

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: Sellersburg State: IN
ZIP: 47172 Country: USA
Latitude: 38.37°N Longitude: 85.74°W

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 10/30/2016 Local Time: 12:35 PM
mm/dd/yyyy Time Zone: EST

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

AIRCRAFT INFORMATION

Registration Number: N411HA
Manufacturer: Beechcraft
Model: King Air 100
Serial Number: 0B-21
Year of Manufacture: 1969
Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans Make:
☐ Original Design

☒ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 10,600 lbs
Weight at Time of Accident/Incident: 11,223 lbs
Number of Seats: 10 Flight Crew Seats: 2
Cabin Crew Seats: 8 Passenger Seats: 8
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** ☒ 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 ☐ Tricycle ☐ Tailwheel
☐ 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. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	Pratt and Whitney	PT 6A-28	PCE52245			8023.7	4724.7
Eng. 2	Pratt and Whitney	PT 6A-28	PCE50034			12498.8	5898.5
Eng. 3							
Eng. 4							

Last Inspection Type

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

Date Last Inspection: 05/06/2016
mm/dd/yyyy

Airframe Total Time: 12583.2 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: Cabin Handheld Engine Halon System

Propeller 1

- ☐ Fixed Pitch
- ☒ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: Hartzell
Model: HC-B3TW-3B

Propeller 2

- ☐ Fixed Pitch
- ☒ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: Hartzell
Model: HC-B3TW-3B

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Artex
Model or Part No.: ELT-200
TSO No.: ☐ OC91 (121.5 MHz) ☒ OC91a (121.5 MHz)
☐ OC126 (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

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: <u>RC AIR LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Sellersburg</u> State: <u>IN</u> ZIP: <u>47172-1958</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☒ 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown		Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only
Revenue Sightseeing Flight ☐ Yes ☒ No	Air Medical Flight ☐ Yes ☒ No		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ 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
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Clark County Regional Airport</u> Airport Identifier: <u>KJVV</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>1/2</u> sm Direction From Airport: <u>180°</u> degrees true Airport Elevation: <u>474</u> ft. msl	
Runway Information Runway ID: <u>18</u> (L/R/C) Length: <u>5500</u> ft Width: <u>100</u> ft Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☒ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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 <i>(Select one)</i> ☐ 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 <i>(Check all that apply)</i> ☒ 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 <i>(Check all that apply)</i> ☒ 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																																																																																																				
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"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>Thad</u> City of Residence: <u>Seymour</u> Middle Initial: <u>P</u> State: <u>IN</u> ZIP: <u>47274</u> Last Name: <u>Miller</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>51</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		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 ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																													
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Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Limitations <u>Holder shall possess glasses for near/intermediate vision</u>				Medical Certificate Special Issuance <u>N/A</u>																																																																																												
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>07/15/2016</u> mm/dd/yyyy		Flight Review Aircraft Make: <u>Beech King Air</u> (Simulator) Model: <u>200</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 ☐ 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>SA 227</u> <u>LR-JET</u> <u>BE-300</u> <u>BE-400</u> <u>MU-300</u>				Student Endorsements (Include dates)																																																																																																
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"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																				
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"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																				
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Center ☐ Right ☐ Front ☐ Rear ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			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 ☐ Not 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 First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Center ☐ Right ☐ Front ☐ Rear ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			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 ☐ Not 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 First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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 ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Name and Address First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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 ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Name and Address First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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 ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Name and Address First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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 ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION						
Last Departure Point Airport ID: <u>KSVY</u> City: <u>Sellersburg</u> State: <u>IN</u> Country: <u>USA</u>		Time of Departure Time: <u>12:35 PM</u> Time Zone: <u>EST</u>		Destination Airport ID: <u>KSSI</u> City: <u>Brunswick, GA</u> State: <u>GA</u> Country: <u>USA</u>		Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☒ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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 ☐ 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					Altitude of In-Flight Occurrence: <u>474</u> ft msl <i>Airport Elevation</i>	
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE						
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather ☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown			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 Lowest Cloud Condition Height <u>Clear below 12,000</u> ft agl		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl		Temperature: <u>23</u> (C) or _____ (F) Dew Point: <u>14</u> (C) or _____ (F) Altimeter Setting: <u>30.06</u> in. Hg or _____ MB		
Wind Direction ☐ Variable Direction: <u>220</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>7</u> kts	Wind Gusts ☒ Not Gusting Speed: _____ kts	Visibility <u>10</u> 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 ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme		
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>None</u>						

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☒ Substantial
☐ Minor ☐ Destroyed
 ☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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

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

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.)

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)

345

Gallons

Fuel Type

☐ 80/87☐ 100 Low Lead☐ 100/130☐ 115/145☒ Jet A☐ Jet A-1☐ Jet B☐ JP8☐ Automotive☐ Other, specify _____

Other Services, if Any, Prior to Departure

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

The pilot, eight passengers, and co pilot, exited through the cabin door.

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

10/03/2016
mm/dd/yyyy

Name of Pilot/Operator

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.

CEN17LA029

Reviewed by NTSB Regional Office

CEN

Name of Investigator

SILLIMAN

Date Report Received

11/3/16

Description of Damage to Aircraft and Other Property

The left wing was totaled. The left main landing gear was sheared off. Both left and right engines and props were totaled. The nose gear collapsed underneath of the aircraft. Other property that was damaged, was the ILS equipment that's located straight off from the end of runway 18 KJVY.

NARRATIVE HISTORY OF FLIGHT

Was first notified about the trip Saturday morning, 10/29/2016, from dispatch that there was a flight for Sunday, 10/30/2016, from KJVY – KSSI (Brunswick, Georgia), and there were to be 9 passengers and golf clubs, and a co pilot, making the total number of 11 souls. I emailed a message back to dispatch with my concern of not enough seats. I didn't hear back immediately from dispatch, so I called my boss, Shawn Honaker, and left him a phone message. He called me back informing me the trip was actually going to be eight older ladies and no golf clubs. Though I was relieved because we had the correct number of seats to accommodate the passengers, I also knew they would be bringing luggage and I started running numbers on Flightplan.com for scenarios of both going direct and making a fuel stop. I planned for KTYS, Knoxville, Tennessee, on Saturday for a fuel stop. Sunday morning, I also planned for KTOC, Toccoa, Georgia, which is about the halfway point. I had also reached out to a fellow experienced pilot Saturday to get his advice on this trip, but he was unable. I failed to further contact my boss, chief pilot, director of safety, or the director of operations. Any of these individuals would have been expert sources to ask their take on this trip.

When I arrived at the airplane Sunday morning to do my pre flight, I checked the remaining fuel from the previous flight and found it to be 900 lbs. My first decision that was wrong, was I fueled for a straight flight instead of a fuel stop. I instructed the lineman on duty to add 211 gal (1,413.7 lbs). This brought my fuel total to 2,313.7 lbs. At this point, I knew I was going to be overweight, and ran some calculations, but did not do a weight and balance. The next bad decision was not calling my boss to tell him I was over gross, so that when the ladies arrived he could make arrangements for another aircraft and crew. The next bad decision was continuing to load the bags and ladies, and started the engines and taxied to the run up area. We did our before takeoff checks and proceeded to the hold short line for runway 18. There was a deep gut feeling that there was something amiss! Next bad decision, was I failed to give my co pilot a departure briefing, so he knew nothing of airspeed call outs or power settings to verify. I did a standing takeoff before rolling down the runway, but did not confirm power was set, and noticed the aircraft was slow in acceleration. At some point in the first half of the runway, the co pilot mentioned the airspeed, which I confirmed was 80 kias (81kias is VMC), and made

another bad decision to not abort the takeoff?! I had this mind set, that the airspeed was going to increase. At another point from the time of the departure roll, I heard the copilot say red line, and my reaction was to decrease power. Now we were approaching the last one third of the runway, below rotation speed and I raised back on the elevator and the stall horn was sounding. I immediately put the nose down and by this time, we are at the end of the runway getting ready to go off the end. At this point it was too late to make an abort. We went off the runway into the grass and were headed towards the ILS equipment. I veered right to keep from hitting head on and hit the left wing and left engine and prop, collapsing the left main gear, the aircraft spun around to the left and the nose gear collapsed and now the right engine and prop were also destroyed. The aircraft came to a halt on the left side. I immediately hit the gang bar to shut off the battery and generator switches, got out of my seat and and

went directly to open the cabin door to begin evacuation. Passengers and crew evacuated safely and no one was hurt! Truly, the only explanation, is the grace of God!

RECOMMENDATION (How could this accident have been prevented?)

- 1) Making the decision to make a fuel stop was the correct decision.
- 2) Because I did not do that, I fueled for straight through, which was going to make the trip over gross. At this point, I should have called my boss to let him know that I had made this mistake, and could not depart. Another crew and aircraft were going to be needed.
- 3) Not giving a crew brief for speeds and power settings.
- 4) Not verifying my power was set.
- 5) Not making the abort when I had the opportunity to do so.

Lions EW 7151.9

Crew 375

7526.9

Fuel 2313.7

9,840.6

Pax 1200

(8 @ 150#)

11,040.6

Bags 250

(250# Actual weight)

11,290.6

- 10,600 (Max Tow)

690.6# overweight

- 68# Tax:

622.6# overweight

$V_1 = 100 \text{ knots}$

$V_R = 100 \text{ knots}$

Total Fuel Flow  624 lbs/hr

X 2.4

Required = 1497.6

~~500# Residue~~

1997.6#

(Assuming MG tow)
Dist to Accel./stop = 3900'

Weight and Balance/Equipment List Amendment Report, Form 2223

AIRCRAFT MODEL: KingAir 100 SERIAL NO: B-21

REGISTRATION NO: N411HA DATE: 9/20/2016

ITEMS ADDED or REMOVED DESCRIPTION		WEIGHT PLUS/MINUS	ARM	MOMENT
Superseded Weight: 7118.9 (DATE): 09/15/2016		7118.9	184.72	1,314,997.90
Installed the following equipment:				
1) Cabin 2 Place Couch		33.0	171.00	5,643.00
TOTALS		7,151.9	184.66	1,320,640.90

NEW EMPTY WEIGHT PLUS/MINUS 7,151.9 COMPUTED BY: Bradley S. King

NEW EMPTY WEIGHT CG 184.66

*EMPTY WEIGHT % OF MAC
% of SMAC

Enter the Max allowable Landing weight (1/2 of 1%) from last Physical weighing

REWEIGHING REQUIRED YES NO

Operations notification required if 1/2 of 1% of Landing CG OR MAC

Cumulative Change ☐ Yes ☐ No (Reweigh or Recalculate)

*To find the empty weight % of MAC or SMAC you use the following formula:

CG in %MAC =
$$\frac{(\text{CG in inches from LEMAC}) \times 100}{\text{MAC}}$$

CG in %SMAC =
$$\frac{X + 1.308}{7.263}$$

FAA REGISTRY

N-Number Inquiry Results

N411HA is Assigned

Aircraft Description

Serial Number	B-21	Status	Valid
Manufacturer Name	BEECH	Certificate Issue Date	03/09/2005
Model	100	Expiration Date	10/31/2019
Type Aircraft	Fixed Wing Multi-Engine	Type Engine	Turbo-prop
Pending Number Change	None	Dealer	No
Date Change Authorized	None	Mode S Code (base 8 / oct)	51154207
MFR Year	1969	Mode S Code (base 16 / hex)	A4D887
Type Registration	Corporation	Fractional Owner	NO

Registered Owner

Name	RC AIR LLC		
Street	7001 AIRPORT DR		
City	SELLERSBURG	State	INDIANA
County	CLARK	Zip Code	47172-1958
Country	UNITED STATES		

Airworthiness

Engine Manufacturer	P&W CANADA	Classification	Standard
Engine Model	PT6A-60A	Category	Normal
A/W Date	11/25/1969		

The information contained in this record should be the most current Airworthiness information available in the historical aircraft record. However, this data alone does not provide the basis for a determination regarding the airworthiness of an aircraft or the current aircraft configuration. For specific information, you may request a copy of the aircraft record at <http://aircraft.faa.gov/e.gov/ND/>

Other Owner Names

None