

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <<http://www.ntsb.gov>>, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

Rules pertaining to aircraft accidents/incidents, overdue aircraft, and safety issues are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a). **The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when, after seven (7) days, an overdue aircraft is still missing.** An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that **ALL** questions be answered completely and accurately to serve the above purposes.

B. DEFINITIONS

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

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

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

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

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

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

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

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

Nearest City/Place: Use the name of the nearest community that has a Post Office in the state where the accident/incident occurred.

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

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

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate.

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

Airworthiness Certificate: For light sport aircraft, if aircraft certificated as "Light Sport - Experimental", check both the "Light Sport" and "Experimental" check boxes.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle,

cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

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

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

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

Public Use: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Military operations should not be included under public use. If public use, also indicate whether the flight was conducted by Federal, State, or Local government.

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

Purpose of Flight (FAR 91, 103, 133, 137): Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

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

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

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

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

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

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

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

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

AERIAL OBSERVATION—Aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

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

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

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

PUBLIC USE—See definition above.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Passenger(s)/Other Personnel: Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the instructions for the official definition of injury levels. Occupants are considered "Revenue" passengers if they were being carried for compensation or hire. The option "FAA" refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

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

These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report*. For additional definitions of questions and responses, please refer to <<http://www.ntsbgov>>.

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>Scottsbluff</u> State: <u>NE</u> ZIP: _____ Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		Date/Time Date: <u>12/18/2019</u> Local Time: <u>0900</u> mm/dd/yyyy Time Zone: <u>Mountain</u>	
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 _____ 25,000 ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Cessna CJ2 (Citation)</u> Model: <u>525A</u> Serial Number: <u>525A-0087</u> Registration Number: <u>CGOJG</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>12,375</u> lbs Weight at Time of Accident/Incident: <u>11,800</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>280</u> inches from ☐ nose or ☒ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>7</u> If Large Aircraft, how many seats for: Flight Crew: <u>2</u> Cabin Crew: _____ Passengers: <u>7</u>	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
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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: <u>12/06/2019</u> mm/dd/yyyy Airframe Total Time: <u>4,142</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident/Incident
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IFR Equipped ☒ Yes ☐ No ☐ Unknown	Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown	Type of Fire Extinguishing System ☐ None ☐ Specify <u>Standard Bottles for engines and ABC in Cabin (2)</u>
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ELT Installed ELT Activated ☒ Yes ☐ No ☐ Yes ☒ No	ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____
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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: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's 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	Williams	FJ44-2C	SN 126041		2400	4,034		
Eng. 2	Williams	FJ44-2C	SN 126031		2400	4,142		
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>C-GHGR Holdings Ltd</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>[REDACTED]</u> State: <u>[REDACTED]</u> Country: <u>Canada</u>	
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 ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ FAR 121 ☐ FAR 135 ☒ Non-US, Non-commercial ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces ☐ Public Use (select type) ☐ Federal ☐ State ☐ Local ☐ Unknown		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 <u>4</u> How many? ☐ Cargo _____ lbs ☐ Mail	
Type of Commercial Operating Certificate Held (Select 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			
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number _____		Manufacturer: _____ Model: _____	
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
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.) The lower cowl on the left engine appears to have departed the a/c and impacted the H-Stab approximately 20-24" from the outside tip. This caused substantial damage to the H-Stab and the impact on the H-Stab caused damage to the V-stab. Damage to the V-Stab appears to be from energy imparted into the H-stab being transferred as there are no impact marks in the V-Stab. All but three fasteners on the cowl remain in their proper locations. The three missing fasteners are clustered in an 'L' shape on the inboard upper front corner of the lower cowl (the first two vertically from the top corner and one back from the top/inside corner), there is chunks of cowl still retained under several of the remaining fasteners. It would appear the cowl was sheared out from under them as the material remaining is torn and jagged.			Total Time/Cycles On Part <u>4,142</u> Hours <u>3,259</u> Cycles Time Since This Part Inspected/Overhauled <u>24</u> 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)

Damage is limited to the remaining cowl parts (upper cowl has a significant dent, the rear 'cone' on the engine cowl has significant scratches. Two wires on the engine harness are cut as well as a cannon plug in which appears to be related to the fire warning system also appears to have suffered an impact failure (cracked).

The remaining significant damage is limited to the H-Stab, elevator and the V-Stab (from visual inspection only) as listed in the section above.

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

Airport Identifier: _____

Distance From Airport Center: _____ SM

Airport Name: _____

Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Airport Elevation: _____ ft. MSL

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 ☐ Sidestep ☐ 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

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION**Last Departure Point**Airport ID: KCPRCity: CasperState: WyCountry: USA**Time of Departure**Time: 0830Time Zone: Mtn**Destination**Airport ID: KBFFCity: ScottsbluffState: NECountry: 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 ☐ 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)

_____ 447 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

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			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>KBFF</u> Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ Company ☐ Military ☐ Internet ☐ 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	
Sky/Lowest Cloud Condition ☐ Clear ☐ Few ☐ Partial Obscuration ☒ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Restriction to Visibility <i>(Check all that apply)</i> ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Lowest Cloud Condition Height <u>15,000</u> ft AGL		Ceiling Height _____ ft AGL	
Wind Direction ☐ Indicated: <u>340</u> degrees MAG ☐ Variable		Wind Speed Velocity: <u>10</u> KTS -or- ☐ Calm ☐ Light and Variable Wind Gusts Velocity: _____ KTS ☐ Gusting ☐ Not Gusting	
Type of Turbulence <i>(Check all that apply)</i> ☒ None ☐ Clear Air ☐ In Clouds ☐ Vicinity of Thunderstorm 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 None that I recall, the airport was VFR for weather with wind favoring runway 30 with a small crosswind from the right.			
Temperature: <u>0</u> (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed Icing Actual Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed	
Type of Precipitation <i>(Check all that apply)</i> ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Freezing Rain ☐ Snow Shower ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Ice Pellets Shower ☐ Freezing Drizzle		Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy	

Pilot "A" Responsibilities at the Time of Accident/Incident

Pilot "A" Identification

City: [REDACTED]
State: [REDACTED]
Country: Canada

Degree of Injury

Seat Occupied

Seat Belt

Shoulder Harness

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

Medical Certificate

Medical Certificate Validity

Date of Last Medical

10/30/2019

Medical Certificate Limitations

Glasses must be worn

Medical Certificate Waivers

None

Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks:08/01/2019
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
Model: 525A

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)

(Check all that apply)

☐ None	☐ Instrument Airplane
☐ Airplane Single-Engine	☐ Instrument Helicopter
☐ Airplane Multi-Engine	☐ Helicopter
☐ Gyroplane	☐ Glider
☐ Powered Lift	☐ Sport

Type Ratings

C425
C25AS (C525A)

Student Endorsements *(Include dates)*

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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: _____

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

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						Degree of Injury										
First Name: _____ City: _____						☐ None ☐ Fatal										
Middle Initial: _____ State: _____ ZIP: _____						☐ Minor ☐ Unknown										
Last Name: _____ Country: _____						☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ 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						Degree of Injury										
First Name: _____ City: _____						☐ None ☐ Fatal										
Middle Initial: _____ State: _____ ZIP: _____						☐ Minor ☐ Unknown										
Last Name: _____ Country: _____						☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ 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						Degree of Injury										
First Name: _____ City: _____						☐ None ☐ Fatal										
Middle Initial: _____ State: _____ ZIP: _____						☐ Minor ☐ Unknown										
Last Name: _____ Country: _____						☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ 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-Revenue	Revenue	Non-Occupant	FAA	Fatal Injury	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Joe</u> City: <u>[REDACTED]</u>						1		☒	☐	☐	☐	☐	☐	☐	☒	☐
Middle Initial: <u>A</u> State: <u>[REDACTED]</u> ZIP: <u>[REDACTED]</u>																
Last Name: <u>Jackson</u> Country: <u>Canada</u>																
First Name: <u>Robin</u> City: <u>[REDACTED]</u>						2		☒	☐	☐	☐	☐	☐	☒	☐	
Middle Initial: <u>W</u> State: <u>[REDACTED]</u> ZIP: <u>[REDACTED]</u>																
Last Name: <u>Gilroy</u> Country: <u>Canada</u>																
First Name: <u>Bevin</u> City: <u>[REDACTED]</u>						3		☒	☐	☐	☐	☐	☐	☒	☐	
Middle Initial: <u>A</u> State: <u>[REDACTED]</u> ZIP: <u>[REDACTED]</u>																
Last Name: <u>Hudson</u> Country: <u>Canada</u>																
First Name: <u>Charles</u> City: <u>[REDACTED]</u>						4		☒	☐	☐	☐	☐	☐	☒	☐	
Middle Initial: <u>A</u> State: <u>[REDACTED]</u> ZIP: <u>[REDACTED]</u>																
Last Name: <u>Wilson</u> Country: <u>Canada</u>																
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.

See attached Pilot Statement.

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

Operator/Owner Safety Recommendation

It is unknown what caused the cowl to depart the aircraft. No cowl fasteners were observed to be loose prior to this flight. I've heard of this issue happening on Lear's and the resulting fix was to remove all of the fasteners located in the cowl corners and have them replaced by a MIL spec screw to ensure that the fastener does not 'pop' loose in flight.

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

01/13/2020

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

JARETT Johnson

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

Signature:

Type or Print Name:

Title:

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN20LA041Reviewed by NTSB Regional Office
CentralName of Investigator
Mitchell GalloDate Report Received
11/20/2020

Personal statement of Jarrett Johnson as written on December 19th 2019 in Scottsbluff, Ne.

Details of the flight on December 18th, 2019 in which damage to the horizontal stabilizer occurred.

- Aircraft C-GOJG (Cessna Citation CJ2) Serial number 525A-0087. (Canadian Registered)
 - The aircraft is equipped with additional equipment, 1 GTN750 and 1 GTN650 (via STC) as well as the Winglet STC from Tamarack Aerospace.
 - Single Pilot, Crew: Jarrett Johnson License [REDACTED]
 - Time on type at the time of the accident was ~337hrs (total time 3,381.8hrs)
 - Last training event completed at Flight Safety Orlando (CJ2 annual recurrency) August of 2019.
-
- At the start of this flight the a/c had flown 24.2hrs since leaving maintenance on December 6th. That maintenance stop had been routine (scheduled) maintenance. Flights had included numerous legs at 24-26,000ft for short legs of 100-150nm, all flown in a similar configuration to this flight. Other legs had been flown for as much as 3.5hrs and at high altitude.
 - This was the second flight of the day, departing KCPR at ~8:00 am local time.
 - Flight filed on an IFR plan KCPR to KBFF (~140nm) at FL250.
 - Departure was normal (Visual flight rules) and the aircraft was being flown at FL250 enroute to BFF. Cruise speed was just under the indicated Vne (~10-15knts) and for the most part it was smooth air.
 - Nearing BFF I requested a re-clearance direct the initial fix on the RNAV 30 approach.
 - I was head down in the cockpit, prepping for the arrival. Inputting approach information, setting up my EFB, reviewing the approach etc. I recall seeing the GTN750 noting that top of descent was 2-3 minutes away.
 - There was a loud bang/impact and the aircraft immediately pitched forward and into negative G's. I recall several items floating and flying around the cockpit.
 - As soon as the pitch over happened I heard the overspeed warning go off, I noted the speed accelerating as we pitched down and pulled power to idle.
 - At the same time I began to pull up on the yoke and finding resistance to the yoke immediately used electric trim to try reduce pitch trim forces. I then switched to the manual trim wheel, recalling in my training that manual pitch trim is faster than electric.
 - The pull out was not very rapid with relatively low G's (I'd guess less than 2) and I do recall there was a bit of roll required to level the wings. Once level I put a bit of power back in to maintain speed (approx. 60-70% N1) and looked outside the aircraft to inspect what parts of the wing I could see.
 - At this point my thought process was that I must have hit something.
 - I then asked my passengers if they saw anything that looked unusual or abnormal but was told everything looked 'normal'.
 - Somewhere at this point I noted I was passing through 21,400ft and slowly descending (4-500fpm). Airspeed as I recall was ~180IAS and with some the control column buffet I was

experiencing I decided to pull some additional power and reduce speed closer to maneuvering speed (161knts).

- At this point I made a preliminary call to Denver center to advise them that I had experienced an 'upset' and was no-longer on altitude. They asked me several questions to which I don't recall my responses.
- I began to assess how controllable the aircraft was, the roll axis was normal while the pitch axis was very stiff, and the column appeared to not have any significant range of motion.
- I noted that the pitch trim was fully 'up' and with continual back pressure I could maintain level or nearly level flight.
- Around this time, I declared an emergency as well.
- I noted the rudder pedals felt 'weird' and they were not in equal positions. I then noted that the yaw damper was still engaged and with some manual rudder trim the pedals would move and even out the pedals. I decided not to turn off the yaw damper as maybe it was helping me keep the a/c straight.
- At this point I noted to Denver center that I appeared to have some control difficulties with the aircraft. When asked where I wanted to go I elected to continue to BFF as I was headed there and with the altitude I had it felt like the right place to go, some room to descend and a strip that was long (8200ft of runway) Denver did offer another (closer) airport but I elected to continue to BFF as I was set up for that.
- I decided to evaluate the ability to actually control the aircraft in pitch. Worried that configuration changes would impact the controllability I advised center that my landing would be flaps up but then was concerned that might not be the best choice due to the need to land with a higher AOA and maybe I couldn't pitch the a/c up that much. While still having altitude (I think I was descending through 18,000 or so) I selected flaps 15 and noted there was no change in the controllability of pitch. I selected flaps up again and continued towards the field.
- I reviewed my emergency checklist for flaps up landing as well as control difficulties as I had time.
- I felt like I should communicate more details to Denver center (somewhere along here I was switched to a different frequency). I noted several items about the control ability of the aircraft, I recall telling them that the current position on the column was much farther aft than was normal. I wasn't sure how well I'd be able to flare and wanted to get as much info out as I thought was critical.
- Getting the airport visual I was basically already flying a downwind left hand to runway 30. I was switched to the Unicom and communicated to the trucks my intent to land on runway 30.
- I flew a couple miles down wind before turning back into the field and roughly joined the RNAV approach.
- I was concerned about reducing speed to far as it might cause me to lose pitch authority. Other concerns that occurred to me were:
 - o I wouldn't be able to flare the aircraft if I flew the approach glidepath
 - o if I flew the approach too fast, I may end up floating too far down the field.
- I elected to flatten my approach and allowed the a/c to get a few dots low on the glidepath. I noted somewhere here that my speed was still ~145knts which is pretty fast for an approach but with an 8200ft runway I was ok with the extra speed.

- I had EGPWS reports as well as 'glidepath' reports as I got within a few hundred yards of the runway. At the threshold I went to flight idle, crossing the end of the runway at ~20ft and using both hands was able to flare for touchdown.
- I estimate I was 1000-1500 ft down the runway at touchdown and touchdown was relatively normal, although possibly a bit high on pitch angle. From touch down the rollout was a non-event, I exited off the runway at the end and taxied to the ramp where I was marshaled to parking. I did call Denver center to ensure they knew I was down and could close my IFR plan.
- Upon exiting the a/c I realized we'd lost the lower engine cowl and it appeared that it'd gone up into the H-stab to cause the damage and control difficulties.
- I talked to my passengers and made sure they were all ok.
- I talked to the truck crews who were then at the aircraft and got a phone number for Denver center. I was still concerned that possibly I'd hit something but they advised me they hadn't seen anything from their end that would support that idea.
- Following this I secured the a/c and contacted my insurance rep and the FAA.

