

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: Saipan State: MP
 ZIP: 96950 Country: USA - Northern Mariana Islands
 Latitude: N15°7.22' Longitude: E145°43.80'
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 08/30/2017 Local Time: 18:08
mm/dd/yyyy
 Time Zone: CHST

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

AIRCRAFT INFORMATION

Registration Number: N4078J

Manufacturer: Piper

Model: PA-31-350

Serial Number: 31-8152057

Year of Manufacture: 1981

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 7368 lbs

Weight at Time of Accident/Incident: 6860 lbs

Number of Seats: 10 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 9

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

- ☒ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☐ Utility
- ☐ Certificate of Authorization or Waiver (COA)
- ☐ None

Special

- ☐ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ Special Light-Sport
- ☐ Experimental Light-Sport
- ☐ Unknown

Landing Gear

(Check all that apply)

☒ Retractable

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

Engine Type *(Select one)*

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

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 <i>(hours)</i>	Time Since: Inspection <i>(hours)</i>	Overhaul <i>(hours)</i>
Eng. 1	Lycoming	TIO-540-J2BD	RL-7215-61A	05/19/2015	350	1153.3	31.8	1153.3
Eng. 2	Lycoming	LTIO-540-J2BD	RL-2166-68A	04/24/2014	350	1593.0	31.8	1593.0
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 08/02/2017
mm/dd/yyyy

Airframe Total Time: 9341.1 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: _____

Propeller 1

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

Manufacturer: Hartzell

Model: HC-E3YR-2ATF/F8468-6R

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Ameriking

Model or Part No.: AK-350

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

Propeller 2

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

Manufacturer: Hartzell

Model: HC-E3YR-2ALTF/FJC8468-6R

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>Marianas Transportation Management Solutions, Inc.</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Saipan</u> State: <u>MP</u> ZIP: <u>96950</u> Country: <u>USA - N. Mariana Islands</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Star Marianas Air, Inc.</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): <u>1SMA</u>		☐ Same Address as Registered Owner City: <u>Tinian</u> State: <u>MP</u> ZIP: <u>96950</u> Country: <u>USA - N. Mariana Islands</u>	
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 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 <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 ☒ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☒ Passenger ☐ Cargo ☐ Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ 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 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>Saipan International Airport</u> Airport Identifier: <u>GSN / PGSN</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>0</u> sm Direction From Airport: <u>On Airport</u> degrees true Airport Elevation: <u>207.6</u> ft. msl	
Runway Information Runway ID: <u>24</u> (L/R/C) Length: <u>7001</u> ft Width: <u>100</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-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Slush-Covered ☐ Vegetation ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ 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 <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual ☐ VOR/DME ☐ Localizer Only ☐ Contact ☐ TACAN ☐ LOC-back course ☐ Circling ☐ RNAV ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ 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																																																																																																				
"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: <u>Jun</u> Middle Initial: _____ Last Name: <u>Shimada</u> Age at time of Accident/Incident: <u>43</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: _____ City of Residence: <u>Saipan</u> State: <u>MP</u> ZIP: <u>96950</u> Country: <u>USA - Northern Mariana Islands</u>																																																																																																				
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 <u>04/13/2017</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations NONE																																																																																																				
Medical Certificate Special Issuance NONE																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>04/18/2017</u> mm/dd/yyyy						Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA-31-350</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 ☐ Instrument Airplane ☐ Airplane Multi-Engine ☐ Instrument Helicopter ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Glider ☐ Sport																																																																																														
Type Ratings						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td style="padding: 5px;">5,847</td> <td style="padding: 5px;">2,005</td> <td style="padding: 5px;">3,760</td> <td style="padding: 5px;">2,086</td> <td style="padding: 5px;">266</td> <td style="padding: 5px;">122</td> <td style="padding: 5px;">100</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td style="padding: 5px;">5,714</td> <td style="padding: 5px;">2,005</td> <td style="padding: 5px;">3,700</td> <td style="padding: 5px;">2,030</td> <td style="padding: 5px;">260</td> <td style="padding: 5px;">122</td> <td style="padding: 5px;">20</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">68</td> <td style="padding: 5px;">122</td> <td style="padding: 5px;">4</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td style="padding: 5px;">186</td> <td style="padding: 5px;">184</td> <td style="padding: 5px;">1</td> <td style="padding: 5px;">184</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">9</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td style="padding: 5px;">128</td> <td style="padding: 5px;">121</td> <td style="padding: 5px;">1</td> <td style="padding: 5px;">121</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">7</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td style="padding: 5px;">6</td> <td style="padding: 5px;">6</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">6</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</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	5,847	2,005	3,760	2,086	266	122	100	0	0	0	Pilot in Command (PIC)	5,714	2,005	3,700	2,030	260	122	20	0	0	0	Time as Instructor	0	0	0	0	0	0	0	0	0	0	This Make/Model					68	122	4				Last 90 Days	186	184	1	184	0	9	0	0	0	0	Last 30 Days	128	121	1	121	0	7	0	0	0	0	Last 24 Hours	6	6	0	6	0	0	0	0	0	0
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Last 30 Days	128	121	1	121	0	7	0	0	0	0																																																																																										
Last 24 Hours	6	6	0	6	0	0	0	0	0	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: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ 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	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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Pilot Certificate(s) (Check all that apply) <table style="width: 100%;"> <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		Medical Certificate <table style="width: 100%;"> <tr> <td>☐ None</td> <td>☐ Class 3</td> </tr> <tr> <td>☐ Class 1</td> <td>☐ Driver's License (Sport Pilot only)</td> </tr> <tr> <td>☐ Class 2</td> <td>☐ Unknown</td> </tr> </table>		☐ None	☐ Class 3	☐ Class 1	☐ Driver's License (Sport Pilot only)	☐ Class 2	☐ Unknown
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Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	Date of Last Medical _____ mm/dd/yyyy																		

Medical Certificate Limitations

Medical Certificate Special Issuance

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 ☐ 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) <table style="width: 100%;"> <tr> <td> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift </td> <td> ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport </td> </tr> </table>	☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift	☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift	☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport				

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)												
Crew Name and Address First Name: <u>Mahabubur</u> City of Residence: <u>Saipan</u> Middle Initial: _____ State: <u>MP</u> ZIP: <u>96950</u> Last Name: <u>Rahaman</u> Country: <u>USA</u>					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 First Name: <u>Martin</u> City: <u>Saipan</u> Middle Initial: _____ State: <u>MP</u> ZIP: <u>96950</u> Last Name: <u>Perillo</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other			Seat ☐ Left ☐ Center ☐ Right ☒ Unknown Row: <u>3</u>	Injury ☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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		Age ☐ Under 5 years If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown			
First Name: <u>Manuel</u> City: <u>Saipan</u> Middle Initial: _____ State: <u>MP</u> ZIP: <u>96950</u> Last Name: <u>Ignacio</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☒ Unknown Row: <u>3</u>	☒ 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: <u>Ranilo</u> City: <u>Saipan</u> Middle Initial: _____ State: <u>MP</u> ZIP: <u>96950</u> Last Name: <u>Manzano</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☒ Unknown Row: <u>4</u>	☒ 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: <u>Nicolas</u> City: <u>Saipan</u> Middle Initial: _____ State: <u>MP</u> ZIP: <u>96950</u> Last Name: <u>Carreon</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☒ Unknown Row: <u>4</u>	☒ 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>PGRO</u> City: <u>Rota</u> State: <u>MP</u> Country: <u>USA</u>	Time of Departure Time: <u>16:45</u> Time Zone: <u>ChST</u>	Destination Airport ID: <u>PGSN</u> City: <u>Saipan</u> State: <u>MP</u> Country: _____	Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company VFR ☒ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☒ No ☐ Unknown
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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 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>PGSN</u> Observation Time: <u>0754</u> Time Zone: <u>Zulu</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: _____ degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☒ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered	Ceiling ☐ None (Clear) ☐ Obscured ☒ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	Temperature: <u>27</u> (C) or _____ (F) Dew Point: <u>24</u> (C) or _____ (F) Altimeter Setting: <u>29.79</u> in. Hg or _____ MB
Lowest Cloud Condition Height <u>2700</u> ft agl	Ceiling Height <u>9000</u> ft agl	

Wind Direction ☐ Variable - or - Direction: <u>200</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable - or - Speed: <u>06</u> kts	Wind Gusts ☒ Not Gusting - or - Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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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
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Icing Forecast Amount Type ☒ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown	Icing Actual Amount Type ☒ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown	Turbulence Type (Check all that apply) ☒ None ☐ Light ☐ Clear Air ☐ Moderate ☐ Terrain-Induced ☐ Severe ☐ Convective Turbulence ☐ Extreme
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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)*

Damage consistent with "gear-up" landing including: propeller blade tip erosion due to contact with ground (engines shutdown and propellers feathered); left and right wing flaps dented at trailing edge; pitot tubes missing; right inboard gear door dented / bent; center fuselage skin damaged and several holes in skin where antennas were removed due to contact with ground; left wing tip skin scraped and a small dent in left wing outboard lower skin.

Left wing inboard leading edge dented consistent with bird impact.

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.

At approximately 16:40 CHST the aircraft departed Rota International Airport (PGRO) on a 14 CFR 135 scheduled passenger flight bound for Saipan International Airport (PGSN). The flight departed VFR and the pilot had intended to pick up a previously filed IFR Flight Plan after departure.

Shortly after becoming airborne at approximately 150 feet AGL, near the departure end of Runway 27, and during the landing gear retraction phase of flight, the pilot reported flying through a flock of 10-20 medium sized birds and had reason to believe that there were multiple bird strikes. The landing gear unlock "red" indicator light remained illuminated and the landing gear handle did not return to the "up neutral position". The pilot was able to visually verify through the nacelle mirror that the nose landing gear had fully retracted. The pilot did note any degradation of performance during climb or abnormalities in engine indications and performance. The pilot opted to continue to climb to altitude and proceed towards the intended destination of Saipan. The flight path allowed him to overfly the company's maintenance base on the island of Tinian 10 miles south of Saipan.

At approximately 17:00 CHST and 20 miles from Saipan, the pilot attempted a test extension of the landing gear. The pilot noted little resistance in the gear selector handle and no change to the landing gear indicating system which was still indicating red. The pilot then contacted Tinian Flight Service Station and requested company maintenance personnel be notified of a possible problem with the landing gear and that he would be making low passes over the Tinian airport so that a visual assessment could be made from the ground.

At approximately 17:15 CHST company maintenance personnel on the ground on Tinian were able to visually verify that the nose landing gear and left main landing gear appeared to be fully retracted, but the right main landing gear and both left and right main inboard gear doors were extended. Several attempts were made to re-cycle the landing gear up and down and the emergency landing gear extension checklist which utilizes a hand pump system was performed with no change to the observable configuration of the gear or gear doors. The pilot reported little to no resistance in the hand pump. Maintenance personnel also requested that the pilot attempt to cycle the aircraft's electrical system off and back on and to de-activate the landing gear safety circuit breaker to see if any observable change would take place. No change to the landing gear position was seen and no change to the aircraft's gear indication was observed.

At approximately 17:30 CHST in coordination with company flight and maintenance personnel the pilot proceeded to Saipan and continued to fly to reduce the fuel on board which was estimated at 45 minutes remaining. Saipan ATC was notified by telephone of the situation and Airport Rescue and Fire Fighting Support was requested.

At 18:06 CHST the aircraft was cleared to land on Temporary Runway 24. At 18:08 CHST the aircraft landed on runway 24. During the landing the right gear retracted and the left wing tip contacted the ground causing the aircraft to veer to the left off the runway and onto the grass between runways 24 and 25 approximately 75 feet west of Taxiway Delta. The five passengers on board exited the aircraft through the right emergency exit and the pilot and non-pilot crewmember exited via the aircraft's left forward crew door. Although no fire or smoke was observed, ARFF personnel discharged foam around the aircraft once the passengers and crew had exited.

At 18:10 CHST company emergency response personnel requested access to the scene to assist with securing the aircraft and disconnecting the battery but were denied access by the Commonwealth Ports Authority Police. At 18:24 CHST the 5 passengers and the non-pilot crewmember was transported from the aircraft to the Commuter Terminal by the Commonwealth Ports Authority Airport Operations pick-up truck. At 18:28 CHST company maintenance personnel were permitted to the scene where they were requested by the ARFF IIC to disconnect the aircraft's battery.

Post accident visual inspection revealed blood spatter on both the left and right horizontal stabilizers and elevators; a dent in the left wing inboard leading edge; and blood spatter on the right side fuselage from the first window aft of the co-pilot seat to the 3rd window aft of the co-pilot seat.



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

Operator/Owner Safety Recommendation

1. Airport wildlife mitigation and hazard prevention program should be implemented.

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 INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

80 _____ Gallons

Fuel Type

☐ 80/87☐ 115/145☐ Jet B☐ Other, specify _____☒ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive

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

5 passengers evacuated through the aircraft's right overwing emergency exit.

The pilot and non-pilot crewmember exited via the forward crew door next to the pilot's seat.

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.

Passengers/Other Personnel Information Continued from Page 7:

Passenger Name & Address: Kenneth Atalogue; Saipan, MP 96950 USA

Seat: Unknown; Row: 5

Injury: None

Restraint Type: Lap Only Available and Used

Inflatable Restraints: Not Installed

Age: Over 5 Years

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

Date of this Report

09/05/2017

mm/dd/yyyy

Name of Pilot/Operator: Star Marianas Air, Inc.

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.
GAA17CA570

Reviewed by NTSB Regional Office
GAA

Name of Investigator
JACKIE VANOVER

Date Report Received
9/5/2017