

CEN12LA335

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**

Nearest City/Place: Houston State: TX
 ZIP: 77205 Country: USA
 Latitude: 29°59.07' N (dd:mm:ss N/S) Longitude: 95°20.49' W (ddd:mm:ss E/W)

Date/Time

Date: 05/17/2012 Local Time: 0715
 mm/dd/yyyy Time Zone: 1315

Phase of Operation

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

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

_____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: Short Brothers

Model: SD3-60

Serial Number: SH-3617

Registration Number: N617FB

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 26,553 lbs

Weight at Time of Accident/Incident: 26,500 lbs

Location of Center of Gravity at Time of Accident/Incident:

24 inches from ☐ nose or ☒ datum
 -or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate
(Check all that apply)

Standard
☐ Normal
☐ Utility
☐ Acrobatic
☒ Transport

Special
☐ Restricted
☐ Limited
☐ Provisional
☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: 3

If Large Aircraft, how many seats for:

Flight Crew: 2

Cabin Crew: 0

Passengers: 1

Landing Gear ☒ Retractable

Check any additional landing gear configuration that applies:

☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program

☐ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☒ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type

☐ 100 Hour ☐ Continuous Airworthiness
☒ AAIP ☐ Conditional Inspection
☐ Annual ☐ Unknown

Date Last Inspection: 05/09/2012

mm/dd/yyyy

Airframe Total Time: 27,504 hrs

hours measured at (check one)

☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☐ None
☒ Specify Dry chemical

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer: Dorne Margoline

Model/Series: Unknown

Serial Number: Unknown

Battery Type: DMELT6-1

Battery Exp. Date: 03/31/2017

Engine Type

☐ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☒ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type

☐ Carburetor
☐ Fuel Injected

Propeller

☐ Fixed Pitch
☒ Controllable Pitch

Manufacturer: Hartzell

Model: HC-B5MP-3C

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Pratt & Whitney	PT6A-65AR	PCE 97397 / PS 97070	unknown	1425			
Eng. 2	Pratt & Whitney	PT6A-65AR	PCE 97406 / PS 97061	unknown	1425			
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>ACC Integrated Services Inc</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Milwaukee</u> State: <u>WI</u> ZIP: <u>53207</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Air Cargo Carriers LLC</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): <u>DATA</u>		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under ☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☒ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces ☐ Public Use (select type) ☐ Unknown		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☒ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☒ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☒ Cargo <u>7,500</u> lbs ☐ Mail	
Type of Commercial Operating Certificate Held (Select all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft			
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
Registered Owner of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____			
Pilot of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☐ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☒ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	

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

Fire and heat damage to: R wing; R wing flap; R wing strut; R main landing gear assembly; R main wheel and tire; Single point fueling system; R main landing gear hydraulic system; R stub wing structure; R main landing gear cowling/nacelle; Stub wing/wing strut attachment carry-through structure; R side of aircraft fuselage including skin and structural members; L main wheel and tire.

AIRPORT INFORMATION (if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: KIAHDistance From Airport Center: 1 SMAirport Name: George Bush Intercontinental

Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On AirstripAirport Elevation: 97 ft. MSL**Approach Segment** (Select one)

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

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

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 ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION**Last Departure Point**Airport ID: KIAHCity: HoustonState: TXCountry: USA**Time of Departure**Time: 0715Time Zone: CDT**Destination**Airport ID: KAUSCity: AustinState: TXCountry: USA**Type Flight Plan Filed**

☐ None ☐ VFR/IFR
☐ Company VFR ☒ IFR
☐ Military VFR ☐ Unknown
☐ VFR

Activated? ☐ Yes ☒ No**Type of ATC Clearance/Service** (Check all that apply)

☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☒ Unknown / NA

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

☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☒ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☒ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

353 Gallons**Fuel Type**

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

Other Services, if Any, Prior to Departure

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

Two occupants exited through the forward main cargo door; the normal point for crew ingress and egress.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

☐ National Weather Service

☐ Flight Service Station

☐ TV/Radio

☐ Automated Report

☐ Commercial Weather Service (DUATS)

☐ Company

☐ Military

☐ Internet

☒ Unknown

Method of Briefing

(Check all that apply)

☐ In Person

☐ Teletype

☐ Telephone/Computer

☐ Aircraft Radio

☐ TV/Radio

☒ Unknown

Briefing Type/Completeness

☐ Full

☐ Partial / Limited By Pilot

☐ Partial / Limited By Briefer

☐ Abbreviated

☒ Unknown

☐ Not Pertinent

Light Condition

☐ Dawn

☒ Day

☐ Dusk

☐ Night

☐ Dark Night

☐ Bright Night

☐ Not Reported

Visibility

_____ miles

Sky/Lowest Cloud Condition

☐ Clear

☐ Few

☐ Partial Obscuration

☐ Scattered

☐ Thin Broken

☐ Thin Overcast

☒ Unknown

Ceiling

☐ None (clear)

☐ Broken

☐ Overcast

☐ Obscured

☐ Indefinite

☒ Unknown

Restriction to Visibility (Check all that apply)

☐ None

☐ Blowing Dust

☐ Blowing Sand

☐ Blowing Snow

☐ Blowing Spray

☐ Dust

☐ Fog

☐ Ground Fog

☐ Haze

☐ Ice Fog

☐ Smoke

☒ Unknown

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

☐ Indicated:

_____ degrees MAG

☐ Variable

Wind Speed

Velocity: _____ KTS

-or-

☐ Calm

☐ Light and Variable

Wind Gusts

Velocity: _____ KTS

☐ Gusting

☐ Not Gusting

Type of Turbulence (Check all that apply)

☐ None

☐ Clear Air

☐ In Clouds

☐ Vicinity of Thunderstorm

Severity of Turbulence

☐ Extreme

☐ Severe

☐ Moderate

☐ Moderate Chop

☐ Light

NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: _____ (C)
or _____ (F)

Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (F)

Icing Forecast**Amount**

☐ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

Type

☐ Rime

☐ Clear

☐ Mixed

Icing Actual**Amount**

☐ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

Type

☐ Rime

☐ Clear

☐ Mixed

Type of Precipitation (Check all that apply)

☐ None

☐ Rain

☐ Snow

☐ Hail

☐ Rain Showers

☐ Freezing Rain

☐ Snow Shower

☐ Drizzle

☐ Ice Pellets

☐ Snow Pellets

☐ Snow Grains

☐ Ice Crystals

☐ Ice Pellets Shower

☐ Freezing Drizzle

Intensity of Precipitation

☐ Light

☐ Moderate

☐ Heavy

PILOT "A" INFORMATION**Pilot "A" Responsibilities at the Time of Accident/Incident**

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: James
Middle Initial: A
Last Name: Rodeheffer

City: [REDACTED]
State: IN ZIP: 47130
Country: USA

Age at time of Accident/Incident: 31 Date of Birth: [REDACTED] Certificate Number: [REDACTED] **+**
mm/dd/yyyy

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☒ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☒ Yes ☐ No
Available ☒ Yes ☐ No

Shoulder Harness

Used ☒ Yes ☐ No
Available ☒ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☒ Class 2 ☐ Unknown

Medical Certificate Validity

☒ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

08/19/2011
mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Waivers****Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks:**

02/08/2012
mm/dd/yyyy

Flight Review Aircraft

Make: Short Brothers
Model: SD3

Airplane Rating(s)

(Check all that apply)

☐ None
☒ Single-Engine Land
☒ Single-Engine Sea
☒ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)

☐ None
☐ Airship
☐ Free Balloon
☒ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)

☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)

☐ None ☒ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

SD3

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	5,348	2,305								
Pilot in Command (PIC)		1,487								
Time as Instructor										
This Make/Model										
Last 90 Days		139								
Last 30 Days		39								
Last 24 Hours		2								

PILOT "B" INFORMATION**Pilot "B" Responsibilities at the Time of Accident/Incident**

☐ Pilot ☒ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "B" Identification

First Name: Matthew City:
Middle Initial: L State: IN ZIP: 47119
Last Name: Erwin Country: USA
Age at time of Accident/Incident: 25 Date of Birth: Certificate Number:
mm/dd/yyyy

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☐ Left ☐ Front ☐ Unknown
☒ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☒ Yes ☐ No
Available ☒ Yes ☐ No

Shoulder Harness

Used ☒ Yes ☐ No
Available ☒ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☒ Class 2 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☒ With limitations/waivers
☐ Unknown

Date of Last Medical

05/26/2011
mm/dd/yyyy

Medical Certificate Limitations

Must wear corrective lenses

Medical Certificate Waivers**Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks:**

02/03/2012
mm/dd/yyyy

Flight Review Aircraft

Make: Short Brothers
Model: SD3 (Simulator)

Airplane Rating(s)

(Check all that apply)
☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☒ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)
☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☐ None ☒ Instrument Airplane
☒ Airplane Single-Engine ☐ Instrument Helicopter
☒ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

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

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	832	171								
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days		145								
Last 30 Days		37								
Last 24 Hours		2								

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

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	☐ None ☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor ☐ Unknown
Last Name: _____	Country: _____	☐ Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign		☐ Left ☐ Front
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Right ☐ Rear
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Center ☐ Single
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Unknown
Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	☐ None ☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor ☐ Unknown
Last Name: _____	Country: _____	☐ Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign		☐ Left ☐ Front
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Right ☐ Rear
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Center ☐ Single
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Unknown
Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	☐ None ☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor ☐ Unknown
Last Name: _____	Country: _____	☐ Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign		☐ Left ☐ Front
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ Right ☐ Rear
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Center ☐ Single
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Unknown

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

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____											
Middle Initial: _____											
Last Name: _____											
City: _____											
State: _____ ZIP: _____											
Country: _____											
First Name: _____											
Middle Initial: _____											
Last Name: _____											
City: _____											
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Country: _____											
First Name: _____											
Middle Initial: _____											
Last Name: _____											
City: _____											
State: _____ ZIP: _____											
Country: _____											

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

Crew reported that aircraft was 60 lbs over weight for takeoff and decided to reduce weight by using higher-than-normal engine power settings to taxi - in order to burn excess fuel - while maintaining pressure on the brake pedals to control taxi speed. Crew taxied westbound on taxiway NB. During taxi, right and left main landing gear tires deflated when the fusible plugs in the wheels blew out due to over-heating, and a fire ignited in the right wheel housing. Crew felt the aircraft yaw as the tires deflated and were informed via radio by a following aircraft that their right wheel was on fire. Crew brought the aircraft to a stop on taxiway NB near the intersection with NF. Crew evacuated the aircraft and attempted unsuccessfully to suppress the flames with two hand-held fire extinguishers. Airport Fire Fighting arrived on scene shortly thereafter and extinguished the fire using foam suppressant. The fire caused substantial damage to aircraft structures, assemblies and systems components. No injuries were incurred.

RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

Both crew members stated that they had been trained "from private pilot on" to not ride the brakes while taxiing, yet they decided as a crew to do just that during the accident taxi operation. Additionally, the Pilot-in-Command stated: "I did not realize that I was in danger of blowing the tires much less causing a fire, otherwise I would not have attempted to burn off excess fuel while taxiing." Given the fact that this crew elected to do something that it acknowledged was contrary to its training, it is difficult to imagine what the operator/employer could have done differently to prevent this accident. Never-the-less, the Captain's remarks suggest that increased emphasis needs to be put on this topic in Company systems training. The training program will be revised to highlight the hazards of excessive brake use during all ground operations, including taxi. Additional emphasis will be placed on the purpose of the fusible plugs and photographs of this event will be used in all future training classes where the brake system is taught.

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**

05/18/2012

*mm/dd/yyyy***Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: _____

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: George VelguthTitle: Chief Pilot, Air cargo Carriers LLC**FOR NTSB USE ONLY****NTSB Accident/Incident No.**LA 335**Reviewed by NTSB Regional Office**CENTRAL REGION**Name of Investigator**LEMISHKO**Date Report Received**5.21.2012