

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: SUMMERVILLE State: SC
 ZIP: 29483 Country: USA
 Latitude: 33.06N Longitude: 80.28 W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 05/18/2023 Local Time: 1208
mm/dd/yyyy Time Zone: EST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N255TH

Manufacturer: HONDA

Model: HA 420

Serial Number: 42000055

Year of Manufacture: 2017

Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____
 Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 10,700 lbs

Weight at Time of Accident/Incident: 9647 lbs

Number of Seats: 7 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: 5

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/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>GE</u>	<u>HF 120</u>	<u>883 247</u>	<u>07/28/2015</u>	<u>1997</u>	<u>1165</u>	<u>110</u>	
Eng. 2	<u>GE</u>	<u>HF 120</u>	<u>883 258</u>	<u>05/10/2016</u>	<u>1997</u>	<u>1165</u>	<u>110</u>	
Eng. 3								
Eng. 4								

Last Inspection Type 600 HOUR

100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 12/12/2022
mm/dd/yyyy

Airframe Total Time: 1165 hrs
 hours measured at (Select one)
 Last Inspection Time of Accident/Incident

Type of Maintenance Program (Select one)

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

Description of Fire Extinguishing System

None
 Specify: HANDHELD EXTINGUISHER
1 SQUAB EACH ENGINE

Propeller 1

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: _____

Model: _____

Propeller 2

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: Yes No

If Yes:

ELT Manufacturer: ELT 406 AF

Model or Part No.: S1851501-01

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No

Was ELT still connected to antenna? Yes No

Did ELT Activate? Yes No

If activated:

Did ELT Aid in Locating Aircraft: Yes No

If not activated:

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

Additional Equipment (Check all that apply)

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

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>UPFRONT SERVICES</u> Fractional Ownership Aircraft: Yes ☐ No ☒		City: <u>DOVER</u> State: <u>DE</u> ZIP: <u>19904</u> Country: <u>USA</u>	
Operator of Aircraft <u>Same As Registered Owner</u> Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<u>Same Address as Registered Owner</u> City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☒ 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 103 ☐ FAR 121 ☐ FAR 125 ☐ FAR 129 ☐ FAR 133 ☐ FAR 135 ☐ FAR 137 ☐ FAR 415 ☐ FAR 431 ☐ FAR 435 ☐ FAR 437 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi ☐ Domestic ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race/Show ☐ Banner Tow ☐ Business ☐ Executive/Corporate ☐ External Load ☐ Ferry ☐ Firefighting ☐ Flight Test ☐ Glider Tow ☐ Instructional ☐ Other Work Use ☒ Personal ☐ Positioning ☐ Skydiving ☐ Unknown	
Revenue Sightseeing Flight Yes ☐ No ☒	Air Medical Flight Yes ☐ No ☒		
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>DORCHESTER COUNTY AIRPORT</u> Airport Identifier: <u>DYB</u> Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A ☐		Distance From Airport Center: <u>0.43</u> sm Direction From Airport: <u>240</u> degrees true Airport Elevation: <u>56</u> ft. msl	
Runway Information Runway ID: <u>24</u> (L/R/C) Length: <u>5000</u> ft Width: <u>75</u> ft Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Concrete ☐ Dirt ☐ Grass/Turf ☐ Gravel ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Snow ☐ Water ☐ Unknown		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered ☐ Snow-Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation ☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☒ Wet ☐ Unknown	
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ Takeoff ☐ Initial Climb ☐ VFR Departure ☐ IFR Departure Procedure/Clearance ☒ On Instrument Approach ☒ Landing ☐ Downwind ☐ Base ☐ Final ☐ Crosswind ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☒ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Practice ☐ GPS ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☒ None ☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew
"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: DUSTY City of Residence: SUMMERSVILLE
 Middle Initial: L State: SC ZIP: 29483
 Last Name: GARUS Country: USA
 Age at time of Accident/Incident: 49 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 border="0"> <tr> <th>Available</th> <th>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
Available	Used																
☐ None	☐ None																
☐ Lap only	☐ Lap only																
☐ 3-point	☐ 3-point																
☒ 4-point	☒ 4-point																
☐ 5-point	☐ 5-point																
☐ Unknown	☐ Unknown																
Pilot Certificate(s) (Check all that apply) <table border="0"> <tr> <td>☐ None</td> <td>☐ Flight Instructor</td> <td>☒ Commercial</td> <td>☐ US Military</td> </tr> <tr> <td>☐ Private</td> <td>☐ Recreational</td> <td>☐ Airline Transport</td> <td>☐ Foreign</td> </tr> <tr> <td>☐ Student</td> <td>☐ Sport</td> <td>☐ Flight Engineer</td> <td></td> </tr> </table>				☐ None	☐ Flight Instructor	☒ Commercial	☐ US Military	☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign	☐ Student	☐ Sport	☐ Flight Engineer			
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☐ Student	☐ Sport	☐ Flight Engineer															
Principal Occupation ☐ Pilot ☒ Other <u>CONTRACTOR</u> ☐ 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 ☐ Special Issuance	Date of Last Medical <u>07/07/2022</u> mm/dd/yyyy														

Medical Certificate Limitations

MUST HAVE AVAILABLE GLASSES FOR NEAR VISION

Medical Certificate Special Issuance

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

03/27/2023
 mm/dd/yyyy

Flight Review Aircraft

Make: HONDA
 Model: HA420

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
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Type Ratings

CIRRUS SF50
HONDA HA420

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	1938.7	233.1	1798.7	240.0	467.1	752.8	46.1			
Pilot in Command (PIC)	1879.6	233.1	1639.6	233.1	462.9	752.8	35.3			
Time as Instructor										
This Make/Model					40.4	130.8	0			
Last 90 Days	70.1	49.8	20.3	49.8	3.8	28.2	0			
Last 30 Days	32.1	22.7	9.4	22.7	1.6	10.0	0			
Last 24 Hours	1.5	1.5	0	1.5	0.8	0.5	0			

"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: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> Certificate Number: _____																																																																																																				
Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Unknown Right Rear Center Single			Restraint Type 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																																																																																											
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance		Date of Last Medical _____ <i>mm/dd/yyyy</i>																																																																																													
Principal Occupation Pilot Other Unknown																																																																																																				
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Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport																																																																																														
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<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-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: 10%;">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: 10%;">Night</th> <th colspan="2" style="width: 15%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">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 CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	Left Center Right	None Minor Serious Fatal Unknown
Middle Initial: _____	State: _____ ZIP: _____	Front Rear Single Unknown	
Last Name: _____	Country: _____		
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 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
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	Left Center Right	None Minor Serious Fatal Unknown
Middle Initial: _____	State: _____ ZIP: _____	Front Rear Single Unknown	
Last Name: _____	Country: _____		
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 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
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age	
First Name: <u>TIMOTHY</u> City: <u>HAMAHAN</u> Middle Initial: <u>J</u> State: <u>SC</u> ZIP: <u>29410</u> Last Name: <u>SENGWICK</u> Country: <u>USA</u> Crew <u>Passenger</u> Other	Left Center <u>Right</u> Unknown Row: <u>3</u>	<u>None</u> Minor Serious Fatal Unknown	Available <u>None</u> <u>Lap Only</u> 3-point 4-point 5-point Unknown	Used <u>None</u> <u>Lap Only</u> 3-point 4-point 5-point Unknown	<u>Not Installed</u> Installed Not Deployed Deployed Unknown If Under 5, Child Restraint Lap-Held Unknown	<u>41</u> Under 5 years
First Name: <u>DONALD</u> City: <u>SUMMERVILLE</u> Middle Initial: <u>S</u> State: <u>SC</u> ZIP: <u>29485</u> Last Name: <u>BARFIELD</u> Country: <u>USA</u> Crew <u>Passenger</u> Other	<u>Left</u> Center Right Unknown Row: <u>3</u>	<u>None</u> Minor Serious Fatal Unknown	Available <u>None</u> <u>Lap Only</u> 3-point 4-point 5-point Unknown	Used <u>None</u> <u>Lap Only</u> 3-point 4-point 5-point Unknown	<u>Not Installed</u> Installed Not Deployed Deployed Unknown If Under 5, Child Restraint Lap-Held Unknown	<u>41</u> Under 5 years
First Name: <u>STEVEN</u> City: <u>BONNEAU</u> Middle Initial: _____ State: <u>SC</u> ZIP: <u>29431</u> Last Name: <u>GIBBS</u> Country: <u>USA</u> Crew <u>Passenger</u> Other	Left Center <u>Right</u> Unknown Row: <u>4</u>	<u>None</u> Minor Serious Fatal Unknown	Available <u>None</u> <u>Lap Only</u> 3-point 4-point 5-point Unknown	Used <u>None</u> <u>Lap Only</u> 3-point 4-point 5-point Unknown	<u>Not Installed</u> Installed Not Deployed Deployed Unknown If Under 5, Child Restraint Lap-Held Unknown	<u>59</u> Under 5 years
First Name: <u>MARGARET</u> City: <u>MT PLEASANT</u> Middle Initial: <u>S</u> State: <u>SC</u> ZIP: <u>29464</u> Last Name: <u>BARBER</u> Country: <u>USA</u> Crew <u>Passenger</u> Other	<u>Left</u> Center Right Unknown Row: <u>4</u>	<u>None</u> Minor Serious Fatal Unknown	Available <u>None</u> <u>Lap Only</u> 3-point 4-point 5-point Unknown	Used <u>None</u> <u>Lap Only</u> 3-point 4-point 5-point Unknown	<u>Not Installed</u> Installed Not Deployed Deployed Unknown If Under 5, Child Restraint Lap-Held Unknown	<u>57</u> Under 5 years

FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>UKF</u> City: <u>N. WILKESBORO</u> State: <u>NC</u> Country: <u>USA</u>		Time of Departure Time: <u>2330</u> Time Zone: <u>EST</u>		Destination Airport ID: <u>DJB</u> City: <u>SUMMERVILLE</u> State: <u>SC</u> Country: <u>USA</u>	
Type Flight Plan Filed None ☐ VFR/IFR ☒ Company VFR ☐ IFR ☒ Military VFR ☐ Unknown ☐ VFR ☐ Activated? ☒ Yes ☐ No ☐ Unknown					
Type of ATC Clearance/Service (Check all that apply) None ☐ Special VFR ☒ IFR ☐ Special IFR ☐ VFR On Top ☐ VFR Flight Following ☐ Traffic Advisory ☐ Cruise ☐ Unknown / NA ☐					
Airspace where the accident/incident occurred (Check all that apply) Class A ☐ <u>Class G</u> ☒ Class B ☐ Demo Area ☐ Class C ☐ Warning Area ☐ Class D ☐ Prohibited Area ☐ Class E ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ 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 ☒ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☒ On-Board Weather Company ☐ Military ☐ Internet ☒ None ☐ Unknown ☐			Weather Observation Facility Facility ID: <u>DJB AWOS</u> Observation Time: <u>0000</u> Time Zone: <u>EST</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>0</u> degrees true		
Basic Conditions ☒ VMC ☐ ☐ IMC ☐ ☐ Unknown		Light Condition Dawn ☐ Dusk ☐ Day ☐ <u>Night</u> ☒ Dark Night ☐ Unknown ☐ Bright Night ☐			
Sky/Lowest Cloud Condition Clear ☐ <u>Thin Broken</u> ☒ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered ☐		Ceiling None (Clear) ☐ Obscured ☐ ☒ Broken ☐ Indefinite ☐ Overcast ☐ Unknown ☐		Temperature: <u>20</u> (C) or _____ (F) Dew Point: <u>19</u> (C) or _____ (F) Altimeter Setting: <u>29.83</u> in. Hg or _____ MB	
Lowest Cloud Condition Height <u>7000</u> ft agl		Ceiling Height <u>7000</u> ft agl			
Wind Direction Variable ☐ -or- Direction: <u>270</u> degrees true	Wind Speed ☒ Calm ☐ Light and Variable ☐ -or- Speed: <u>3</u> kts	Wind Gusts ☒ Not Gusting ☐ -or- Speed: _____ kts	Visibility <u>10</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: <u>RNO ALTIMETER UNRELIABLE</u> <u>RNAV 24 DISREGARD DESCENT ANGLE 304</u> <u>NDB 06 MUST USE RNAV</u>					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

NOSE GEAR COLLAPSED AT SOME POINT OFF THE RUNWAY
SMALL FIRE STARTED UNDER RT WING AS WE EVACUATED.
FIRE SPREAD TO ENTIRE AIRCRAFT BEFORE EMERGENCY PERSONNEL & EQUIPMENT ARRIVED
NO DAMAGE TO OTHER PROPERTY

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.

ATTACHED ON SEPARATE PAGE

DEPARTED UKF AT 2330 EST ON 05/17/2023 TOOK 150 GAL JETA

ARRIVED DYB AT 0008 EST ON 05/18/2023

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

Operator/Owner Safety Recommendation

- I WAS LIGHT
- I FLEW A STABILIZED APPROACH
- I LANDED EARLY IN THE TOZ
- I FIRMLY PLANTED ALL THREE WHEELS
- I BEGAN BRAKING IMMEDIATELY & FIRMLY
- THE BRAKING SYSTEM DID NOT REACT PROPERLY!
- THE RUNWAY WAS WET BUT NOT FLOODED.
- THIS JET IS NOT BEING MARKETED PROPERLY.
- IT IS NOT SAFE ON A WET 5000 FT RUN BUT NOBODY WILL SAY THAT
- WE WERE TOLD AS A THUMBRULE & GOOD PERSONAL MINIMUM 4000 FT DRY
5000 FT WET

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.)

SOMETHING MALFUNCTIONED WITH THE BRAKE SYSTEM.
THE ANTI-SKID SYSTEM PULSED OFF FOR VERY LONG PERIODS OF TIME
FINALLY WHEN THE BRAKES PULSED ON, THE LEFT ONE ONLY CAME ON
AND YANKED THE PLANE HARD LEFT.

Total Time/Cycles
On Part

1165 Hours

1056 Cycles

Time Since This Part
Inspected/Overhauled

15.5 Hours

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

284

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

NONE

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

ALL OCCUPANTS EXITED VIA THE MAIN CABIN DOOR

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
SubstantialMinor
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

05/27/2023
mm/dd/yyyy

Name of Pilot/Operator

Signature: _____

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
ERA23FA235

Reviewed by NTSB Regional Office
ERA

Name of Investigator
L. Read

Date Report Received
5/30/2023

From: Dusty Garus [REDACTED]
Subject: Accident Statement
Date: May 18, 2023 at 19:33:26
To: Charles E Lewis [REDACTED]

Charles,

Thank you very much for all of your assistance so far. Please see my statement below regarding the accident this morning.

Accident Statement

I have been landing airplanes on this runway since 1998. I have landed the Honda Jet numerous times at this airport on a wet runway.

It had rained heavy about an hour prior to our arrival and there was water on the runway. I actually took extra time getting to the Wilkes County Airport (UKF) in order to delay our departure to allow heavy rain to pass in Summerville (DYB) prior to our arrival.

On approach I flew the RNAV 24 coupled to AP and took over hand-flying around 600 ft. The wind was calm, precipitation was light, if any, and ceilings were 7000 broken. I made the final approach at Vref with full flaps and touched down early in the TDZ. I then applied full brake

pressure.

The brakes immediately began to pulsate in anti-skid mode and because of that, very little braking effort was being done to slow the plane despite full pedal pressure.

It became apparent about halfway down the runway that we wouldn't make the turn off at the second taxiway like we normally do but I was not concerned because there was plenty of remaining runway and this plane has always stopped with reserve length remaining even when this runway is wet.

At one point I briefly considered a go-around but the left brake grabbed suddenly and sent us into a hard turn. This began a sequence of left and right skids while I worked to maintain directional control between the left and right runway edges. At that point there wasn't enough runway remaining to power up for a go-around.

We went off the end of the threshold, slid through the grass and down an embankment before coming to a hard stop. The right wing caught on fire. I secured the fuel and electrical, grabbed the fire extinguisher and we all evacuated safely.

Respectfully,

Dusty Garus