

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: Tinker AFB, Oklahoma City State: OK
 ZIP: _____ Country: _____
 Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)

Date/Time

Date: 10/18/2014 Local Time: 12:15pm
 mm/dd/yyyy Time Zone: Central

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

1290' on Ground ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: FAA Weather Briefer - Internet
 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 ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☒ Internet
☒ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS)

Method of Briefing

(Check all that apply)

☒ In Person ☐ Teletype
☒ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

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

Visibility

10+ miles

Sky/Lowest Cloud Condition

☒ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Ceiling

☒ None (clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

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

Lowest Cloud Condition Height

Clear ft AGL

Ceiling Height

unlimited ft AGL

Wind Direction

☒ Indicated: _____ degrees MAG
☐ Variable

060

Wind Speed

Velocity: 6 KTS
 -or-
☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: _____ KTS
☐ Gusting
☒ Not Gusting

Type of Turbulence (Check all that apply)

☒ None ☐ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence

☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☐ Moderate Chop

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

RW 13/31 Closed

Temperature: _____ (C)
 or 66 (F)

Altimeter Setting: 3018 in. HG
 or _____ MB

Density Altitude: _____ ft

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

Icing Forecast

Amount Type
☒ None ☐ Moderate ☐ Rime
☐ Trace ☐ Severe ☐ Clear
☐ Light ☐ Mixed

Icing Actual

Amount Type
☒ None ☐ Moderate ☐ Rime
☐ Trace ☐ Severe ☐ Clear
☐ Light ☐ 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

AIRCRAFT INFORMATION

Manufacturer: BAE
Model: Hawk MK.67
Serial Number: _____
Registration Number: N509XX Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 20,060 lbs
Weight at Time of Accident: 14,500 lbs
Location of Center of Gravity at Time of Accident:
_____ 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: 2

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: 10/18/2014

mm/dd/yyyy

Daily Inspection

Airframe Total Time: 5311.2 hrs

hours measured at (check one)

☐ Last Inspection ☒ Time of Accident**IFR Equipped**☒ Yes ☐ No ☐ Unknown**Stall Warning System Installed**☐ Yes ☒ No ☐ Unknown

Warning for gear up close to ground

Type of Fire Extinguishing System

☒ None
☐ Specify _____

ELT Installed☒ Yes ☐ No**ELT Activated**☒ Yes ☐ No**ELT Aided in Locating Accident / Incident**☐ Yes ☒ No

ELT Manufacturer: _____

Model/Series: _____

Serial Number: _____

Battery Type: _____

Battery Exp. Date: _____

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: _____

Model: _____

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	Rolls Royce	Adour Mk.861A			5,700 lbs thrust			
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Air USA Inc.Fractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**

City: _____
State: Illinois ZIP: 62305
Country: USA

Operator of Aircraft☒ Same As Registered Owner

Name: _____

Doing Business As: Military Contractor

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
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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
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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: _____

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

Airport Identifier: <u>KTIK</u> Airport Name: <u>Tinker AFB</u> Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip	Distance From Airport Center: _____ SM Direction From Airport: _____ degrees MAG Airport Elevation: <u>1290</u> ft. MSL
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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 ☐ Sideslip ☐ 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
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Runway Information Runway ID: <u>36</u> (L/R/C) Length: <u>11,101</u> ft Width: <u>200</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
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Runway/Landing Surface (Check all that apply) ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☒ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow	FLIGHT ITINERARY INFORMATION
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Last Departure Point Airport ID: <u>KNYL</u> City: <u>Yuma</u> State: <u>AZ</u> Country: <u>USA</u>	Time of Departure Time: <u>11400Z</u> Time Zone: <u>+7</u>	Destination Airport ID: <u>KTIK</u> City: <u>Oklahoma City,</u> State: <u>Oklahoma</u> Country: <u>USA</u>	Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☒ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☒ Yes ☐ No
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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
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Airspace where the accident 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)

747 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**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)

Aircraft Unknown -

Property - None

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Opened Canopy - 1

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: Charles
Middle Initial: L
Last Name: Hill

City: Round Rock
State: TX ZIP: 78665
Country: USA

Age at time of Accident: 73 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

08/14/2013
mm/dd/yyyy

Medical Certificate Limitations

Must wear glasses

Medical Certificate Waivers

Special Issuance for PVC's

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

04/09/2014
mm/dd/yyyy

Flight Review Aircraft

Make: BAE Hawk
Model: MK.67

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

Hawk & 9 others

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	27,100	17.5	6000	19,100	3,400	420	300			
Pilot in Command (PIC)	19,100	17.5	5890	10,300	18,00	210	230			
Time as Instructor	8,700	0	610	2,800						
This Make/Model										
Last 90 Days	22.4	4.7	22.4		0	1.5	0			
Last 30 Days	7.3	2.2	7.3		0	0	0			
Last 24 Hours	0	0	0		0	0	0			

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: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ 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 ☐ 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										
Pilot in 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**

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

Seat**Crew****Non-****Revenue****Revenue****Non-****Occupant****FAA****Fatal****Serious****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: _____

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Last Name: _____ Country: _____

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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, 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.

Mission was to ferry aircraft N509XX from MCAS Yuma (NYL) to MCAS Cherry Pt, NC (NKT) on 18 October 2014. A fuel stop was planned at Tinker AFB in Oklahoma City OK.

17 October 2014

Traveled by airline from Austin, TX to Yuma, AZ landing at 1730(L). Checked in at the Fairfield Inn, had dinner, and checked weather forecast which projected clear skies and 10 miles visibility at all locations. Went to sleep at 2100(L)

18 October 2014

Up at 0500 (L), breakfast, filed an IFR flight plan, and arrived at the aircraft at 0610. The mechanics had the aircraft prepared for flight, with a total fuel load of 747 gallons. I reviewed and signed the aircraft logbook and noted no outstanding maintenance issues. Completed preflight of the aircraft, strapped in, completed all checks and start the engine at 0645(L). Taxied to Runway 3R, completed before take off checklist and started the takeoff roll at 0700(L) 1400Z.

On arrival at KTIK, I completed an ILS approach to runway 36, followed by a normal landing at 1110(L) 1610Z. Flight time was 2+10. The aircraft was fueled with a full load of 747 gallons. After filing an IFR flight plan, I checked the weather again and confirmed the previous weather forecast.

I completed another preflight of the aircraft, strapped in, received my IFR clearance, started the engine and completed all checklist items. At approximately 1150(L) I received taxi clearance to runway 36. I completed the before take off checklist and awaited take off clearance.

At 12:15(L) 1715Z, I was cleared for take off on runway 36 and started my takeoff roll. At approximately 90 kts, while on the centerline of the runway, the aircraft started going left at a high rate of turn. Full right rudder and braking would not reverse the turn and the aircraft departed the runway. When the aircraft stopped, I secured the engine, opened the canopy, and departed the aircraft. The emergency personnel will on scene quickly and secured the site.

RECOMMENDATION (How could this accident have been prevented)

I have no recommendation at this time

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**

10-23-14

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: Charles Leon Hill

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.**
CEN15TA019**Reviewed by NTSB Regional Office**
Denver, CO**Name of Investigator**
Craig Hatch**Date Report Received**