

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: <u>Coldwater</u> State: <u>Mi</u> ZIP: <u>49036</u> Country: <u>USA</u> Latitude: <u>41.93</u> (00:00:00 N/S) Longitude: <u>85.05</u> (000:00:00 E/W)		Date/Time Date: <u>11/15/2014</u> Local Time: <u>11:00</u> mm/dd/yyyy Time Zone: <u>EST</u>	
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 <u>0</u> ft MSL	
WEATHER INFORMATION AT THE ACCIDENT SITE			
Weather Observation Facility Facility ID: <u>0EB</u> Observation Time: <u>11:00 A.M.</u> Time Zone: <u>EST</u> Distance from Accident Site: <u>1/4</u> NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) ☒ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ Unknown ☒ Commercial Weather Service (DUATS)	
Briefing Type/Completeness ☐ Full ☐ Abbreviated ☐ Partial / Limited By Pilot ☐ Unknown ☐ Partial / Limited By Briefer ☒ Not Pertinent		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☒ Day ☐ Night ☐ Bright Night ☐ Not Reported	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☐ None (clear) ☒ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height _____ ft AGL	
Wind Direction ☒ Indicated: <u>220</u> degrees MAG ☐ Variable		Wind Speed Velocity: <u>12</u> KTS -or- ☐ Calm ☐ Light and Variable	
Wind Gusts Velocity: <u>15</u> KTS ☒ Gusting ☐ Not Gusting		Restriction to Visibility (Check all that apply) ☐ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☒ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown	
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident <u>Wind out of 220 Ceiling clear below 3,500'</u>		Type of Turbulence (Check all that apply) ☐ None ☐ In Clouds ☒ Clear Air ☐ Vicinity of Thunderstorm Severity of Turbulence ☐ Extreme ☐ Moderate ☒ Light ☐ Severe ☐ Moderate Chop	
Temperature: _____ (C) or <u>10</u> (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed Icing Actual Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed	
		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Rain ☐ Ice Pellets ☐ Snow ☐ Snow Pellets ☐ Hail ☐ Snow Grains ☐ Rain Showers ☐ Ice Crystals ☐ Freezing Rain ☐ Ice Pellets Shower ☐ Snow Shower ☐ Freezing Drizzle Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy	

Manufacturer: <u>Cessna</u> Model: <u>340</u> Serial Number: <u>340-198</u> Registration Number: <u>N10MF</u>		Max Gross Weight: <u>6390</u> lbs Weight at Time of Accident: <u>5296</u> lbs Location of Center of Gravity at Time of Accident: <u>153.81</u> inches from ☐ nose or ☒ datum 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: <u>6</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	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: <u>1-4-2013</u> month/day/year Airframe Total Time: <u>7549.5</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident					
IFR Equipped ☒ Yes ☐ No ☐ Unknown		Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown	Type of Fire Extinguishing System ☐ None ☒ Specify <u>Cabin + each engine</u>					
ELT Installed ☒ Yes ☐ No ELT Activated ☒ Yes ☐ No		ELT Manufacturer: <u>ACK</u> Model/Series: <u>EO1</u> Serial Number: <u>020462</u> Battery Type: <u>DCell</u> Battery Exp. Date: <u>3/2015</u>						
ELT Aided in Locating Accident / Incident ☐ Yes ☒ No								
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: <u>Hartzell</u> Model: <u>F-7603D-20</u>					
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing 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	Continental	Ram TS10 520	6290787-R	1-8-03	335	7056	12-8	856
Eng. 2	Continental	Ram TS10 520	519240	1-8-03	335	7089	12-8	889
Eng. 3								
Eng. 4								
Registered Aircraft Owner Name: <u>InterTech Leasing Inc</u> Fractional Ownership Aircraft: ☐ Yes ☒ No					Owner Address City: <u>Fremont</u> State: <u>IL</u> ZIP: <u>61737</u> Country: <u>U.S.A.</u>			
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____					Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____			
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 ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces					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 _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Check 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 <u>N10MF</u>	Manufacturer: <u>Cessna</u> Model: <u>340 Ram IV</u>	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☒ None
Registered Owner of Other Aircraft First Name: <u>Intertech Leasing Inc.</u> City: <u>Fremont</u> Middle Initial: _____ State: <u>IN</u> ZIP: <u>46737</u> Last Name: _____ Country: <u>USA</u>		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)		
Airport Identifier: <u>KOEB</u> Airport Name: <u>Branch County Municipal</u> Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip	Distance From Airport Center: <u>4</u> SM Direction From Airport: _____ degrees MAG Airport Elevation: <u>959</u> 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: <u>22-4</u> (L/R/C) Length: <u>3500</u> ft Width: <u>75</u> ft	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	
Runway/Landing Surface (Check all that apply) ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow		
FLIGHT ITINERARY INFORMATION		
Last Departure Point Airport ID: <u>KANQ</u> City: <u>Angola</u> State: <u>IN</u> Country: <u>USA</u>	Time of Departure Time: <u>10:30</u> Time Zone: <u>EST</u>	Destination Airport ID: <u>KOEB</u> City: <u>Coldwater</u> State: <u>MI</u> Country: <u>USA</u>
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		
Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☒ VFR Activated? ☐ Yes ☒ No		

Airspace where the accident occurred (Check all that apply)			
☐ Class A	☐ Class E	☐ Prohibited Area	☐ Jet Training Area
☐ Class B	☒ Class G	☐ Restricted Area	☐ TRSA
☐ Class C	☐ Demo Area	☐ Military Operations Area (MOA)	☐ FAR 93
☐ Class D	☐ Warning Area	☐ Airport Advisory Area	☐ Special
			☐ Air Traffic Control Area
			☐ Unknown
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)		Fuel Type	
<u>175</u> Gallons		☐ 80/87 ☐ 115/145 ☐ JP3 ☒ 100 Low Lead ☐ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5	
Other Services, if Any, Prior to Departure			
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		Aircraft Fire	
☐ None	☐ Substantial	☒ None	☐ Both Ground and In-Flight
☐ Minor	☒ Destroyed	☐ 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) Nose, nose wheel, props x2, engines x2, fuselage			
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 Main hatch			

PILOT "A" INFORMATION																																																																																																			
Pilot "A" Responsibilities at the Time of Accident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																			
Pilot "A" Identification First Name: <u>John</u> City: <u>Fremont</u> Middle Initial: <u>W</u> State: <u>IN</u> ZIP: <u>46737</u> Last Name: <u>Callaway</u> Country: <u>USA</u> Age at time of Accident: <u>49</u> Date of Birth: [REDACTED] Certificate Number: [REDACTED]																																																																																																			
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 <u>03/22/2012</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations <u>color blindness</u>																																																																																																			
Medical Certificate Waivers 																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>08/13/2013</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>C340 Cessna</u> Model: <u>340 Ram IV</u>																																																																																																
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 ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																													
Type Ratings <u>Single</u> <u>Multi</u> <u>Instrument</u>						Student Endorsements (Include dates)																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>1300</td> <td>C340</td> <td>1225</td> <td>75</td> <td>60</td> <td>110</td> <td>40</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>1300</td> <td>C340</td> <td>1100</td> <td>50</td> <td>45</td> <td>80</td> <td>30</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>30</td> <td>C340</td> <td></td> <td>30</td> <td></td> <td>3</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>10</td> <td>C340</td> <td></td> <td>10</td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>5</td> <td>C340</td> <td></td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										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	1300	C340	1225	75	60	110	40				Pilot in Command (PIC)	1300	C340	1100	50	45	80	30				Time as Instructor											This Make/Model											Last 90 Days	30	C340		30		3	2				Last 30 Days	10	C340		10			1				Last 24 Hours	5	C340		5						
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																																																																																			
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- NA -

PILOT "B" INFORMATION**Pilot "B" Responsibilities at the Time of Accident**
☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew
Pilot "B" Identification
First Name: _____
Middle Initial: _____
Last Name: _____

City: _____
State: _____ ZIP: _____
Country: _____

Age at time of Accident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____

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

mm/dd/yyyy

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

mm/dd/yyyy

Flight Review Aircraft
Make: _____
Model: _____
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
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ 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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

- NA -

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	☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military	☐ Left ☐ Front
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Right ☐ Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Center ☐ Single
		☐ 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	☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military	☐ Left ☐ Front
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Right ☐ Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Center ☐ Single
		☐ 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	☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military	☐ Left ☐ Front
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Right ☐ Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Center ☐ Single
		☐ Unknown

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

- NA -

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: _____ State: _____ ZIP: _____ Country: _____											
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____											
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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, 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.

Departed ANQ, approached and flew over OEB

Observed blowing snow on both runways.

Wind was out of 220, and I lined up for 22.

Touchdown on numbers at 90 m

After touch down encountered snowdrifts at the intersections of 25/7 and 22/4.

The impact of the second drift collapsed the nose gear, causing the plane to slide down the runway, immediately crushing the props and fuselage and causing engines failure.

RECOMMENDATION (How could this accident have been prevented?)

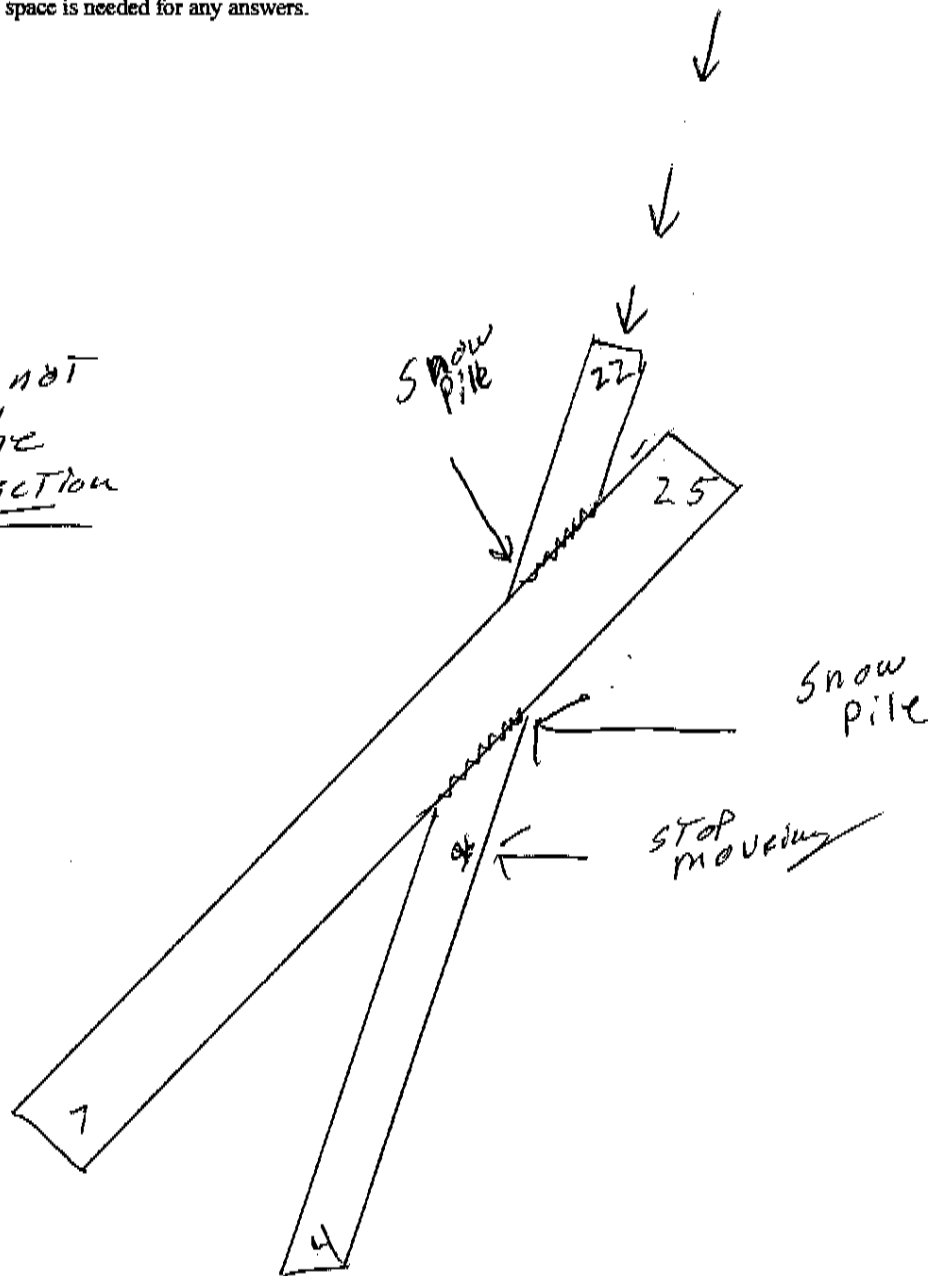
Operator/Owner Safety Recommendation

Snow removal service should have removed all drifts / ridges from plowing at runway intersections. Airport manager should have made sure to put a notam out prior to this crash.

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

They did not
clean The
Intersection



Date of this Report

Jan 27 2014
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [Signature]
Type or Print Name: John Callaway

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

Signature: _____

Type or Print Name: _____

Title: _____

NTSB Accident/Incident No.
CEN14CA114

Reviewed by NTSB Regional Office
Denver, CO

Name of Investigator
Craig Hatch

Date Report Received
1/29/2014