

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 Code of Federal Regulations (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. **NOTE:** Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowl, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid, professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMS (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to www.nts.gov.

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: Las Cruces State: NM
 ZIP: 88001 Country: United States
 Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 08/27/2014 Local Time: 1905
mm/dd/yyyy Time Zone: MDT

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☐ None

AIRCRAFT INFORMATION

Registration Number: N51RX

Manufacturer: CESSNA

Model: 421C

Serial Number: 421C0871

Year of Manufacture: 1981

Amateur-Built: Yes ☐ No ☐ If Yes: Kit/Plans ☐ Make: _____
 Original Design ☐

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 7570 lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: _____ Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: 3

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 ☐ Tailwheel ☐
 Tricycle ☐
 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 Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Continental	GTSIO-520-L	292408-R	unk	375	2875.5	34.7	1147.3
Eng. 2	Continental	GTSIO-520-L	292022R	unk	375	5390.5	37	191.0
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 03/05/14
mm/dd/yyyy

Airframe Total Time: 8181.4 hrs
 hours measured at (Select one)
 Last Inspection ☐ Time of Accident/Incident ☐

Type of Maintenance Program (Select one)

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

Description of Fire Extinguishing System

None ☐
 Specify: Fire Extinguisher Halo 1211

Propeller 1

Fixed Pitch ☐
 Controllable Pitch ☐
 Ground Adjustable ☐

Manufacturer: Mccauley
 Model: 3ff323c501

ELT Installed: Yes ☐ No ☐

If Yes:
 ELT Manufacturer: ELT 6.1 Dorne & Marg
 Model or Part No.: _____

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:

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

Propeller 2

Fixed Pitch ☐
 Controllable Pitch ☐
 Ground Adjustable ☐

Manufacturer: Mccauley
 Model: 3ff323c501

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: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: ELITE MEDICAL AIR TRANSPORT LLCCity: El PasoState: TXZIP: 79913-0070

Fractional Ownership Aircraft: Yes No

Country: United States**Operator of Aircraft***Same As Registered Owner**Same Address as Registered Owner*Name: Amigos Aviation Inc.City: Harlingen

Doing Business As: _____

State: TXZIP: 78550Air Carrier/Operator Designator (4 Character Code): VWYACountry: United States**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: Las Cruces International AirportDistance From Airport Center: Unknown smAirport Identifier: KLRUDirection From Airport: Unknown degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Airport Elevation: 4456 ft. msl**Runway Information**Runway ID: N/A (L/R/C) Length: N/A ft Width: N/A 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 Aborted Landing (after touchdown)
Crosswind 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

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: Juan City of Residence: Santa Teresa
Middle Initial: A State: N.M. ZIP: 88008
Last Name: Martinez Country: United States
Age at time of Accident/Incident: 29 Date of Birth: 1985 mm/dd/yyyy
Certificate Number:

Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Right Rear Center Single Unknown		Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer						
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 Unknown With limitations/waivers N/A Special Issuance		Date of Last Medical <u>10/28/2013</u> mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Issuance

None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

05/15/2014
mm/dd/yyyy

Flight Review Aircraft

Make: Beechcraft

Model: 200

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 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
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Type Ratings

None

Student Endorsements (Include dates)

Unknown

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	2,432		1,379	1,553	278	138				
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	52									
Last 30 Days	22									
Last 24 Hours	0									

"FLIGHT CREWMEMBER 2" INFORMATION**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

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

"Flight Crewmember 2" was pilot flying Yes No**"Flight Crewmember 2" Identification**

First Name: _____ City of Residence: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____
Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
Certificate Number: _____

Degree of InjuryNone Fatal
Minor Unknown
Serious**Seat Occupied**Left Front Unknown
Right Rear
Center Single**Restraint Type**

Available	Used
None	None
Lap only	Lap only
3-point	3-point
4-point	4-point
5-point	5-point
Unknown	Unknown

Inflatable RestraintsNot Installed
Installed
Not Deployed
Deployed
Unknown**Pilot Certificate(s)** (Check all that apply)None Flight Instructor Commercial US Military
Private Recreational Airline Transport Foreign
Student Sport Flight Engineer**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 Unknown
With limitations/waivers N/A
Special Issuance**Date of Last Medical**_____
mm/dd/yyyy**Medical Certificate Limitations****Medical Certificate Special Issuance****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
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									

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: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					Restraint Type: Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Inflatable Restraints None Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					Restraint Type: Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Inflatable Restraints None Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ 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: <u>Taurean</u> City : <u>El Paso</u> Middle Initial: _____ State: <u>TX</u> ZIP: <u>79912</u> Last Name: <u>Summers</u> Country: <u>United States</u> Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown	
First Name: <u>Monica</u> City : <u>Las Cruces</u> Middle Initial: _____ State: <u>NM</u> ZIP: <u>88001</u> Last Name: <u>Chavez</u> Country: <u>United States</u> Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown	
First Name: <u>Green</u> City : <u>Las Cruces</u> Middle Initial: _____ State: <u>NM</u> ZIP: <u>88007</u> Last Name: <u>Fred</u> Country: <u>United States</u> Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KLRU</u> City: <u>Las Cruces</u> State: <u>NM.</u> Country: <u>United States</u>	Time of Departure Time: <u>1855</u> Time Zone: <u>MDT</u>	Destination Airport ID: <u>KPHX</u> City: <u>Phoenix</u> State: <u>AZ</u> Country: <u>United States</u>	Type Flight Plan Filed None VFR/IFR Company VFR IFR Military VFR Unknown VFR Activated? Yes No Unknown
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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 G	Military Operations Area (MOA)	Special	Altitude of In-Flight Occurrence: _____ ft msl
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area	
Class C	Warning Area	Jet Training Area	Unknown	
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Source of Pilot Weather Information**

(Check all that apply)

National Weather Service	Company
Flight Service Station	Military
TV/Radio	Internet
Automated Report	None
Commercial Weather Service (DUATS)	Unknown
On-Board Weather	

Weather Observation Facility

Facility ID: _____
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ nm
Direction from Accident Site: _____ degrees true

Basic Conditions

VMC
IMC
Unknown

Light Condition

Dawn	Dusk	Dark Night	Unknown
Day	Night	Bright Night	

Sky/Lowest Cloud Condition

Clear	Thin Broken
Few	Thin Overcast
Partial Obscuration	Unknown
Scattered	

Ceiling

None (Clear)	Obscured
Broken	Indefinite
Overcast	Unknown

Temperature: _____ (C) or _____ (F)**Dew Point:** _____ (C) or _____ (F)**Altimeter Setting:** _____ in. Hg
or _____ MB**Lowest Cloud Condition Height**

_____ ft agl

Ceiling Height

_____ ft agl

Wind Direction

Variable

Wind Speed

Calm
Light and Variable

Wind Gusts

Not Gusting

Visibility 10+ miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft**Intensity of Precipitation**

Light
Moderate
Heavy
N/A
Unknown

Type of Precipitation (Check all that apply)

None	Drizzle	Freezing Rain
Rain	Ice Pellets	Snow Shower
Snow	Snow Pellets	Ice Pellets Shower
Hail	Snow Grains	Freezing Drizzle
Rain Showers	Ice Crystals	

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

Icing Forecast

Amount	Type
None	N/A
Trace	Rime
Light	Clear
Moderate	Mixed
Severe	Unknown
Unknown	

Icing Actual

Amount	Type
None	N/A
Trace	Rime
Light	Clear
Moderate	Mixed
Severe	Unknown
Unknown	

Turbulence

Type (Check all that apply)	Severity
None	Light
Clear Air	Moderate
Terrain-Induced	Severe
Convective Turbulence	Extreme

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
None	Substantial	None	Both Ground and In-Flight	None	Both Ground and In-Flight
Minor	Destroyed	In-Flight	Fire at Unknown Time	In-Flight	Explosion at Unknown Time
	Unknown	On-Ground	Unknown	On-Ground	Unknown

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

Aircraft was destroyed upon impact and fire

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

Date: 8/27/2014

17:06 MDT - Las Cruces Hospital Contacted Elite Medical Transport (EMT) with Flight Request to Phoenix
17:23 MDT - EMT Forwards Flight Request to Amigos Chief Pilot
17:24 MDT - Amigos Chief Pilot (CP) Grants Flight Approval
17:28 MDT - Amigos Pilot Notified and Flight Initiated
17:57 MDT - Amigos Aviation Pilot Contacts Amigos Chief Pilot and EMT Medical Crew Contacts EMT Comm. Center Notifying Departure from KELP
18:34 MDT - Amigos Aviation Pilot Contacts Amigos Chief Pilot and EMT Medical Crew Contacts EMT Comm. Center Notifying Arrival at KLRU
18:56 MDT - Amigos Aviation Pilot Contacts Amigos Chief Pilot and EMT Medical Crew Contacts EMT Comm. Center Notifying Departure from KLRU
19:01 MDT - EMT Paramedic Makes Emergency Call to EMT Comm. Center Stating Returning to KLRU for Emergency Landing
19:03 MDT - Emergency Plan Activated
19:10 MDT - Expected Time of Return to KLRU
19:25 MDT - Missing or Overdue Aircraft Recorded
19:27 MDT - EMT President, Amigos DO and Amigos Chief Pilot Notified Aircraft Overdue
19:37 MDT - EMT President Notified by Air Methods (located at Las Cruces) of Confirmed Crash
19:39 MDT - Amigos Chief Pilot Notified by EMT President of Confirmed Crash
19:55 MDT - Amigos Chief Pilot Confirms Crash with ABQ Flight Services
20:04 MDT - Amigos Chief Pilot Confirms No Survivors with NM State Police

Elite Medical Transport (EMT) was requested to transport a patient from Memorial Medical Center in Las Cruces, NM to St. Joseph's Hospital and Medical Center in Phoenix, AZ. The medical crew on the flight was Taurean Summers (Medic) and Monica Chavez (RN). Juan Alfredo "Freddie" Martinez was the pilot and the aircraft was a Cessna 421, registration #N51RX. The flight request was received in the Communication Center at EMT and they contacted Amigos Aviation Chief Pilot Justin Faust to inform him of the flight request and obtain approval for the flight as he was serving as Operation Control (OC) at the time. He granted flight approval and was communicating with the Amigos pilot about the details of the flight. N51RX departed El Paso International Airport without incident en route to Las Cruces International Airport. The ground EMS service in Las Cruces had notified the Comm. Center at EMT that they would not be en route to the airport until the aircraft had landed. Upon landing EMT notified the ground EMS service and they initiated their transport of the patient to the airport to rendezvous with the aircraft. At Las Cruces International Airport the aircraft took on fuel from Southwest FBO. After fueling the aircraft and loading the patient the medical crew contacted the EMT Comm. Center and advised them that they were departing Las Cruces en route to Sky Harbor International Airport in Phoenix and would be parking at Cutter FBO. Pilot also notified Chief Pilot of departure from Las Cruces. Shortly after takeoff flight medic Taurean Summers contacted the EMT Comm. Center and stated that there was smoke coming out of the right engine and that they were returning to Las Cruces International airport to make an emergency landing. He also requested that the EMT Comm. Center contact the ground EMS service in Las Cruces and have them return to the airport. He repeated his request twice and ended the call. The EMT Comm. Center complied and notified the ground EMS service while activating their Aircraft Emergency Landing Procedure. After not hearing from the medical crew at the expected time the EMT Comm. Center initiated the company Post Accident Incident Plan (PAIP). It was confirmed thereafter that the aircraft in fact had gone down and there were no survivors (see timeline).

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

Operator/Owner Safety Recommendation

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.)

Possible failure of both engines due to JetA potentially being added to aircraft at Las Cruces Airport.

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)

_____ Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify Possibly mixed

100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

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

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

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

09/05/2014

mm/dd/yyyy

Name of Pilot/Operator: Michael Carey / Amigos Aviation

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.

CEN14FA462

Reviewed by NTSB Regional Office

NTSB Central Region

Name of Investigator

Thomas J. Latson, Jr.

Date Report Received

9-5-2014

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 <u>09/05/2014</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <u>Michael Carey / Amigos Aviation</u> Signature: <u>[Redacted]</u> -- 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. CEN14FA462	Reviewed by NTSB Regional Office Central Region	Name of Investigator Thomas J Latson Jr	Date Report Received 9-5-2014
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Accident Timeline 8/27/14

Amigos Aviation Inc.

Accident Timeline	
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