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: Rome	Sta		4/2016	Local 3	Time: 15:08				
ZIP: 30165 Country:	USA				mm/dd/yyyy Time Zone: Eastern Daylight				
Latitude: N034 21.18 (00:00:00									
Phase of Operation						h Other Aircraf		ltitude of In-Flight	
Standing Takeoff (incl. in				Hover	Midair		o	ccurrence	
☐ Taxi ☐ Climb ☐ Descent ☑ Landing		Ianeuvering pproach		Other Unknown	☐ On-ground ☑ None			ft MSL	
WEATHER INFORMAT									
Weather Observation Facility			Source	ce of Weather I	Information			Method of Briefing	
- KDMC		_	(Checi	k all that apply)		Provide		(Check all that apply)	
		<u> </u>		ational Weather Se ight Service Statio		✓ Company ☐ Military		☐ In Person ☐ Teletype	
Time Zone: Eastern Daylight		-	☐ TV	V/Radio	- 4.5	☑ Internet		✓ Telephone/Computer	
Distance from Accident Site:		- 'M	Z Au	utomated Report	n Comite America	Unknowr	n	☐ Aircraft Radio☐ TV/Radio	
Direction from Accident Site:		ı	L Cc	ommercial Weathe	a service (DUA)	(o)		☐ TV/Radio ☐ Unknown	
Briefing Type/Completeness	uegii		Light	t Condition				Visibility	
Full	☐ Abbreviate	d	☐ Da	awn 🔲 D		☐ Dark Night			
Partial / Limited By Pilot Partial / Limited By Briefer	Unknown Not Pertine		☑ Da			☐ Bright Night ☐ Not Reported		10_ miles	
Sky/Lowest Cloud Condition		Ceiling				1	Visibilit	y (Check all that apply)	
☐ Clear ☐	Thin Broken	☐ None			bscured definite	None	i,	Ground Fog	
	Thin Overcast Unknown	☑ Broker ☐ Overce			ndefinite nknown	☐ Blowing Dust ☐ Blowing Sand		☐ Ground Fog ☐ Haze	
☐ Partial Obscuration ☐ Scattered	V1711	Overc		ں ت		☐ Blowing Snov	w	Ice Fog	
Lowest Cloud Condition Heig	şht	Ceiling I	Height	i.		☐ Blowing Spra		☐ Smoke ☐ Unknown	
	_ft AGL				ft AGL	Dust			
Wind Direction	Wind Speed		一	Wind Gusts		1 * *	ilence (C	Check all that apply)	
☐ Indicated:	_	16 KTS	Ì	Velocity:	26 KTS	□ None	□ In C		
240_degrees MAG	-or-		}		}	Clear Air		inity of Thunderstorm	
<u></u>	Calm	able.		✓ Gusting Not Gusting	į	Severity of Tu			
☐ Variable	Light and Vari	aoie	Not Gusting			Extreme Severe	☐ Extreme ☑ Moderate ☐ Light ☐ Severe ☐ Moderate Chop		
NOTAMs (D, L and FDC)	AIDMET - C	CMET-	pipi	RPs in affect -	t the time of			•	
		IGMETS, AR0032/16			vare earlie Ul	acriuviil			
KRMG APT 2016030B022V01 C RMG OBST TOWER LGT (ASR	1281828) 342358	3.50N08523	357.70						
(12.2NM WNW RMG) 914.7FT ((306.1FT AGL) OL	JT OF SER	RVICE						
1603080032-1603230032									
KRMG APT 20160305152V01 6	6/1524 16 03M/		PERM	1					
RMG IAP RICHARD B RUSSEL	L REGIONAL - J	Н							
TOWERS FIELD, ROME, GA. RNAV (GPS) RWY 25, ORIG-A.	•••								
DELETE NOTE: PROCEDURE	NA AT NIGHT.	LICOST**	IC NI						
DELETE NOTE: VISIBILITY RE CHART NOTE: STRAIGHT-IN N	MINIMUMS NA AT	LICOPTER NIGHT	S NA.						
		cing Forec			···	1	recipitat	tion (Check all that apply)	
Temperature: 23 (C) or 73 (F)	-	Amoui None		Moderate	Type Rime	✓ None		☐ Drizzle ☐ Ice Pellets	
		Trace		Moderate Severe	Clear	☐ Rain ☐ Snow		☐ Snow Pellets	
Altimeter Setting: 29.75 i	n. HG	Light			Mixed	☐ Hail)BYO=-	Snow Grains	
		cing Actua				Rain Sho		☐ Ice Crystals ☐ Ice Pellets Shower	
Density Altitude:	1,1.55	Amour	nt	Moder-4	Type	Snow Sh		Freezing Drizzle	
Dew Point: 13 (C) or 55 (F)		☑ None ☐ Trace		Moderate Severe	☐ Rime ☐ Clear	Intensity o	of Precir	oitation	
υ <u>σο</u> (ι)	1 ==	Light		·- ·	Mixed	Light		Moderate Heavy	

Manufacturer: Howker Boechcraft / Nextant Aerospace (STCs) Model: Beechgrid 400 / 400 XT Staff Number: RK-426 No. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18		RAFT INFOR	MATION									
Model: Beech ed 400 / 400XT	Manufa		TCs)	Max Gross Weight: 16,300 lbs								
Serial Number: RN-428 Registration Number: N469FL Amateur-built: Yes No No No Action of Central of Control of Contro												
Registration Number: N405FL Amateur-built:	- :											
Category of Aircraft Alarylane Check all net apply) Check all net apply) Check all net apply Check all net all n						ilt: 🗌 Yes 🗹 No	inches from nose or datum					
Auriplance Check all thet apples Special Balloon Standard Special Balloon Standard Special Balloon Standard Special Balloon Standard Special Chief and Policy Special Chief and Policy Chief C	Catagor	ry of Aircraft	Type of A	irworthiness C	ertificate	Number of Se	eats:	8	Landing	Gear	✓ Retracta	able
Gyrocraft Guinty Gyrocraft Helicopter Gyrocraft Helicopter Gyrocraft Helicopter Helicopter Gyrocraft Helicopter	✓ Airpla ☐ Ballo	ane on	(Check all t	that apply)								r
Gordinana Accident / Incident Galin Crew;				Re		Flight Crev	v:	2	Tricy	cle	Tai	lwheel
Helicopter Powered iiii						1					`	sh Skid
Unknown				ort 🔲 Ex		1		1				
Annual Conditional (Ameteur-built only) Continuous Airvorthiness Conditional (Ameteur-built only) Conditional (Ameteur-built only) Continuous Airvorthiness Continuous Ai	Ultra	light							Hull Hull			
Annual Conditional (Ameteur-built only) Continuous Airvorthiness Conditional (Ameteur-built only) Conditional (Ameteur-built only) Continuous Airvorthiness Continuous Ai	Type of	f Maintenance P	rogram		Last Insu	ection Type		Date Las	t Inspecti	on: 0	2/06/2016	
Conditional (Amateur-built only)	1		. 05. 0		_		s Airworthiness		•	mn	n/dd/yyyy	
Other Approved Inspection Program (AAIP)	Cond	ditional (Amateur-b	uilt only)		☐ AAIP	Conditiona 🔲		1	. m m.		7 06	1 hrs
Continuous Airworthiness Continuous Airworthiness Country: UsA Country:	Manu	ufacturer's Inspection	on Program ion Program ((AAIP)		L_I Unknown						IIIS
Stall Warning System Installed Type of Fire Extinguishing System None N	🛛 Cont	tinuous Airworthine	ess	• /								ent
Fig. 1 Williams Fig. 4-3AP 22785 Williams Will					CAND W	ming System Insta	lled					····
ELT Installed ELT Activated Model/Series: C 406-2						-		None		·9	<i>y</i>	
Model/Series: C 406-2 Serial Number: 170-05457 Battery Type: Lithium Battery Exp. Date: 01/19/2019	L⊿ Yes	∐ No ∐ Unk	CHOWN		MATILES [•	☑ Specif	y <mark>Halon</mark>			
Model/Series: C 406-2 Serial Number: 170-05457 Battery Type: Lithium Battery Exp. Date: 01/19/2019												
Model/Series: C 406-2 Serial Number: 170-05457 Battery Type: Lithium Battery Exp. Date: 01/19/2019	ELT	nstalled F	ELT Activat	ted	ELT Mai	nufacturer: Artex						
Serial Number: 170-05457 Battery Type: Lithium Battery Exp. Date: 01/19/2019	1				1							
Yes No Battery Type: Lithium Battery Exp. Date: U1719/2019	<u> </u>		Accident /	Incident	ł .							
Reciprocating Turbo Jet System Type Carburetor Turbo Shaft Turbo Fan Turbo F			,,	-					Batter	y Exp. Da	ite: <u>01/19/</u> 2	2019
Reciprocating Turbo Jet Garburetor Fixed Pitch Manufacturer Model:				Reciprocatir	1							
Turbo Shaft Turbo Fan Carburetor Fixed Pitch Model:	~		urbo Jet	System Type	e	1 x opener						
Engine Manufacturer Model/Series Manufacturing of Mfg. mm.dd yyyy Milliams Fj4-3AP 252785 04-04-02014 3050 1,054 204 Eng. 3	☐ Turb	oo Shaft 🔽 Ti	urbo Fan				er. •					
Engine Engine Manufacturer Model/Series Serial Number Seri	Turb	bo Prop 🔲 U	nknown			Controllable F	Model:		atad		I	
Engine Manufacturer Model/Series Manufacturing Serial Number			ļ		1			I EBZIIIC K	ateu	ŀ	an:	
Engine Engine Manufacturer Model/Series Scrial Number Model/Series Scrial Number Model/Series Scrial Number Model/Series Scrial Number Model/Series Model/Series Scrial Number Model/Series Scrial Number Scrial Number Model/Series Scrial Number Scri									easured	l .	Lime	Time
Eng. 1 Williams Fj44-3AP 252785 04/04/2014 3050 1,054 204 Eng. 2 Williams Fj44-3AP 252786 04/08/2014 3050 1,054 204 Eng. 3		ì					Date	Power Mas (check	one)	Total	Since	Since
Eng. 1 Williams						_	of Mfg.	Power Mas (check	one)	Total Time	Since Inspection	Since Overhaul
Eng. 3 Eng. 4 OWNER/OPERATOR INFORMATION Registered Aircraft Owner Name: Flight Options, LLC. Fractional Ownership Aircraft: Yes No Operator of Aircraft Same As Registered Owner Name: Doing Business As: City: Same As Registered Owner Name: City: Same As Registered Owner Name: City: Same As Registered Owner Name: City: State: ZIP: State: ZIP: Country: State: ZIP: ZIP: State:		1	cturer	Model/Series		Serial Number	of Mfg. mm/dd/yyyy	Power Mas (check Horse	one) epower or f Thrust	Time (hours)	Since Inspection (hours)	Since
Country: USA Country: USA Country: State: ZIP: Country: Countr	Eng. 1	Williams	cturer	Model/Series Fj44-3AP	:	Serial Number 252785	of Mfg. mm/dd/yyyy 04/04/2014	Power Mas (check Horse I bs o	one) epower or f Thrust 3050	Time (hours) 1,054	Since Inspection (hours)	Since Overhaul (bours)
OWNER/OPERATOR INFORMATION Registered Aircraft Owner Owner Address Name: Flight Options, LLC. City: Richmond Heights Fractional Ownership Aircraft: ✓ Yes ☐ No Country: USA Operator of Aircraft ✓ Same As Registered Owner Name: Doing Business As: Air Carrier/Operator Designator (4 Character Code): DJFA City: State: ZIP: Country: Country: Country: Revenue Sightseeing Flight Air FAR 91 FAR 129 FAR 91 Special Flight Public Use (select type) Federal ☐ State ☐ Local Air Medical Flight Air Medical Flight	Eng. 1 Eng. 2	Williams	cturer	Model/Series Fj44-3AP	:	Serial Number 252785	of Mfg. mm/dd/yyyy 04/04/2014	Power Mas (check Horse I bs o	one) epower or f Thrust 3050	Time (hours) 1,054	Since Inspection (hours)	Since Overhaul (hours)
Registered Aircraft Owner Name: Flight Options, LLC. City: Richmond Heights Fractional Ownership Aircraft: ✓ Yes ☐ No State: OH ZIP: 44143 Country: USA Country: USA Operator Address Operator Address City: Same As Registered Owner Name: Doing Business As: State: ZIP: Country: Mair Carrier/Operator Designator (4 Character Code): DJFA City: State: ZIP: Country: Mair Country: Mair Carrier/Operator Designator (4 Character Code): DJFA Regulation Flight Conducted Under Revenue Sightseeing Flight ☐ Yes ☑ No ✓ FAR 91 ☐ FAR 129 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ Faderal ☐ State ☐ Local Air Medical Flight	Eng. 1 Eng. 2 Eng. 3	Williams	cturer	Model/Series Fj44-3AP	:	Serial Number 252785	of Mfg. mm/dd/yyyy 04/04/2014	Power Mas (check Horse I bs o	epower or f Thrust 3050 3050	Time (hours) 1,054 1,054	Since Inspection (hours) 204 204	Since Overhaul (hours) 1,054 1,054
Name: Flight Options, LLC. Fractional Ownership Aircraft:	Eng. 1 Eng. 2 Eng. 3 Eng. 4	Williams Williams		Model/Series Fj44-3AP FJ44-3AP		Serial Number 252785	of Mfg. mm/dd/yyyy 04/04/2014	Power Mas (check Horse I bs o	epower or f Thrust 3050 3050	Time (hours) 1,054 1,054	Since Inspection (hours) 204 204	Since Overhaul (hours) 1,054 1,054
Fractional Ownership Aircraft:	Eng. 1 Eng. 2 Eng. 3 Eng. 4	Williams Williams	TOR INF	Model/Series Fj44-3AP FJ44-3AP		Serial Number 252785	of Mfg. mm/dd/yyyy 04/04/2014	Power M as (check Horse d lbs or	one) epower or f Thrust 3050 3050	Time (hours) 1,054 1,054	Since Inspection (hours) 204 204	Since Overhaul (hours) 1,054 1,054
Operator of Aircraft ✓ Same As Registered Owner Name: Doing Business As: Air Carrier/Operator Designator (4 Character Code): DJFA City: State: Country: Country: Country: FAR 91	Eng. 1 Eng. 2 Eng. 3 Eng. 4 OWN Regist	Williams Williams NER/OPERA tered Aircraft O	TOR INF	Model/Series Fj44-3AP FJ44-3AP		Serial Number 252785	of Mfg. mm/dd/yyyy 04/04/2014	Power Mas (check	one) epower or fThrust 3050 3050 dress amond He	Time (hours) 1,054 1,054	Since Inspection (hours) 204 204	Since Overhaul (hours) 1,054 1,054
Name:	Eng. 1 Eng. 2 Eng. 3 Eng. 4 OWN Regist Name:	Williams NER/OPERA tered Aircraft Or	TOR INF wner LLC.	Model/Series FJ44-3AP FJ44-3AP ORMATION		Serial Number 252785	of Mfg. mm/dd/yyyy 04/04/2014	Power Mas (check	one) epower or fThrust 3050 3050 dress amond He	Time (hours) 1,054 1,054 sights ZIP: 44	Since Inspection (hours) 204 204	Since Overhaul (bours) 1,054 1,054
State: ZIP:	Eng. 1 Eng. 2 Eng. 3 Eng. 4 OWN Regist Name:	Williams VER/OPERA Tered Aircraft Or Flight Options, onal Ownership A	TOR INF wner LLC.	Model/Series Fj44-3AP FJ44-3AP ORMATION Yes \[\] No		Serial Number 252785	of Mfg. mm/dd/yyyy 04/04/2014	Power Mas (check Horse Wilso Owner Ad City: Rich State: OH Country: L	one) epower or fThrust 3050 3050 Idress nmond He	Time (hours) 1,054 1,054 sights ZIP: 44	Since Inspection (hours) 204 204	Since Overhaul (bours) 1,054 1,054
Air Carrier/Operator Designator (4 Character Code): DJFA Regulation Flight Conducted Under FAR 91 FAR 129 FAR 91 Special Flight Public Use (select type) FAR 103 FAR 133 Non-US, Commercial Federal State Local Air Medical Flight Air Medical Flight	Eng. 1 Eng. 2 Eng. 3 Eng. 4 OWN Regist Name: Fractic	Williams WER/OPERA Gered Aircraft Or Flight Options, onal Ownership A ator of Aircraft	TOR INF wner LLC.	Model/Series Fj44-3AP FJ44-3AP ORMATION Yes \[\] No		Serial Number 252785	of Mfg. mm/dd/yyyy 04/04/2014	Power Mas (check Horse Wilso Owner Ad City: Rich State: OH Country: L Operator	one) epower or fThrust 3050 3050 ddress nmond He JSA Address	Time (hours) 1,054 1,054 sights ZIP: 44	Since Inspection (hours) 204 204	Since Overhaul (bours) 1,054 1,054
Regulation Flight Conducted Under FAR 91	Eng. 1 Eng. 2 Eng. 3 Eng. 4 OWN Regist Name: Fractic Opera	Williams VER/OPERA Tered Aircraft Or Flight Options, Tonal Ownership A Ator of Aircraft The state of th	TOR INF wner LLC.	Model/Series Fj44-3AP FJ44-3AP ORMATION Yes \[\] No		Serial Number 252785	of Mfg. mm/dd/yyyy 04/04/2014	Power Mas (check	one) epower or fThrust 3050 3050 dress amond He JSA Address	time (hours) 1,054 1,054 1,054 sights ZIP: 44	Since Inspection (hours) 204 204 143 The As Register	Since Overhaul (hours) 1,054 1,054
FAR 103 FAR 133 Non-US, Commercial Federal State Local Air Medical Flight	Eng. 1 Eng. 2 Eng. 3 Eng. 4 OWN Regist Name: Fractic Opera	Williams WER/OPERA tered Aircraft Or Flight Options, onal Ownership A ator of Aircraft E Business As:	TOR INF wner LLC. Aircraft: Z	Model/Series Fj44-3AP FJ44-3AP ORMATION Yes \(\sum \) No me As Registered	Owner	Serial Number 252785	of Mfg. mm/dd/yyyy 04/04/2014	Power Mas (check	one) epower or fThrust 3050 3050 Idress amond He JSA Address	time (hours) 1,054 1,054 1,054 sights ZIP: 44 ZIP:	Since Inspection (hours) 204 204 2143 228 248 258 268 268 278 288 288 288 288 288 288 288 288 28	Since Overhaul (hours) 1,054 1,054
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ Yes ☑ No ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces	Eng. 1 Eng. 2 Eng. 3 Eng. 4 OWN Regist Name: Fractio Opera Name: Doing Air Ca Regul	Williams Wered Aircraft Or Flight Options, onal Ownership Anter of Aircraft Business As:	TOR INF wner LLC. Aircraft: Sa esignator (4	Model/Series Fj44-3AP FJ44-3AP ORMATION Yes No me As Registered Character Codeder	Owner): DJFA	Serial Number 252785 252786	of Mfg. mm.dd yyyy 04/04/2014 04/08/201	Power Mas (check	epower or fThrust 3050 3050 3050 Idress amond He JSA Address	ights ZIP: 44 ZIP: g Flight	Since Inspection (hours) 204 204 143 1e As Register	Since Overhaul (hours) 1,054 1,054

Purpose of Flight	Revenue Operat	Revenue Operation			Type of Commercial Operating Certificate Held			
for FAR 91, 103, 133, 137 (Select one)	for FAR 121, 125,		riect one)	(Check all that apply)				
Personal	Scheduled or Co			☐ None ☐ Flag Carrier Operating Certificate (121)				
Business Executive/Corporate		, , , , , , taal		Supplemental				
Other Work Use	Domestic or Intern	national		☐ Air Cargo ☐ Foreign Air Carriers	(129)			
Instructional	i	International	j	Commuter Air Carrie	er (135)			
☐ Ferry ☐ Positioning	□ Domestic □	_ memanonal		On-Demand Air Tax				
Aerial Application				Large Helicopter (12	.()			
Aerial Observation	Cargo Operation			Rotorcraft External I	Load (133)			
Air Drop Air Race / Show	Passenger/Cargo		manv?	- or - Agricultural Aircraft	· (137)			
Flight Test	Cargo		y.					
Public Use	Mail			☑ Other Operator of La	arge Aircraft			
Unknown	115 -1	lieian co	ed complete	this section for other	aircraft)			
OTHER AIRCRAFT - COLLISION					Damage to Other Aircraft			
	er:				☐ Destroyed ☐ Minor			
Model:					Substantial None			
Registered Owner of Other Aircraft	,							
First Name:			City:					
Middle Initial:			State:	ZIP:				
Last Name:								
Pilot of Other Aircraft								
			City:					
First Name:Middle Initial:			State:	ZIP:				
Last Name:			Country:					
AIRPORT INFORMATION (If the ac	cident occurred on a	pproach, tak	eoff or within	3 miles of an airport,	complete this section)			
Airport Identifier: KRMG				om Airport Center: _				
Airport Name: Russell Regional - Towers								
		In Aluent	Direction From Airport: 070 degrees MAG Airport Elevation: 644 ft. MSL					
Proximity to Airport	⊮ J On Airport ∐ C	m Airstrip	Airport Ele	vauoiti	- · · It. IVIOL			
Approach Segment (Select one)		1	,	Timel	□ Oo A======			
☐ On Instrument Approach ☐ Landing ☐ Downwind	☐ Base	leg Approach		Final Aborted Landing (after to	Go Around			
LJ C7008111114	. LI Low	. spproacii		ach (Check all that appl				
IFR Approach (Check all that apply) ☐ None ☐ PAR	□ MLS □	Practice	VIK Approx ☐ None	(Sie (Sie an mai appl	Stop and Go			
□ None □ PAR □ ADF/NDB □ Sidestep	LDA	GPS	☑ Traffic Pattern ☐ Touch and Go					
□ SDF □ ILS	□ ASR □	Loran	☐ Straight-In ☐ Simulated Forced Landi ☐ Valley/Terrain Following ☐ Forced Landing					
☐ VOR/TVOR ☐ Localizer Only ☐ VOR/DME ☐ LOC-back course	✓ Visual ☐ Contact	Unknown	☐ Valley/Teri		Precautionary Landing			
☐ VOR/DME ☐ LOC-back course ☐ TACAN ☐ RNAV	☐ Contact		✓ Full Stop		Unknown			
Runway Information				f Runway/Landing Su	rface (Check all that apply)			
	4,495 ft Width:	100 ft	☑ Dry	☐ Snow-Comp	pacted Water-Calm			
Runway 15.			Holes	☐ Snow-Crust ☐ Snow-Dry	ted Water-Choppy Water-Glassy			
Runway/Landing Surface (Check all that appr			☐ Ice Covere ☐ Rough	d Snow-Dry	☐ Water-Glassy			
			Rubber De	posits 🔲 Soft	Unknown			
☐ Concrete ☐ Gravel ☐ Metal/W ☐ Dirt ☐ Ice ☐ Snow	CHKNOWII		Slush Cove					
FLIGHT ITINERARY INFORMATION	ON							
	ime of Departure	Destination	1	Тур	oe Flight Plan Filed			
Airman ID. K.IXN	-	Airport ID: <u>k</u>			None			
City: Jackson	ime: 1345	City: Rome			Company VFR			
	ime Zone: EDT	State: GA			Wilitary VFR			
State.		Country: US	Α		ivated? Yes No			
Country: USA		Country. 03.						
Type of ATC Clearance/Service (Check all the	aat apply) Specia	d IFR		VFR Flight Following	Cruise			
□ None □ Special VFR □ VFR □ IFR	☐ Specia			Traffic Advisory	Unknown / NA			

Airspace where the accident of						Consideration of the Constant
	Class E Class G	ļ	Prohibited Area Restricted Area		☐ Jet Training Area☐ TRSA	☐ Special ☐ Air Traffic Control Area
	Demo Area		Military Operations Area (MOA)	☐ FAR 93	Unknown
Class D	Warning Area		Airport Advisory Area			
Aircraft Load Description (oly)	D dissilate		☐ Livestock	
	Towing Glider Towing Banner	; 	☐ Parachutists ☐ Water		☐ Livestock ☐ Unknown	
Passengers Cargo	Other External	i	Chemical/Fertilizer/Seeds			
FUEL & SERVICES IN	FORMATIC	N				
Fuel on Board at Last Takeo	ff	Fuel Type			—	
(convert from pounds, as necessar)	ν)	80/87	☐ 115/145	☐ JP3 ☐ JP4	Other, specify	
517	Gallons	☐ 100 Low Le ☐ 100/130	ead [7] Jet A	☐ JP5		
Other Services, if Any, Prior	to Departure					
Julia managarananga karok	*					
MECHANICAL MALFL	UNCTION/F	AILURE (If more space is need	ied, cor	ntinue on separate sh	eet)
Was there Mechanical Malfu (If yes, list the name of the part, mo	inction/Failure anufacturer, part	e? Yes no., serial no., a				Total Time/Cycles On Part
To yet be determined						Hours
						Cycles
						Time Since This Part
						Inspected/Overhauled
						Hours
DAMAGE TO AIRCRA	AFT AND O	THER PRO	PERTY			
Aircraft Damage		aft Fire			Aircraft Explosion	
☐ None ☑ Substantial	□ No	one	Both Ground and In-Fligh	ht	L. 10110	oth Ground and In-Flight nknown Origin
☐ Minor ☐ Destroyed		-Flight 1-Ground	Unknown Origin	į	On-Ground	
Description of Damage to Ai	ircraft and Oth	ner Property ((use additional sheet if necessa	(עמי		
	- A 1	and to the NII C	hav surrounding skin and l	hulkhead :	and possibly forward pressur	re bulkhead. Both MLG tires
were destroyed. There is some	aircraft skin writ	nkling below the	e LH side of the exterior coc ted much dirt and debris with	h potential	internal fan and or turbine d	amage. The lower VHF 2
(above the RH wing passenger value) antenna was broken off free. Tit	re tracks left in r	nud at east end	d of runway 07 grass safe ar	rea. No ac	dditional damage to the airpo	ort property.
EVACUATION OF AIR	DODAET	· i.				
EVACUATION OF AIR		P 2	9 DVac DVac			
Was an emergency evacuation				ted auch !	ocation	
Method of Exit – Describe ho	ow the occupan	ts exited and h	ow many occupants evacua	ED) reg each l	(UCAHUII	
The pilots exited their cockpit se	eats then out of	the aircraft thro	ough the main entry door (M	J.		

PILOT "A" INFORM	ATION									
Pilot "A" Responsibilities				_	_					
☑ Pilot ☐ Co-Pilot	Student Pilot	Flight I	Instructor	Check Pilot	☐ Flig!	ht Engineer	Other	Flight Crew		
Pilot "A" Identification			· · · · · · · · · · · · · · · · · · ·							
First Name: Jason				Cit	y: <u>Drape</u>	er				
Middle Initial: D.					te: UT		ZIP: <u>8402</u>	0		
Last Name: Farmer				Co	untry: U	SA				
Age at time of Accident:	45 Date of	of Birth:	mm/dd/yyyy				•	_		
Degree of Injury	Seat Occup	ied		Sea	t Belt			Shoulder I	Harness	
▼ None ☐ Fatal	Left	Front	Unkno	wn Use	đ		□ No	Used	✓ Yes	☐ No
☐ Minor ☐ Unknown ☐ Serious	Right Center	☐ Rear ☐ Single		Ava	ilable	Y Yes	□ No	Available	Yes	□ No
Pilot Certificate(s) (Check of	\				···					
□ None □ Stu		Recre	eational	☐ Commerc	ial	Γ] Flight Engi	neer	☐ Foreign	
	ght Instructor	Sport		Airline Tr			U.S. Militan		L	
Principal Occupation	Medical Certific	ate		Me	dical Cer	tificate Va	lidity	Date of I	ast Medic	al
☑ Pilot		Class 3				nitations/wa		11/13	/2015	
Other] Driver's Lice] Unknown	ense (Sport Pilo		With limita Jnknown	ations/waive	rs	mm/do		
Unknown	L Class 2 L] Olikilowii	Anna Pillanga		JIKHOWII			mmou	<i>Ф</i> ууууу	
Medical Certificate Limita	tions									
None										
Medical Certificate Waive	rs									
None										
Date of Last Flight Review		Fligh	t Review Aire	craft				<u> </u>		
or Equivalent, Including] -	: Beechjet (C		or)					
FAR 121/135 Checks: _	11/25/2015 mm/dd/yyyy	ſ	: 400A (con							
A	Other Aircraft					*	D (: ()			
Airplane Rating(s) (Check all that apply)	(Check all that a			ent Rating(s)	' 1	(Check all	r Rating(s)			
☐ None	None	PP ^(y)	□ None	i inai appiy)		□ None	inai appiy)		Instrument	A implant
Single-Engine Land	Airship		Airpla	ne	i		e Single-Eng		Instrument Instrument	
☐ Single-Engine Sea	Free Balloon		Helico	opter	}		e Multi-Engi	,	Helicopter	1101100pte1
✓ Multiengine Land	Glider		Power	red Lift		☐ Gyropla	ane		Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					Powere	d Lift		Sport	
	Powered Lift									
Type Ratings						Student E	Endorseme	nts (Include o	dates)	
B-737; BE-400; MU-300								,		
, = = ,										
			Airplane	T	1	Inst		T		1
Flight Time (enter appropriat	1 1	This Make	Single	Airplane	N		rument		0111	Lighter
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	10,393	6,174 6,003					····			
Pilot in Command (PIC)	9,638	0,003				 				
Time as Instructor						 				
This Make/Model										
Last 90 Days										<u> </u>
Last 30 Days										
Last 24 Hours	1 1	1		Ī	1	1	Ī	i	l	l

PILOT "B" INFORMA	TION				,					
Pilot "B" Responsibilities at	the Time of Accide	nt						Calet Care		
	Student Pilot	Flight Instr	uctor	eck Pilot	Flight	Engineer	Other Fl	ignt Crew		
Pilot "B" Identification										
First Name: Michael					Meridi	an				
Middle Initial: A.		-		State:			IP: <u>83642</u>			
Last Name: Groner				Count	ry: <u>US</u>	ь.				
Age at time of Accident:	45 Date of Bi		/dd/yyyy							0
Degree of Injury	Seat Occupied			Seat B	elt			Shoulder Ha		
None ☐ Fatal	☑ Left □		Unknown	Used				Used		□ No □ No
Minor 🔲 Unknown		Rear		Availat	ole	☑ Yes] No	Available	Z ies F	_ 140
Serious		Single								
Pilot Certificate(s) (Check al.		[] Deti	and F	1 Commercial		П	Flight Engine	eer [] Foreign	
☐ None ☐ Stud ☐ Private ☐ Fligh	ent nt Instructor	☐ Recreation		Airline Trans	sport		U.S. Military			
	Medical Certificate			Medio	al Cer	tificate Va	lidity	Date of Las	t Medical	
rincipal occupation in	None Cla	iss 3		□ Wit	hout lim	nitations/wai	vers	09/23/201	5	
Y PHOT	Z Class 1 Dri	ver's Licens	e (Sport Pilot on			tions/waiver	S	mm/dd/yy		
		known		Uni	known			mm/uw/yy	<i>yy</i>	.n.
lone										
Date of Last Flight Review		Flight l	Review Aircra	ıft						
or Equivalent, Including		1 -	Beechjet (CA		-)					
FAR 121/135 Checks: _	11/17/2015		400A (conve							
	mm/dd/yyyy Other Aircraft R			nt Rating(s)		Instructo	r Rating(s)			
Airplane Rating(s)	(Check all that appl		(Check all ti			(Check all				
(Check all that apply) ☐ None	None	,	None			☐ None		=	nstrument A	
Single-Engine Land	☐ Airship		Airplane	:		Airplan	e Single-Engi e Multi-Engir		nstrument H Helicopter	encopter
☐ Single-Engine Sea	☐ Free Balloon ☐ Glider		Helicopt Powered	ter 1 T ift		Gyropla			3lider	
Multiengine Land Multiengine Sea	Glider Gyroplane		Fowered	Line		Powere			Sport	
	Helicopter									
	Powered Lift					Student I	Endorseme	nts (Include da	tes)	
Type Ratings	00. OF 240									
BE-400; CL-65 HS-125; MU-3	000, 3F-340									
						L				1
Flight Time (enter approprie	ate Ali	This Make	Airplane Single	Airplane		l n	strument	-	C'' '	Lighte
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than A
Total Time	6,036	407								
Pilot in Command (PIC)	2,560	199								
Time as Instructor										<u> </u>
This Make/Model										
Last 90 Days									ļ	
Last 30 Days					 					
Last 24 Hours					l				<u> </u>	

ADDITIONAL FLIGHT CREV	N MEMBERS	(Exclusive of cal	oin attendants, com	plete the t	ollow	ing inform	ation)
Pilot Name and Address					1-1-	Degree of It	ıjury
First Name:		City:				None	Fatal
Middle Initial:		State:	ZIP:			☐ Minor ☐ Serious	Unknown
Last Name:		Country:					
Pilot Certificate(s) (Check all that a	apply)					Seat Occup	
	Recreational	Commercial	Flight Engineer	☐ Foreign	ι	Left Right	☐ Front ☐ Rear
	Sport	Airline Transport	U.S. Military			Center	☐ Rear ☐ Single
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No		ime at the Time nt/Incident:	hrs			Unknown
Pilot Name and Address						Degree of I	njury
First Name:		City:				☐ None ☐ Minor	Unknown
Middle Initial:		State:	ZIP:		,	Serious	
Last Name:		Country				Seat Occup	ied
Pilot Certificate(s) (Check all that a	apply) Recreational	☐ Commercial	☐ Flight Engineer	☐ Foreign	1	Left	☐ Front
□ None □ Student □ Private □ Flight Instructor	Sport	Airline Transport	U.S. Military	roreign		Right	Rear
Type Rating/Endorsement for	☐ Yes ☐ No	Total Flight T	ime at the Time	hrs		Center	☐ Single ☐ Unknown
						Degree of I	niurv
Pilot Name and Address						None	☐ Fatal
First Name:		City:	ZIP:			Minor	Unknown
Middle Initial: Last Name:						Serious	
Pilot Certificate(s) (Check all that a	apply)					Seat Occup	ied
☐ None ☐ Student	Recreational	☐ Commercial	Flight Engineer	☐ Foreign	1	Left	Front
Private Flight Instructor	Sport	Airline Transport	U.S. Military			Right Center	☐ Rear ☐ Single
Type Rating/Endorsement for	☐ Yes ☐ No		ime at the Time nt/Incident:	hrs		Center	Unknown
1		1					
PASSENGER(S) / OTHER E	PERSONNEL	(Include flight att	endants: continue	on separa	te she	et if neces	sary)
PASSENGER(S) / OTHER F	PERSONNEL	(Include flight att	endants; continue	on separa	te she	et if neces	sary)
PASSENGER(S) / OTHER F	PERSONNEL	(Include flight att	endants; continue		te she	et if neces	sary) sary inor jury Injury Injury
PASSENGER(S) / OTHER F	PERSONNEL	(Include flight att	endants; continue	on separa	ce she	Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury Unkaown
Name and Address		City:		Seat	Crew	Revenue Revenue Non- Occupant	Fatal Serious Injury Minor Injury No Injury Unknown
Name and Address First Name: Middle Initial:		City: State:	ZIP:	Seat	Crew	Revenue Revenue Revenue Non- Occupant TAA	Fatal Serious Injury Minor Injury No Injury Unknown
Name and Address First Name:		City: State:		Seat	Crew	Revenue Revenue Non- Occupant	Fatal Serious Injury Minor Injury No Injury Unknown
Name and Address First Name: Middle Initial: Last Name: First Name:		City: State: Country:	ZIP:	Seat	Crew	Revenue Revenue Non- Occupant	Fatal Serious Injury Minor Injury On Injury Company Co
Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial:		City: State: Country: City: State:	ZIP:	Seat	Crew	Revenue Revenue Non- Occupant	Fatal Serious Injury Minor Injury No Injury Unknown
Name and Address First Name: Middle Initial: Last Name: First Name:		City: State: Country:	ZIP:	Seat	Crew	Revenue Revenue Non- Occupant	Fatal Serious Injury Minor Injury On Injury Company Co
Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name:		City: State: Country: City: State: Country:	ZIP:	Seat	Crew		
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Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:		City: State: Country:	ZIP:	Seat	Crew		
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NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)
Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.
At approximately 1508ET on March 14, 2016 Beechjet 465FL had a runway excursion during landing roll out at KRMG airport (Rome, GA). 465FL came to rest approximately 360' beyond the east end of runway 07 and approximately 55' left of centerline in the unimproved runway safe area grass. The trip was a reposition Part 91 flight (no passengers) from KJXN airport.
TO CAME TO M. (Low could this cocident have been prevented?)
RECOMMENDATION (How could this accident have been prevented?) Operator/Owner Safety Recommendation
It is early in the investigation and any potential recommendations are to be determined.

ADDITIONAL INI		ION (Please type or print in ink)		
Lies this areas if addition	onal enace is	s needed for any answers.		
Ose this space it addition	onai space is	s needed for any answers.		
				1
I HEREBY CERTIF	Y THAT TH	E ABOVE INFORMATION IS COMPLE	ETE AND ACCURATE TO THE BEST OF N	NY KNOWLEDGE
Date of this Report	Signature			
03/24/2016	Signature:_			
mm/dd/yyyy	Type or Prin	nt Name: Todd Anguish		
Signature and Name		Filing Report if Other than Pilot/Operato	r	

Type or Print Name:				
Title: Flight Safety N	1anager			
		FOR NTSB		·
NTSB Accident/Incident	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
ERA16LA131		ERA-VA	A. McCarter	3/24/2016