

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: HOUSTON State: TX
 ZIP: 77034 Country: USA
 Latitude: 29.61 N Longitude: 95.16 W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 01/19/2018 Local Time: 4:30
 mm/dd/yyyy Time Zone: CST

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

AIRCRAFT INFORMATION

Registration Number: N6UP
 Manufacturer: FAIRCHILD
 Model: SW BAYINGER SA 227-TT
 Serial Number: TT 441
 Year of Manufacture: 1981
 Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

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

Maximum Gross Weight: 12,500 lbs
 Weight at Time of Accident/Incident: 10,100 lbs

Number of Seats: 10 Flight Crew Seats: 2
 Cabin Crew Seats: _____ 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
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility
☐ Certificate of Authorization or Waiver (COA)
☐ None
- Special**
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport
☐ 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/Serial	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	Honeywell	TPE 331-10U-517G	P-35015 C	UNK	900	8206.9	24	4099.0
Eng 2	Honeywell	TPE 331-10U-517G	P-35065 C	UNK	900	8355.9	24	3559.5
Eng 3								
Eng 4								

Last Inspection Type

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

Date Last Inspection: 01-02-2018
 mm/dd/yyyy

Airframe Total Time: 9258.4 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: _____

Propeller 1

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: DOWTY
 Model: R324/4-82-F/4

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: DOWTY
 Model: R324/4-82-F/4

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: NARCO

Model or Part No.: ELT-10

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

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: AIRCO JV LLCCity: FREEDOMState: OKLAHOMA

ZIP: _____

Country: USAFractional Ownership Aircraft: ☐ Yes ☒ No**Operator of Aircraft**☒ Same As Registered Owner

Name: _____

City: _____

State: _____

ZIP: _____

Doing Business As: _____

Country: _____

Air Carrier/Operator Designator (4 Character Code): _____

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: Ellington Fld Houston TXAirport Identifier: KEFDProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/ADistance From Airport Center: 0 smDirection From Airport: ON AIRPORT degrees trueAirport Elevation: 32 ft. msl**Runway Information**Runway ID: 17R (L/R/C) Length: 9001 ft Width: 150 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 ☐ Visual
- ☐ VOR/DME ☐ Localizer Only ☐ Contact
- ☐ TACAN ☐ LOC-back course ☐ Circling
- ☐ RNAV ☐ 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 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" IdentificationFirst Name: DONALD FRANKLIN GAYCity of Residence: TerrellMiddle Initial: FState: TXZIP: 75160Last Name: GAYCountry: USAAge at time of Accident/Incident: 64Date 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

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

10/24/2017
 mm/dd/yyyy

Medical Certificate Limitations

MUST wear corrective LENSES

Medical Certificate Special Issuance

Date of Last Flight Review
 or Equivalent, Including
 FAR 121/135 Checks: 10/21/2017
 mm/dd/yyyy

Flight Review Aircraft

Make: FAIRCHILD SA 227 TT
 Model: SW 3

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

N/A

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	<u>10,000</u>					<u>3,700</u>				
Pilot in Command (PIC)	<u>8,900</u>									
Time as Instructor										
This Make/Model										
Last 90 Days	<u>100</u>	<u>100</u>		<u>110</u>	<u>25</u>	<u>35</u>				
Last 30 Days	<u>30</u>	<u>15</u>			<u>5</u>	<u>10</u>				
Last 24 Hours				<u>3</u>						

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address <u>N/A</u>					Seat Occupied		Injury		
First Name: _____		City of Residence: _____			☐ Left ☐ Front		☐ None		
Middle Initial: _____		State: _____ ZIP: _____			☐ Center ☐ Rear		☐ Minor		
Last Name: _____		Country: _____			☐ Right ☐ Single		☐ Serious		
					☐ Unknown		☐ Fatal		
							☐ Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					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		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Crew Name and Address <u>N/A</u>					Seat Occupied		Injury		
First Name: _____		City of Residence: _____			☐ Left ☐ Front		☐ None		
Middle Initial: _____		State: _____ ZIP: _____			☐ Center ☐ Rear		☐ Minor		
Last Name: _____		Country: _____			☐ Right ☐ Single		☐ Serious		
					☐ Unknown		☐ Fatal		
							☐ Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					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		
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>JERRON</u> City: <u>FURNETT</u>			☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>1A</u>	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
Middle Initial: <u>H</u> State: <u>TX</u> ZIP: <u>77705</u>					☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			
Last Name: <u>WRIGHT</u> Country: <u>USA</u>									
☐ Crew ☒ Passenger ☐ Other									
First Name: <u>Andrew</u> City: <u>Lafayette</u>			☒ Left ☐ Center ☐ Right ☐ Unknown Row: <u>2</u>	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
Middle Initial: <u>D</u> State: <u>LA</u> ZIP: _____					☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			
Last Name: <u>THOM</u> Country: <u>USA</u>									
☐ Crew ☒ Passenger ☐ Other									
First Name: _____ City: _____			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
Middle Initial: _____ State: _____ ZIP: _____					☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			
Last Name: _____ Country: _____									
☐ Crew ☐ Passenger ☐ Other									
First Name: _____ City: _____			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
Middle Initial: _____ State: _____ ZIP: _____					☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			
Last Name: _____ Country: _____									
☐ Crew ☐ Passenger ☐ Other									

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>BPT</u> City: <u>Birmingham</u> State: <u>TX</u> Country: <u>USA</u>	Time of Departure Time: <u>3:15</u> Time Zone: <u>CST</u>	Destination Airport ID: <u>KUVA</u> City: <u>Hualde</u> State: <u>TX</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 ☐ VFR ☒ IFR ☐ Special IFR ☐ VFR On Top ☐ VFR Flight Following ☐ Traffic Advisory ☐ Cruise ☐ Unknown / NA			
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☒ Class B ☐ Class C ☐ Class D ☐ Class E ☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☐ Unknown			Altitude of In-Flight Occurrence: <u>19,000</u> ft msl
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: <u>KFFD</u> Observation Time: <u>3PM</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>11 mi</u> nm Direction from Accident Site: <u>SW</u> 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>1500</u> ft agl	Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☒ Unknown Ceiling Height <u>2000</u> ft agl	Temperature: _____ (C) or <u>50</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	
Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☐ Calm ☒ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>+5</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 ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle		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
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: 			

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)

A/C NOSE, PROPS, & ENGINES

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.

*AT 18K Lost both Generators, and subsequent loss of ALL PWR.
 Declared Emergency TRK Immediate Descent to KEFD Squawked 7600
 Descended to VFR condition. Executed Emergency Gear Extension by
 Emergency Procedures CIRCLED until Emergency Velocities in sight.
 Brief PAX on Emergency Exits and Executed Landing; Main
 Landing Gear DOWN & locked - Did not set NOX wheel. Again NO
 Lites, so we expected worst case. Shut off Fuel upon Touchdown
 Feathered Props
 Exited Plane*

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

Operator/Owner Safety Recommendation

TBD

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.)

BOTH GENERATORS SIMULTANEOUSLY, NAV/COM ALL LIGHTS SWITCHES
 TOTAL PWR FAILURE - USED EMERGENCY MANUAL TOOK EMERGENCY
 gear EXTENSION - NOSE wheel failed.

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)

300 2,000 lbs 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

PASSENGERS FOLLOWED SAFETY PILOT OUT MAIN CABIN DECK AND CLEARED THE A/C

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

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

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

01/29/2018
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: Donald Franklin GATTitle: Safety Pilot

Signature: _____

- or - ☐ Check here to electronically sign this document**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

CEN18LA086

Reviewed by NTSB Regional Office

CEN

Name of Investigator

Sauer

Date Report Received

01/31/18