been illuminated by the pilot-controlled lighting system, as RWY 32 is documented as not having pilot-controlled lighting. I then notified approach that we had the airport in sight at our 10 o'clock position and we were then cleared for the visual approach. The co-pilot began the final descent and maneuvered visually to the runway that we saw illuminated, which turned out to be runway 32, not runway 36. I then asked approach control if he observed any traffic between us and the airport. The controller replied that there was no observed traffic. I then cancelled our IFR and adjusted the transponder to squawk 1200. Meanwhile the co-pilot flying was navigating and maneuvering visually towards the runway that we believed to be 36. I was assisting the co-pilot to stabilize the approach and configured the aircraft to land. The before landing checklist was completed and we were stabilized and ready to land prior to 500' agl. The only runway lights observed during the entire approach and landing was the runway that was directly in front of us. The length of the runway appeared to be as expected due to the 75 ft. width and night conditions which gave the illusion of a longer runway. This was a pure visual approach to RWY 36 as no instrument approaches exist for RWY 36. The lights and runway were such that we had no visual indication that the runway that we were lined up for was closed i.e. illuminated "X" or other markings. Upon touchdown, we deployed reverse thrust and braking. It became clear to me that we had inadvertently landed on runway 32, but then very quickly hit the plowed snow berm at the intersection of RWY 36 and RWY 32. The force of the snow berm impact folded back the nose gear and sheared off the main landing gear. We steered the aircraft with the rudder keeping it centered on the runway. As we slid off the end of the runway at a relatively slow speed, I shut down the engines and came to rest about 150 ft off the end of runway 32. We ensured that everything was shut down properly and then exited the aircraft unharmed. Once at the FBO, the airport manager was called. He came out and was very helpful. I did ask him why the closed runway was illuminated. His answer was that they did that for greater illumination of the airport. The next day when our Chief Pilot arrived, he asked the same question. This time the answer was that they were going to plow runway 32, so they turned on the lights, but the person driving the plow decided to go home for dinner and was going to come back. But he left the lights on for RWY 32.

Fortunately, the only injury was to my pride. This was the first time that I have ever even scratched an aircraft in over 50 years of safe flying. The aircraft seems to be in fairly good shape, and I am hearing that it will be repaired, which makes me feel a little better. This accident could have been avoided if we had verified that the DG heading was aligned with the intended runway. Configuring for the approach and focusing on a visual to an unfamiliar airport, at night, and seeing only one runway lit, while knowing only one runway was open, may have contributed to dropping our guard in verifying the intended runway. In the future, I can assure that I will always make it a priority to verify the intended runway, no matter the circumstances involved. Please feel free to contact me with any questions you might have.

Sincerely,

James A. Wilson

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

## Operator/Owner Safety Recommendation

This accident could have been avoided if we had verified that the DG heading was aligned with the intended runway. Configuring for the approach and focusing on a visual to an unfamiliar airport, at night, and seeing only one runway lit, while knowing only one runway was open, may have contributed to dropping our guard in verifying the intended runway. In the future, I can assure that I will always make it a priority to verify the intended runway, no matter the circumstances involved. Please feel free to contact me with any questions you might have.

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**

Was there Mechanical Malfunction/Failure?  Yes  No  
*(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)*

**Total Time/Cycles  
On Part**

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part  
Inspected/Overhauled**

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff**  
*(Convert from pounds, as necessary)*

750 \_\_\_\_\_ Gallons

**Fuel Type**

- 80/87                       115/145                       Jet B                       Other, specify \_\_\_\_\_  
 100 Low Lead               Jet A                       JP8  
 100/130                       Jet A-1                       Automotive

**Other Services, if Any, Prior to Departure**

None

**EVACUATION OF AIRCRAFT**

Was an emergency evacuation of the aircraft performed?  Yes  No

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

Opened Cabin door and walked out.

**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

**Aircraft Registration Number**

none

**Manufacturer:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Damage to Other Aircraft**

- Destroyed                       Minor  
 Substantial                       None

**Registered Owner of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

02/28/21

*mm/dd/yyyy*

Name of Pilot/Operator: James Arthur Wilson

Signature: \_\_\_\_\_

-- or --  Check here to electronically sign this document

**If a Person Other than Pilot/Operator is Filing Report**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

-- or --  Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

CEN21LA136

Reviewed by NTSB Regional Office

CEN

Name of Investigator

J. Brannen

Date Report Received

3/1/2021