

**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		Date/Time	
Nearest City/Place: ALABASTER State: AL		Date: 02/22/2014 Local Time: 1700	
ZIP: 35040 Country: USA		Time Zone: E	
Latitude: 31:10:40 (dd:mm:ss N/S) Longitude: 086:46:59 (ddd:mm:ss E/W)			
Phase of Operation		Collision with Other Aircraft	Altitude of In Flight Occurrence
☐ Standing ☒ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☐ Landing ☐ Approach ☐ Unknown		☐ Midair ☐ On ground ☒ None	586 ft MSL

AIRCRAFT INFORMATION

Manufacturer: PIPER		Max Gross Weight: 5101 lbs
Model: PA-46-500TP		Weight at Time of Accident/Incident: 5074 lbs
Serial Number: 4697322		Location of Center of Gravity at Time of Accident/Incident:
Registration Number: N3061J		inches from ☒ nose or ☐ datum Percent Mean Aerodynamic Cord (% MAC)
Amateur built: ☐ Yes ☒ No		or 143.50

Category of Aircraft	Type of Airworthiness Certificate (Check all that apply)	Number of Seats:	Landing Gear ☒ Retractable
☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	If Large Aircraft, how many seats for: Flight Crew: 2 Cabin Crew: Passengers: 4	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	Last Inspection Type	Date Last Inspection:
☒ Annual ☐ Conditional (Amateur built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify:	☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown	11/22/2013 mm/dd/yyyy Airframe Total Time: 802 hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident/Incident

IFR Equipped	Stall Warning System Installed	Type of Fire Extinguishing System
☒ Yes ☐ No ☐ Unknown	☒ Yes ☐ No ☐ Unknown	☐ None ☒ Specify CO2

ELT Installed	ELT Activated	ELT Manufacturer:
☒ Yes ☐ No	☐ Yes ☒ No	ARTEX
ELT Aided in Locating Accident/Incident		Model/Series:
☐ Yes ☒ No		ME 406
		Serial Number:
		05201
		Battery Type:
		Battery Exp. Date: 11/2019

Engine Type	Reciprocating Fuel System Type	Propeller
☐ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☒ Turbo Prop ☐ Unknown	☐ Carburetor ☐ Fuel Injected	☐ Fixed Pitch ☒ Controllable Pitch
		Manufacturer: HARTZELL
		Model: HC-E4N-3Q

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	PRATT + WHITNEY		RM0340	10/5/2007	500	669	42	42
Eng. 2		ETCE-12						
Eng. 3		PT6A-42A						
Eng. 4		BS 1192						

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: JB PIPER MERIDIAN LLC Fractional Ownership Aircraft: ☒ Yes ☐ No		Owner Address City: PENSACOLA State: FL ZIP: Country: 	
Operator of Aircraft ☐ Same As Registered Owner Name: ROBERT RUBEY Doing Business As: Air Carrier/Operator Designator (4 Character Code): 		Operator Address ☐ Same As Registered Owner City: PENSACOLA BEACH State: FL ZIP: Country: USA	
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 How many? ☐ Passenger lbs ☐ Cargo ☐ 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.) TIRE BLOWOUT ON TAKEOFF MICHELIN 600-6-8 INSTALLED 11/13 301-028-006 SER# 0713868385			Total Time/Cycles On Part 42 Hours 40 Cycles Time Since This Part Inspected/Overhauled 42 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)

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

Airport Identifier: **KEET** Distance From Airport Center: **0** SM
 Airport Name: **SHELBY COUNTY AIRPORT** Direction From Airport: degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: **568** 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: **16** (L/R/C) Length: **5000** ft Width: **75** 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: KEET City: ALABASTER State: AL Country: USA	Time of Departure Time: 1700 Time Zone: E	Destination Airport ID: KBFM City: MOBILE State: AL Country: USA	Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☒ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No
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Type of ATC Clearance/Service (Check all that apply)

☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☒ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

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) 130 Gallons	Fuel Type ☐ 80/87 ☐ 115/145 ☐ JP3 ☐ 100 Low Lead ☒ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5 ☐ Other, specify
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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

AS USUAL

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: KEET

Observation Time: ASOS

Time Zone: E

Distance from Accident Site: 0 NM

Direction from Accident Site: degrees MAG

Source of Weather Information

(Check all that apply)

- ☐ National Weather Service
☐ Flight Service Station
☐ TV/Radio
☒ Automated Report
☐ Commercial Weather Service (DUATS)
☐ Company
☐ Military
☐ Internet
☐ Unknown

Method of Briefing

(Check all that apply)

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

Visibility

10 miles

Sky/Lowest Cloud Condition

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

Ceiling

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

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

Lowest Cloud Condition Height

ft AGL

Ceiling Height

ft AGL

Wind Direction

☐ Indicated: ? degrees MAG

☐ Variable

Wind Speed

Velocity: ? KTS

- or
☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: KTS

- ☐ Gusting
☐ Not Gusting

Type of Turbulence (Check all that apply)

- ☒ 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

Temperature: (C) or (F) 60

Altimeter Setting: in. HG or MB

Density Altitude: ft

Dew Point: (C) or (F)

Icing Forecast

Amount

- ☐ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Icing Actual

Amount

- ☐ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

- ☒ 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" INFORMATION

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

☒ Pilot ☐ Co Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: **ROBERT RUBEY**

Middle Initial: **F**

Last Name: **RUBEY**

City: **PENSACOLA**

State: **FL**

ZIP: [REDACTED]

Country: **USA**

Age at time of Accident/Incident: **66**

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

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

12/27/2012
mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Waivers

NONE

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

02/14/2014 mm/dd/yyyy

Flight Review Aircraft

N 3061J

Make: **PIPER**

Model: **PA-46-TP**

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	1074	173	1074	0	122	192	20.2	0		
Pilot in Command (PIC)	1074	173	1074	0	122	192	20.2	0		
Time as Instructor										
This Make/Model										
Last 90 Days	47	47	47	0	12	29				
Last 30 Days	12	12	12	0	0	10				
Last 24 Hours	1.6	1.6	1.6	0	0	0				

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:
Middle Initial:
Last Name:

City:
State: ZIP:
Country:

Age at time of Accident/Incident:

Date of Birth:

mm/dd/yyyy

Certificate Number:

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation

☐ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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

mm/dd/yyyy

Flight Review Aircraft

Make:

Model:

Airplane Rating(s)

(Check all that apply)

☐ None
☐ Single Engine Land
☐ Single Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)

☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)

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

Type Ratings

Student Endorsements (Include dates)

Flight Time (enter appropriate
number of hours in each box)

All
Aircraft

This Make
& Model

Airplane
Single
Engine

Airplane
Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter
Than Air

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:	☐ Minor	☐ Unknown
Last Name:	Country:	☐ Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
☐ None	☐ Student	☐ Recreational	☐ Commercial
☐ Private	☐ Flight Instructor	☐ Sport	☐ Airline Transport
		☐ Flight Engineer	☐ Foreign
		☐ U.S. Military	
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:	☐ Minor	☐ Unknown
Last Name:	Country:	☐ Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
☐ None	☐ Student	☐ Recreational	☐ Commercial
☐ Private	☐ Flight Instructor	☐ Sport	☐ Airline Transport
		☐ Flight Engineer	☐ Foreign
		☐ U.S. Military	
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:	☐ Minor	☐ Unknown
Last Name:	Country:	☐ Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
☐ None	☐ Student	☐ Recreational	☐ Commercial
☐ Private	☐ Flight Instructor	☐ Sport	☐ Airline Transport
		☐ Flight Engineer	☐ Foreign
		☐ U.S. Military	
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	Serious Injury	Minor Injury	No Injury	Unknown
First Name: STEVE RUBEN Middle Initial: L Last Name: RUBEN City: MOBILE AL State: AL ZIP: 36606 Country: USA		☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: RACHEL Middle Initial: Last Name: RUBEN City: MOBILE AL State: AL ZIP: 36606 Country: USA		☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: HALEY Middle Initial: Last Name: RUBEN City: MOBILE State: AL ZIP: 36606 Country: USA		☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: JOSHUA Middle Initial: Last Name: RUBEN City: MOBILE State: AL ZIP: 36606 Country: USA		☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

2/22/14 KEET-

RETURN FLIGHT TO KBFM.

CLEAR SKIES. MINIMAL WIND

IFR CLEARANCE TO KBFM.

PREFLIGHT NORMAL

TAXI NORMAL

TAKEOFF - NORMAL CALLOUTS UNTIL 55-60 KTS

SUDDEN SHAKE IN YOKE AND VIBRATION AND NOISE
AIRPLANE SUDDENLY PULLED (L) UNCONTROLLABLY
APPLIED BRAKES, BETA + BACK PRESSURE ON YOKE
BUT COULDN'T STOP BEFORE EXITING RUNWAY
TO (L).

EVENTUALLY CAME TO REST BACK ON RUNWAY
BOTH TIRES BLOWN. DAMAGE TO (L) MAIN GEAR AND
MAIN WING SPAR BENT.

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

Operator/Owner Safety Recommendation

NOT SURE

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 04/24/2014 mm/dd/yyyy	Signature and Name of Pilot/Operator Signature:  Type or Print Name: ROBERT RUBEY
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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. ERA14LA149	Reviewed by NTSB Regional Office Ashburn, Virginia	Name of Investigator Monville	Date Report Received 4/25/2014
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