

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>Lubbock/KLBB Runway 35L</u> State: <u>TX</u> ZIP: <u>79457</u> Country: <u>USA</u> Latitude: <u>N 3339.8</u> (Add min to N/S) Longitude: <u>W 10149.2</u> (Add min to E/W)		Date/Time Date: <u>10/00/2013</u> Local Time: <u>20:40</u> mm/dd/yyyy Time Zone: <u>CST</u>	
Phase of Operation ☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Descent ☐ Taxi ☐ Climb ☐ Manoeuvring ☐ Other ☐ Descend ☒ Landing ☐ Approach ☐ Unknown		Collision with Other Aircraft ☐ Mid-air ☐ On-ground ☒ None Altitude of In-Flight Occurrence <u>3,282 ft MSL</u>	

AIRCRAFT INFORMATION

Manufacturer: <u>Rockwell</u> Model: <u>AC-500B</u> Serial Number: _____ Registration Number: <u>N917GT</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>6,750 lbs</u> Weight at Time of Accident/Incident: <u>6,078 lbs</u> Location of Center of Gravity at Time of Accident/Incident: <u>125.1</u> inches from _____ ☐ nose or ☒ datum (Percent Mean Aerodynamic Cord (%MAC))	
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Da Vinci ☐ 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>2</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 ☐ Skid ☐ Ski ☐ Float ☐ Skid ☐ 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: _____ mm/dd/yyyy Airframe Total Time: _____ 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 manual extinguisher on board: _____	
ELT Installed ☒ Yes ☐ No		ELT Activated ☐ Yes ☒ No		ELT Manufacturer: _____ Model/Serial: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____	

Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Prop ☐ Turbo Shaft ☐ Unknown		Reciprocating Fuel System Type ☐ Carburetor ☒ Fuel Injected		Propeller ☐ Fixed Pitch ☒ Constant Speed Manufacturer: <u>Hartzell</u> Model: <u>HC-C3YR-2UF</u>				
Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured at (check one) ☐ Horsepower (hp) ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>C-540</u>						
Eng. 2	<u>Lycoming</u>	<u>C-540</u>						
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: _____ Fractional Ownership Aircraft: ☐ Yes ☐ No		Owner Address City: _____ State: _____ ZIP: _____ Country: _____
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-U.S. Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☒ FAR 135 ☐ Non-U.S. Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 127 ☐ 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 _____ 314 lbs. ☐ Mail	Type of Commercial Operating Certificate Held (Check all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carrier (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) ☐ 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ 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 (see additional sheet if necessary)

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KLBB Distance From Airport Center: _____ SM
 Airport Name: Lubbock International Direction From Airport: _____ degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip Airport Elevation: 3,282 ft. MSL

Approach Segment (Select one)

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

IFR Approach (Check all that apply)

☐ None ☐ PAR ☐ MLS ☐ Precision
☐ ADF/NDB ☐ Satellite ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Localizer
☐ VOR/VOR ☐ 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: 35L (L/R/C) Length: 11,500 ft Width: 150 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-Glaze
☐ Rough ☐ Snow-Wet ☒ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slash Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KELP
 City: El Paso
 State: TX
 Country: USA

Time of Departure

Time: 19:12
 Time Zone: MST

Destination

Airport ID: KLBB
 City: Lubbock
 State: TX
 Country: 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 ☐ Domestic 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 ☐ Parachutist ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☒ Cargo ☐ Other External ☐ Chemical/Hazardous/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

150 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 110/150 ☐ 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.

Left side pilot door.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>KLBB Wx 125.3</u> Observation Time: <u>20:30</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>1</u> NM Direction from Accident Site: <u>360</u> 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 ☒ Teletext/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 <u>10</u> miles	
Sky/Lowest Cloud Condition ☐ Clear ☒ Few ☐ Partial Obstructions ☐ 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 <u>8,000</u> ft AGL		Ceiling Height <u>11,000</u> ft AGL			
Wind Direction ☐ Indicated <u>260</u> degrees MAG ☐ Variable		Wind Speed Velocity <u>11</u> KTS or ☐ Calm ☐ Light and Variable		Wind Gusts Velocity <u> </u> KTS ☐ Gusting ☒ Not Gusting	
		Type of Turbulence (Check all that apply) ☐ None ☐ Clear Air ☐ In Clouds ☒ Vicinity of Thunderstorms		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: <u>10</u> (C) or <u> </u> (F) Airframe Setting: <u> </u> in HG or <u> </u> MB Density Altitude: <u> </u> ft Dew Point: <u>9</u> (C) or <u> </u> (F)		Icing Forecast 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 Showers ☐ Freezing Drizzle	
		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed		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: Darren City: Roeland Park
 Middle Initial: S State: KS ZIP: 66205
 Last Name: MacDowell Country: USA

Age at time of Accident/Incident: 53 Date of Birth: mm/dd/yyyy 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 <u>01/18/2013</u> <u>mm/dd/yyyy</u>
--	---	---	---

Medical Certificate Limitations

None

Medical Certificate Waivers

None

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

07/27/2013
mm/dd/yyyy

Flight Review Aircraft

Make: Rockwell
 Model: AC-500B

Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> ☐ 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	1,521	265	1,220	300	262	68	114			
Pilot in Command (PIC)	1,442	265	1,130	300	262	68	114			
Time as Instructor	565	0	565	0	70	0	0			
This Make/Model					185	12	0			
Last 90 Days	294	252	30	252	145	12	0			
Last 30 Days	110	85	25	85	60	6	0			
Last 24 Hours	3	3	0	3	2	0	0			

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

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Corner ☐ 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
☐ Aerobit
☐ 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 ☐ Glider
☐ Gyroplane ☐ Sport
☐ Powered Lift

Type Ratings

Student Endorsements (include dates)

Flight Time: (write approximate 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 as Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

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

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

Pilot Name and Address First Name _____ City _____ Middle Initial _____ State _____ ZIP _____ Last Name _____ Country _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ 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 flight attendants; continue on separate sheet if necessary)

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

Accident Statement: 10-30-2013 KLBB

I departed ELP Runway 8R to escape from underneath a thunderstorm that had rolled in from the west at 19:00 MST. Climbed out to the east with lightning north, south and west of me, but a clear corridor ahead. Followed my planned route at 9000 msl. At Carlsbad VOR requested direct LBB to avoid storms along the planned route over Hobbs VOR. Moderately turbulent and bumpy the whole way with 50 knot tailwinds, so ground speed was good at 216 kts. Approached KLBB from the southwest, contacted LBB approach, received clearance down to 6000 msl. Surface winds 260/11 kts. Very bumpy descent, saw cell west and just west of KLBB so chose 35L, then thought about being more familiar with 17R so switched, but hearing cell to the west the ride got even bumpier, so switched back to 35L. Flew left base to 35L, descended through some wind shear and turbulence, and turned final. Strong southwest winds caused overshoot of final. A little high and fast, still dealing with wind shear bumps, reduced power, maneuvered back to center line, ran GUMPS check, lost altitude to get on VASI glide path, slowed airplane to landing speed while applying half, then full flaps, last 100 ft of descent to runway I was thinking this will be a nice landing, then the sound of metal scraping runway.

Slid left of centerline and stopped at intersection Juliet. Smoke began to fill cockpit as airplane slowed to stop. Airplane was canted right, fuel was pouring out of right fuel vent in a growing pool on the runway. I thought, possible fire or explosion, shut down and got out. Shut down engines and noticed lower I was still on runway. Left lights on to be visible to other aircraft. Jumped out and moved 10-15 feet away to look back at airplane. Saw smoke dissipating, no sign of fire. Saw only left gear was down. Returned to airplane to complete the shut down/securing procedure. Emergency vehicles and personnel arrived. Foam was sprayed on fuel.

I don't recall seeing three green lights. I recited GUMPS check, but don't think I actually did it. I was very focused on controlling the airplane through the wind shear. I think I landed gear up, and at some point during the slide instinctively activated gear handle. It confused me because at first others were saying it looked like a gear collapse landing, and I don't recall activating the gear on runway. It's hard for me to believe, but I think I left the gear up.

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

Operator/Owner Safety Recommendation

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: Signature and Name of Pilot/Operator

11-29-2013

Signature: _____

month/day/year

Type or Print Name: Darren S MacDonell

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

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.

CEN14LA065

Reviewed by NTSB Regional Office

CHICAGO, IL

Name of Investigator

MITCHELL GALLO

Date Report Received

11/29/13