

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: SAN JUAN / TJIG State: PR
 ZIP: 00907 Country: Puerto Rico
 Latitude: 18-273500N Longitude: 066-06-383268W
(Enter in decimal degrees or degrees minutes & seconds)

Accident/Incident Date/Time

Date: 01-03-2020 Local Time: 10:40 AM
mm/dd/yyyy

Time Zone: _____

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

AIRCRAFT INFORMATION

Registration Number: N805D
 Manufacturer: HAWKER BEECHCRAFT CORP.
 Model: 960XP
 Serial Number: HA-0113
 Year of Manufacture: 2009
 Amateur-Built: ☒ Yes ☐ No ☐ Kit/Plans ☐ Make ☐ Original Design

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

Maximum Gross Weight: 28,000 lbs
 Weight at Time of Accident/Incident: 20,600 lbs
 Number of Seats: 10 Flight Crew Seats: 2
 Cabin Crew Seats: 0 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 | Special |
| ☒ Normal | ☐ Restricted |
| ☐ Aerobatic | ☐ Limited |
| ☐ Balloon | ☐ Provisional |
| ☐ Commuter | ☐ Special Flight |
| ☐ Transport | ☐ Experimental |
| ☐ Utility | ☐ Special Light-Sport |
| | ☐ Experimental Light-Sport |
| ☐ Certificate of Authorization or Waiver (COA) | |
| ☐ None ☐ Unknown | |

Landing Gear

(Check all that apply)

- ☒ Retractable
- ☐ Tricycle
- ☐ Tailwheel
- ☐ Amphibian
- ☐ High Skid
- ☐ Emergency Float
- ☐ Skid
- ☐ Float
- ☐ Ski
- ☐ Hull
- ☐ Ski/Wheel
- ☐ Other Launch/Recovery System
- ☐ None
- ☐ Unknown

Engine Type (Select one)

- ☐ Reciprocating
- ☐ Liquid Rocket
- ☐ Turbo Shaft
- ☐ Solid Rocket
- ☐ Turbo Prop
- ☐ Hybrid Rocket
- ☐ Turbo Jet
- ☐ None
- ☒ Turbo Fan
- ☐ Unknown
- ☐ Electric

Fuel System Type (Reciprocating)

- ☐ Carburetor
- ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/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	TFE731-50R	P-122336	04-26-09	4750	2198	23	N/A
Eng. 2	Honeywell	TFE731-50R	P-122336	04-26-09	4750	2198	23	N/A
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 11-01-2019
mm/dd/yyyy

Airframe Total Time: 2198.3 hrs

hours measured at *(Select one)*

- ☐ Last Inspection
- ☒ Time of Accident/Incident

Type of Maintenance Program (Select one)

- ☐ Airframe
- ☐ 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: N/A

Model: _____

Propeller 2

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

Manufacturer: N/A

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:
 ELT Manufacturer: Artex
 Model or Part No.: 453-5060
 TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz) ☐ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft? ☐ Yes ☒ No

If not activated:

- Indicate Reason:
- ☐ Impact Damage
 - ☐ Fire Damage
 - ☐ Battery Expired/Damaged
 - ☐ Unknown

Additional Equipment (Check all that apply)

- ☒ ADS-B
- ☐ Airframe Parachute
- ☒ Angle of Attack Indicator
- ☐ Autopilot
- ☐ Data Recorder
- ☐ Electronic Flight Bag or Handheld Device
- ☒ Electronic Multifunction Display
- ☒ Electronic Primary Flight Display
- ☐ Handheld GPS
- ☐ Heads Up Display
- ☐ Onboard Weather
- ☐ Satellite Tracking Device
- ☐ Stall Warning System
- ☐ Video Recording Device
- ☐ Other, Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Hawker 900 XP LLC

Fractional Ownership Aircraft: ☐ Yes ☒ No

City: SAN JUAN

State: PR ZIP: 00907

Country: USA

Operator of Aircraft

☐ Same As Registered Owner

Name: Pro Pilot

Doing Business As: Million Air SAN JUAN

Air Carrier Operator Designator (4 Character Code): N/A

☐ Same Address as Registered Owner

City: SAN JUAN

State: PR ZIP: 00907

Country: USA

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 Sighting 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: Fernando Luis Rivas

Airport Identifier: TJIG

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: 9 (L/R/C) Length: 5539 ft Width: 100 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
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☒ RNAV ☐ Circling
☐ 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 1" INFORMATION																																																																																																			
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"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																																																																																																			
"Flight Crewmember 1" Identification First Name: <u>RICHARD CARRION</u> City of Residence: <u>SANTUAN</u> Middle Initial: _____ State: <u>P.R.</u> ZIP: <u>00926</u> Last Name: <u>CARRION</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>72</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																			
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☒ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>			Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☒ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																														
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>10/17/2019</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>HAWKLER</u> Model: <u>HS-125</u>																																																																																															
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																													
Type Ratings <u>BE-400, CA-212, CL-44, DA-20, DA-50, G-200</u> <u>GV, HS-114, HS-125, L-101, L-1329, LR-45</u> <u>LR-60, MU-300.</u>						Student Endorsements (Include dates)																																																																																													
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"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" Identification

First Name: Luis

City of Residence: Tehuacan ATO

Middle Initial: A

State: P.R. ZIP: 00976

Last Name: Rosa Rio

Country: USA

Age at time of Accident/Incident: 65 Date of Birth: [REDACTED] /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

11/26/2019
mm/dd/yyyy

Medical Certificate Limitations MUST have available glasses for near vision

Medical Certificate Special Issuance

N/A

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

12/23/2019
mm/dd/yyyy

Flight Review Aircraft

Make: N377JC HS125
Model: HS125

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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings ATN-72 / ATN-42 / CA-212
SD3-, HS125, SIC-

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>16185</u>			<u>14,191</u>	<u>6070</u>	<u>5238</u>	<u>4165</u>	<u>N/A</u>	<u>N/A</u>	
Pilot in Command (PIC)	<u>10,122</u>									
Time as Instructor	<u>N/A</u>									
This Make/Model										
Last 90 Days	<u>60</u>									
Last 30 Days	<u>20</u>									
Last 24 Hours	<u>485</u>									

N/A

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)						
Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>MOLP</u> City: <u>LA ROMANA</u> State: <u>DOMINICAN REP.</u> Country: _____		Time of Departure Time: <u>10:01</u> Time Zone: <u>Z+4</u>		Destination Airport ID: <u>TJTG</u> City: <u>SAN JUAN</u> State: <u>PUNTO RICO</u> Country: <u>USA</u>
Type Flight Plan Filed ☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☒ IFR ☐ Unknown ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown				
Type of ATC Clearance/Service (Check all that apply) ☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☒ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☒ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93 Altitude of In-Flight Occurrence: _____ ft msl				
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather			Weather Observation Facility Facility ID: <u>TJTG</u> Observation Time: <u>10:15</u> Time Zone: <u>+4</u> Distance from Accident Site: <u>ON ROUTE</u> nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown		
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☒ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☐ None (Clear) ☐ Obscured ☒ Broken ☐ Indefinite ☐ Overcast ☐ Unknown		Temperature: <u>29</u> (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>30.11</u> in. Hg or _____ MB
Lowest Cloud Condition Height <u>2000</u> ft agl		Ceiling Height <u>600</u> ft agl		
Wind Direction ☐ Variable -or- Direction: <u>170</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>400</u> kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>8</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation ☒ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☐ None ☐ Drizzle ☐ Freezing Rain ☒ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown	
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 				

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)

SEE ATTACHMENT

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.

SEE ATTACHMENT

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

537 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

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

02/07/2020

mm/dd/yyyy

Name of Pilot/Operator: RICHARD CARPSONSignature: 

-- or --



Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --



Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA20CA073

Reviewed by NTSB Regional Office

ERA - VA

Name of Investigator

H. Kemner

Date Report Received

2/7/2020

Capt. Richard Carrion Castro

[REDACTED]

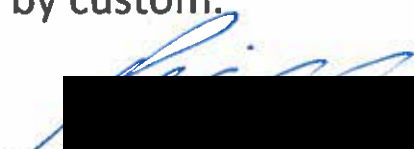
San Juan, Puerto Rico 00926

[REDACTED]

January 8, 2020

I, Richard Carrion ATP [REDACTED] with more than 1,000 hours in Hawker aircraft was flying on January 3, 2020 from La Romana, Dominican Republic; destination Isla Grande, Puerto Rico.

At 10:40 AM during final approach and about to touch down I pull the power back, aircraft felt down and we had a hard landing. We left runway by Bravo 5 and taxi toward US Customs. The three passengers deplane and went home after going by customs.


[REDACTED]
Richard Carrion

1.0 BACKGROUND

Owner/Operator: Hawker 900 XP LLC
Registration: N805D
Hours: 2198.3
Landings: 2098

Hawker Model 900XP, Manufacturer's Serial Number, HA-0113, Registration N805D, sustained extensive damage when the aircraft landed short/hard at Fernando Luis Ribas Dominicci Airport (TJIG-SIG), San Juan, Puerto Rico on January 3, 2020 at approximately 10:40 AM local time.

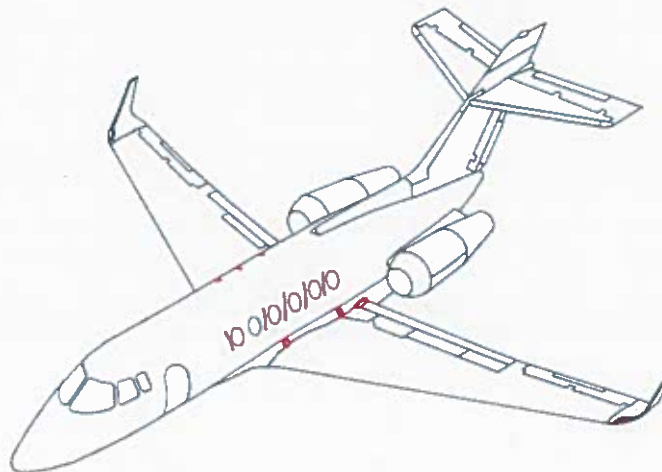
Damage was found affecting the LH MLG #2 Tire, LH MLG Trunnion Attach Fitting, LH/RH Fuselage Side Skins, RH Wing Inboard TKS Panel, RH Wing/Chin Fairing Cuff Panel, LH/RH Overwing Fairing Panels, LH Wing Tip Position Light Lens, Main Entry Door and Emergency Exit Hatch.

The owner/operator formally requested a structural on-site damage evaluation on January 21st, 2020.

Textron Aviation Customer Service Team Structures accomplished an on-site structural damage evaluation on January 27, 2020.

The following images are representative of the damage observed but are not exhaustive in showing all the damage. Because of lighting conditions and angles the photographs were taken, the damage may be difficult to see in the images of this report.

Figure 1-1 Hawker 900XP Damage Locations (in red)



4.0 SUMMARY

The incident caused substantial damage to the LH MLG Trunnion Fitting, LH Cabin Skins, LH Side of Fuselage Keel Skin forward of Frame 16, LH MLG Shroud Panel and RH Cabin Skins. In addition, the Main Entry Door opening and closing mechanisms have become difficult to operate and the door exhibits inconsistent gaps between the main entry door and fuselage frames/skin. The LH Wing Flap inboard edge now contacts the fuselage and the RH Wing Flap inboard edge has an excessive gap between the flap and fuselage skin. The incident has caused the Rear Bay Access Door to rub the Ventral Tank around the door aperture and the Escape Hatch to have inconsistent gaps between the hatch skin and fuselage skin. In addition, the LH Wing Tip Navigation Light lens shattered, RH Front Wing to Fuse Fairing Window Lens cracked and LH MLG #2 Tire ruptured.

The following inspections are to be accomplished:

Hawker 900XP AFMS, XP-005-001-001 – Inspections after an Overweight or Heavy Landing

Hawker 900XP AFMS, XP-005-002-001 – Inspections after a Flight in Heavy Turbulence

All wing to fuselage attachment links/fittings should be inspected per the 900XP AMM, 53-40-01-201.

Landing Gear:

NLG and MLG Assemblies to be overhauled/replaced.

Replace LH MLG #2 Tire

LH Wing:

Replace LH Wingtip Light Lens.

Replace all missing and/or damaged static dischargers.

Replace LH MLG Wheel Well Shroud.

Determine cause of flap chafe and rectify via repair and/or replacement of affected components.

RH Wing:

Replace all missing and/or damaged static discharges.

Determine cause of excessive flap to fuselage gap and rectify via repair and/or replacement of affected components.

Fuselage:

Repair/replace LH/RH Overwing Fairing panels.

Replace LH Cabin Skin between Frames 10A-13.

Replace LH Cabin Skin between Frames 13-16.

Replace Keel Skin between Frames 13-16.

Fuselage (continued):

Adjust/replace MED components to rectify opening difficulties/inconsistent gaps.

Replace RH Cabin Skin between Frames 7-16.

Adjust/replace escape hatch components to rectify inconsistent gaps.

Adjust Rear Bay Access Door to for proper fitment/clearances.

Empennage:

Perform visual inspection of Vertical and Horizontal Stabilizers structures with emphasis on attach fittings and attach fitting fasteners for signs of displacement.

Engines:

Contact engine manufacturer for recommendations based on incident.

Symmetry and Alignment:

A partial Symmetry and Alignment check was performed during the initial Damage Evaluation and the numbers reported were within limits. It is recommended that a 2nd Symmetry and Alignment be performed after all part replacement and all repairs are completed.

Due to the cracked LH MLG Trunnion attach fitting, Textron Aviation can not recommend any further operation/ferry flight until after trunnion fitting is replaced.

Please note, because access to all structure was not possible, it is possible that additional damage will be discovered upon further inspection. It is the manufacturer's opinion that though the aircraft has sustained considerable damage, the aircraft may be repaired should the owner/operator and insurance agency deem it economically feasible. Most of the repair actions will require removal and replacement of the damaged parts with exception of the items noted in this report. Any repairs to the wing and fuselage will require appropriate shoring and support to eliminate and mitigate any shifting of structure while repairs are being completed.

5.0 GENERAL

This report may be used as a guide for repair facilities to provide a bid for the cost of return to service.

Inspection, removal, testing, and reinstallation of all components which have been affected by the repair must be referenced to the applicable Textron Aviation Engineering repair drawings, the Hawker 900XP Aircraft Maintenance Manual, the Structural Repair Manual, the Overhaul (Component Maintenance) Manual, and/or the Chapter 20 Standard Practices – Airframe Manual.

Should there be additional structural items found damaged which are not addressed by this damage evaluation document, by the repair description, or by the documents listed in the General section of this report, contact Textron Aviation Team Structures for disposition. Care must be taken during the disassembly phase of the repair to avoid over-sizing the fastener holes. Existing fasteners should be identified and marked adjacent to the holes on the part to be removed before their removal. The removed part can then be used as a guide for fastener installation. If at any point there is any question as to which fastener should be used, contact Textron Aviation Team Structures. The manufacturing drawings will be researched, and correct data provided.

It is recommended that all the major ID inspections be accomplished in conjunction with the repairs. The inspection and repair documentation can be used as a basis for the return to service of the aircraft. Any deviation from the manufacturers recommendation contained within this report may result in loss of their ability to provide engineering, technical support or parts for this aircraft.

If the decision is made to repair certain damaged parts of the aircraft; Structures Engineering can evaluate and disposition the areas recommended for repair in the sections above. Although it is not appropriate to include engineering cost in this document, they can be provided to the repairing facility upon request once the repair evaluation is complete. Part costs and back ordered part lead times must be obtained by contacting Textron Aviation Parts Department (<https://parts.txtav.com>).