

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: SOUTH CHARLESTON State: WV
 ZIP: 25309 Country: USA
 Latitude: 38-34-5 (dd:mm:ss N/S) Longitude: 81-44-4 (ddd:mm:ss E/W)

Date/Time

Date: 02/15/2012 Local Time: 11:15
 mm/dd/yyyy Time Zone: EST

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

N/A ft MSL

AIRCRAFT INFORMATION

Manufacturer: BEECHCRAFT

Model: BE-58

Serial Number: TH-207

Registration Number: N9460Q Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 5400 lbs

Weight at Time of Accident/Incident: 4900 lbs

Location of Center of Gravity at Time of Accident/Incident:

-01- inches from ☐ nose or ☐ datum
 Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered Lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard
☒ Normal
☐ Utility
☐ Acrobatic
☐ Transport
Special
☐ Restricted
☐ Limited
☐ Provisional
☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: SIX (6)

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

Landing Gear ☒ Retractable

Check any additional landing gear configuration that applies:

☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program

☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type

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

Date Last Inspection: 03/14/2011

mm/dd/yyyy

Airframe Total Time: 4820 hrs

hours measured at (check one)

☒ Last Inspection ☐ Time of Accident/Incident

IFR Equipped

☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☐ None
☒ Specify HAND HELD

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer: NARCO

Model/Serial: ELT-10 6909

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: 6909

Battery Type: MERL #4

Battery Exp. Date: AUG 11

Engine Type

☒ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type

☐ Carburetor
☒ Fuel Injected

Propeller

☐ Fixed Pitch
☒ Controllable Pitch

Manufacturer: _____

Model: _____

Engine	Engine Manufacturer	Engine Model/Serial	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	<u>Cessna 441</u>	<u>441</u>	<u>295426A</u>	<u>72</u>	<u>300</u>	<u>940</u>	<u>60</u>	<u>940</u>
Eng. 2	<u>Cessna 441</u>	<u>441</u>	<u>827416</u>	<u>72</u>	<u>300</u>	<u>450</u>	<u>md</u>	
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>BRUCE CASWELL</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address <u>CHARLESTON</u> City: <u>[REDACTED]</u> State: <u>WV</u> ZIP: <u>25312</u> Country: <u>USA</u>
Operator of Aircraft ☐ Same As Registered Owner Name: <u>BEJAMIN F. MALLORY</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: <u>SOUTH CHARLESTON</u> State: <u>WV</u> ZIP: <u>25309</u> Country: <u>USA</u>
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☒ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☒ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (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 <u>N21227</u>	Manufacturer: <u>CESSNA</u> Model: <u>182</u>	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☒ Substantial ☐ None
Registered Owner of Other Aircraft First Name: <u>INNOVATIVE MATTRESS SOLUTIONS, LLC</u> City: <u>WINFIELD</u> Middle Initial: <u>C/O KENNETH E.</u> State: <u>WV</u> ZIP: <u>25213</u> Last Name: <u>KNOFF</u> Country: <u>USA</u>		
Pilot of Other Aircraft First Name: <u>N/A</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☒ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☐ Substantial ☐ Minor ☒ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i> N9460Q Nose, under fuselage, wings, landing gear, props, N21227 Rudder, verticle stab, elevator Hanger Two supports, and side panels Power transformer destroyed			
AIRPORT INFORMATION <i>(if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: <u>WV12</u> Airport Name: <u>MALLORY AIRPORT</u> Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip		Distance From Airport Center: <u>On Airport</u> SM Direction From Airport: _____ degrees MAG Airport Elevation: <u>880</u> ft. MSL	
Approach Segment <i>(Select one)</i> ☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around ☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ PAR ☐ MLS ☐ Practice ☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS ☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ VOR/VOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ TACAN ☐ RNAV ☐ Circling		VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Step 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: <u>33</u> (L/R/C) Length: <u>2000</u> ft Width: <u>26</u> ft		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-Glasy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Unknown ☐ Slush Covered ☐ Vegetation	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KCRW</u> City: <u>CHARLESTON</u> State: <u>WV</u> Country: <u>USA</u>		Time of Departure Time: <u>11:10</u> Time Zone: <u>EST</u>	
Destination Airport ID: <u>WV12</u> City: <u>SOUTH CHARLESTON</u> State: <u>WV</u> Country: <u>USA</u>		Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No	
Type of ATC Clearance/Service <i>(Check all that apply)</i> ☐ None ☐ Special VFR ☐ Special IFR ☒ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i> ☐ 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 <i>(Check all that apply)</i> ☐ 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 <i>(convert from pounds, as necessary)</i> <u>110</u> 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 NONE			

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. PILOT AND PILOT RATED PASSENGER BOTH EXITED THROUGH OVERWING DOOR (NORMAL ENTRY/EXIT)			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>CHARLESTON ATIS</u> Observation Time: _____ Time Zone: <u>EST</u> Distance from Accident Site: <u>7</u> NM Direction from Accident Site: <u>081</u> degrees MAG		Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ Unknown ☐ Commercial Weather Service (D/I/ATS)	
Briefing Type/Completeness ☐ Full ☒ Abbreviated ☐ Partial / Limited By Pilot ☐ Unknown ☐ Partial / Limited By Briefer ☐ Not Pertinent		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☒ Day ☐ Night ☐ Bright Night ☐ Not Reported	
Visibility <u>10</u> miles		Method of Briefing <i>(Check all that apply)</i> ☐ In Person ☐ Teletype ☐ Telephone/Computer ☒ Aircraft Radio ☐ TV/Radio ☐ Unknown	
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☒ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☒ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height _____ ft AGL	
Wind Direction ☐ Indicated _____ degrees MAG ☒ Variable		Wind Speed Velocity: <u>3</u> KTS -or- ☐ Calm ☒ Light and Variable	
Wind Gusts Velocity: <u>0</u> KTS ☐ Gusting ☒ Not Gusting		Type of Turbulence <i>(Check all that apply)</i> ☒ None ☐ In Clouds ☐ Clear Air ☐ Vicinity of Thunderstorm Severity of Turbulence ☐ Extreme ☐ Moderate ☐ Light ☐ Severe ☐ Moderate Chop	
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident NONE			
Temperature: _____ (C) or <u>40</u> (F) Altimeter Setting: <u>3032</u> 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 ☐ Drizzle ☐ Rain ☐ Ice Pellets ☐ Snow ☐ Snow Pellets ☐ Hail ☐ Snow Grains ☐ Rain Showers ☐ Ice Crystals ☐ Freezing Rain ☐ Ice Pellets Shower ☐ Snow Shower ☐ Freezing Drizzle Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy			

PILOT "A" INFORMATION																																																																																																				
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Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☒ Left ☒ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Seat Belt Used ☒ Yes ☐ No Available ☒ Yes ☐ No			Shoulder Harness Used ☒ Yes ☐ No Available ☒ Yes ☐ No																																																																																											
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☒ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☒ Flight Instructor ☐ Sport ☒ Airline Transport ☐ U.S. Military																																																																																																				
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown				Medical Certificate Validity ☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown			Date of Last Medical <u>05/25/2011</u> mm/dd/yyyy																																																																																											
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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 ☒ Airplane Single-Engine ☒ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☒ Instrument Airplane ☒ Instrument Helicopter ☒ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>32000</td> <td>5000</td> <td>25000</td> <td>7000</td> <td>2000</td> <td>3000</td> <td>200</td> <td>1480</td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>31000</td> <td>5000</td> <td>24000</td> <td>6800</td> <td>1950</td> <td>3000</td> <td></td> <td>1400</td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>20000</td> <td>2500</td> <td></td> <td>5000</td> <td></td> <td></td> <td></td> <td>400</td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>250</td> <td>900</td> <td>50</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>60</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											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	32000	5000	25000	7000	2000	3000	200	1480			Pilot in Command (PIC)	31000	5000	24000	6800	1950	3000		1400			Time as Instructor	20000	2500		5000				400			This Make/Model					250	900	50				Last 90 Days	60	0						0			Last 30 Days											Last 24 Hours										
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PILOT "B" INFORMATION																																																																																																				
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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																																																																																														
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<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											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										
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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								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
☐ Foreign																
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Left		☐ Front								
						☐ Right		☐ Rear								
						☐ Center		☐ Single								
								☐ Unknown								
Pilot Name and Address						Degree of Injury										
First Name: _____		City: _____				☐ None		☐ Fatal								
Middle Initial: _____		State: _____		ZIP: _____		☐ Minor		☐ Unknown								
Last Name: _____		Country: _____				☐ Serious										
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						☐ Right		☐ Rear								
						☐ Center		☐ Single								
								☐ Unknown								
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)																
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	P.A.	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>RUDYARD</u>		City: <u>SOUTH CHARLESTON</u>				<u>RF</u>	☐	☐	☐	☐	☐	☐	☐	☒	☐	☐
Middle Initial: <u>K.</u>		State: <u>WV</u>		ZIP: <u>25303</u>												
Last Name: <u>MEANS</u>		Country: <u>USA</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: _____					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____		City: _____					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____		State: _____		ZIP: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		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

02/24/2012
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: Type or Print Name: Ben F. Mallory

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

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA12CA182

Reviewed by NTSB Regional Office

ERA

Name of Investigator

Alleyne

Date Report Received

2/29/2012

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.

- * Arrived at KCRW, conducted thorough preflight inspection in accordance with Beech approved POH, & added 40 gallons of 100LL to bring fuel total to 110 gallons.
- * Checked weather with KCRW ATIS, which indicated calm winds.
- * Departed at approximately 11:45 a.m. after complete run-up check, with flight following from KCRW departure for the 7 mile trip to WV12.
- * At 100' AGL after take off, pilot rated passenger in right seat retracted landing gear without coordinating with PIC. Passenger also was tuning radios, but due to single yoke, PIC made all radio calls.
- * Entered left downwind at WV12 at 90 kts, added 15 degrees of flaps, lowered gear, turned left base adding full prop, mixture and flaps.
- * Turned final and touched down after stable approach. Touch down was normal.
- * After approximately 150' roll-out, Beech veered to the right. Pilot applied full left rudder and right engine power. Control inputs had no effect. Pilot was attempting to hold plane from impacting hillside, but plane continued to veer right in mud, entering a ditch as it struck a transformer, ramp, and a hangar with a C-182, before impacting a hill.

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

Operator/Owner Safety Recommendation

None.

5-30-08	MEL	3145P	WV12-H6K-WV12	2.1
2-14-09	MEL	3145P	WV12-PMH-WV12	1.6
4-18-10	MEL	3145P	WV12-GAS-WV12	1.9
4-22-10	MEL	3145P	WV12-R24-WV12	1.7
1-23-10	MEL	3145P	WV12-CRW-WV12	1.0
4-30-10	MEL	3145P	WV12-CRW-WV12	1.0
5-5-11	MEL	3145P	WV12-CRW-GAS-HT3-WV12	2.0
7-16-11	MEL	3145P	WV12-CRW-WV12	1.0
7-17-11	MEL	3145P	WV12-CRW-WV12	1.0
7-24-11	MEL	3145P	WV12-CRW-WV12	1.0
8-02-11	MEL	3145P	WV12-GAS-WV12	1.8
8-11-11	MEL	3145P	WV12-CRW-WV12	1.2
8-12-11	MEL	3145P	WV12-CRW-WV12	1.0
8-22-11	MEL	3145P	WV12-CRW-WV12	1.3
9-14-11	SEL	7941X	(INSTRUMENT INST)	3.1
9-14-11	SEL	12485	(BFR & INSTRUCTOR RENEWAL)	2.5
9-25-11	MEL	3145P	WV12-PMH-WV12 (FLIGHT CK)	2.0
9-27-11	MEL	77KK	CRW-CRW	0.8
10-9-11	MEL	3145P	CRW-CRW (FLIGHT CK)	1.0
10-30-11	SEL	7941X	(INSTRUMENT INST)	2.5
10-31-11	MEL	3145P	WV12-CRW-WV12	1.6
11-2-11	MEL	3145P	WV12-CRW-WV12	1.4
11-3-11	MEL	3145P	WV12-GAS-WV12	1.2
11-5-11	MEL	3145P	WV12-GAS-WV12	1.0

CFI/1902L

90 days

11-19-11	MEL	TTKK	CRW-6AS-CRW (CK Ad prep)	3.0
11-25-11	MEL	TTKK	(MEL CK RIDE)	3.0
11-26-11	SEL	21227	WN12-CRW (CK Rd prep)	3.0
11-26-11	SEL	21227	(SEL CK Rd)	3.0
12-7-11	SEL	7941X	(INSTRUMENT INSTR)	1.5
12-8-11	MEL	3145P	WN12-CRW-WN12	1.0
12-10-11	MEL	3145P	WN12	0.6
12-14-11	SEL	12485	(INSTRUCTION)	5.0

30 days

1-22-12	MEL	3145P	(MULTI COMMERCIAL SIGNOFF)	3.0
2-7-12	MEL	3145P	WN12-CRW-WN12	1.6

1 - 0 days - [REDACTED]
 1 - 10 - [REDACTED]