

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: Geneva State: Florida

ZIP: _____ Country: United States

Latitude: 28.76582° Longitude: -081.06607°

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 12/08/17 Local Time: 11:13

mm/dd/yyyy

Time Zone: Eastern

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

AIRCRAFT INFORMATION

Registration Number: N19LW

Manufacturer: Beech

Model: King Air C90

Serial Number: LJ-991

Year of Manufacture: 1981

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 10,400 lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 8 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 6

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
- ☐ 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	Pratt & Whitney	PT6A-21	PCE24963	1981	550	10571.2		6568.1
Eng. 2	Pratt & Whitney	PT6A-21	PCE24962	1981	550	10571.2		6568.1
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 10/13/17
mm/dd/yyyy

Airframe Total Time: 10571.2 hrs

hours measured at (Select one)

☒ Last Inspection ☐ Time of Accident/Incident

Propeller 1

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

Manufacturer: Hartzell

Model: HC-B3TN-3B

Propeller 2

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

Manufacturer: Hartzell

Model: HC-B3TN-3B

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

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: _____

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: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Plane Marketing LLCCity: Vero BeachState: Florida

ZIP: _____

Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: United States**Operator of Aircraft**☐ Same As Registered Owner☐ Same Address as Registered OwnerName: L3City: SanfordDoing Business As: L3 Commercial Training SolutionsState: FloridaZIP: 32773

Air Carrier/Operator Designator (4 Character Code): _____

Country: United States**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 Sightseeing 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: _____

Airport Identifier: _____

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: _____ (L/R/C) Length: _____ ft Width: _____ 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**"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: Kamalesh

City of Residence: Sanford

Middle Initial: S

State: Florida ZIP: 32773

Last Name: Naik

Country: United States

Age at time of Accident/Incident: 56 Date of Birth: 1961 mm/dd/yyyy

Certificate Number:

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

08/19/2017
mm/dd/yyyy

Medical Certificate Limitations

Must Wear Corrective Lenses

Medical Certificate Special Issuance**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

03/31/2017
mm/dd/yyyy

Flight Review Aircraft

Make: Piper

Model: PA-28R Arrow

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

SF-340

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	4,800	357								
Pilot in Command (PIC)		357								
Time as Instructor		352								
This Make/Model										
Last 90 Days	233	139	93	139	2					
Last 30 Days	62	22	39	22	0					
Last 24 Hours	6	6	0	6	0					

“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident

“Flight Crewmember 2” was pilot flying ☐ Yes ☐ No

First Name: Xupeng City of Residence: Sanford
Middle Initial: _____ State: FL ZIP: 32771
Last Name: Hou Country: United States
Age at time of Accident/Incident: 23 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 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) <i>(Check all that apply)</i> ☐ 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>12/08/2016</u> <i>mm/dd/yyyy</i>

Must wear corrective lenses.

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	Flight Review Aircraft
11/30/2017 mm/dd/yyyy	Make: Piper Model: PA-44-180 Seminole

Airplane Rating(s) (Check all that apply)	Other Aircraft Rating(s) (Check all that apply)	Instrument Rating(s) (Check all that apply)	Instructor Rating(s) (Check all that apply)
☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift	☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings	Student Endorsements <i>(Include dates)</i>
None	

[illegible]

"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: Tao

City of Residence: Sanford

Middle Initial: _____

State: Florida ZIP: 32773

Last Name: Men

Country: United States

Age at time of Accident/Incident: 22 Date of Birth: 1995 mm/dd/yyyy

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

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

10/13/2016
 mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Issuance

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

11/30/2017
 mm/dd/yyyy

Flight Review Aircraft

Make: Piper

Model: PA44 Seminole

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

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	230	0	193	37	21	16	50			
Pilot in Command (PIC)	125	0	125	0	7	16	41			
Time as Instructor	0	0	0	0	0	0	0			
This Make/Model					0	0	0			
Last 90 Days	42	0	42	42	9	0	5			
Last 30 Days		0	0	19	6	4	0			
Last 24 Hours	0	0	0	0	0	0	0			

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied	Injury
First Name: <u>Xupeng</u>	City of Residence: <u>Sanford</u>	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: <u>Florida</u> ZIP: <u>32773</u>	☐ Center ☒ Rear	☐ Minor
Last Name: <u>Hou</u>	Country: <u>United States</u>	☐ Right ☐ Single	☐ Serious
		☐ Unknown	☐ Fatal
			☒ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	☒ Not Installed
☐ Private	☐ Recreational	☐ None	☐ Installed
☐ Student	☐ Sport	☐ Lap Only	☐ Not Deployed
	☒ Commercial	☐ 3-point	☐ Deployed
	☐ Airline Transport	☐ 4-point	☐ Unknown
	☐ Flight Engineer	☐ 5-point	
		☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☒ No		Total Flight Time at the Time of this Accident/Incident: <u>248</u> hrs	

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center ☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right ☐ Single	☐ Serious
		☐ Unknown	☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	☐ Not Installed
☐ Private	☐ Recreational	☐ None	☐ Installed
☐ Student	☐ Sport	☐ Lap Only	☐ Not Deployed
	☐ Commercial	☐ 3-point	☐ Deployed
	☐ Airline Transport	☐ 4-point	☐ Unknown
	☐ Flight Engineer	☐ 5-point	
		☐ 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: _____	☐ Left	☐ None	Available	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ Installed	If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Not Deployed	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ Deployed	
Row: _____	☐ Unknown	☐ Unknown	☐ 4-point	☐ Unknown	
First Name: _____ City: _____	☐ Left	☐ None	Available	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ Installed	If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Not Deployed	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ Deployed	
Row: _____	☐ Unknown	☐ Unknown	☐ 4-point	☐ Unknown	
First Name: _____ City: _____	☐ Left	☐ None	Available	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ Installed	If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Not Deployed	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ Deployed	
Row: _____	☐ Unknown	☐ Unknown	☐ 4-point	☐ Unknown	
First Name: _____ City: _____	☐ Left	☐ None	Available	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ Installed	If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Not Deployed	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ Deployed	
Row: _____	☐ Unknown	☐ Unknown	☐ 4-point	☐ Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KSFB

City: Sanford

State: Florida

Country: United States

Time of Departure

Time: 07:53

Time Zone: Eastern

Destination

Airport ID: KSFB

City: Sanford

State: Florida

Country: United States

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 ☐ 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:

3000 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: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ nm

Direction from Accident Site: _____ degrees true

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: 22 (C) or _____ (F)

Dew Point: 19 (C) or _____ (F)

Altimeter Setting: 29.89 in. Hg
 or _____ MB

Lowest Cloud Condition Height

_____ ft agl

Ceiling Height

800 ft agl

Wind Direction

☐ Variable

-or-
 Direction: 160 degrees true

Wind Speed

☐ Calm
☐ Light and Variable

-or-
 Speed: 6 kts

Wind Gusts

☒ Not Gusting

-or-
 Speed: _____ kts

Visibility 10 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 ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☒ Unknown

Icing Actual

Amount ☒ 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

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)*

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.

On Friday, December 8, 2017, Connection 900 departed Sanford International Airport (KSFB) en route to Baldwin County Airport (KMLJ) as a high performance, turbine transition instructional flight. Nearing Baldwin County, from information gathered off FlightAware, it appears the crew decided to divert and return to Sanford due to weather and thunderstorm activity in the area. The flight returned to Sanford and executed an approach to runway 9L. It is uncertain at this time if the flight executed a touch and go or a low approach. In either case, Connection 900 departed to the East with the intent to execute a secondary practice approach. During this time, Sanford airport reversed from east to west operations. During which, Connection 900 was advised of the directional change in operations and received vectors for an approach to 27R. While receiving vectors, Connection 900 requested a minute to get set up for the approach. The request was given with instruction to fly a heading of 120°. In just under two minutes, Connection 900 declared ready and was given an altitude of 1600' and shortly after, a heading of 180°. At this same time, Connection 900 advised ATC that they would like another practice ILS after the current one. After another minute had elapsed, Connection 900 was cleared for the ILS 27R approach and given the instruction to turn right heading 240, five from UTIMY, maintain 1600' until established. Connection 900 responded and read back instructions. At a little over one minute later, ATC requested base reports from Connection 900 to pass along to tower and received a response of what sounded as "OK, WILCO" in return. 41 seconds later, Connection 900 was given a low altitude alert and instructed to maintain 1600 until established with no response. ATC reissued the alert with instructions to climb immediately to 1600. Connection 900 responded with what sounded as "I am sir, I am, I am". Thirteen seconds later, ATC requested an ident from Connection 900 with no verbal response. Twenty seconds after the ident request, ATC instructed Connection 900 to climb to 3000' and canceled the approach clearance and still received no verbal response. After 25 seconds had elapsed with no response, ATC tried again to contact the flight with no response. 14 seconds later, ATC attempted once again to contact with no response. After an additional minute, 29 seconds, ATC attempted a third time to contact Connection 900, again with no response. Another minute and a half after the final attempt to directly contact Connection 900, ATC contacted a company aircraft in an attempt to contact the flight through a company frequency.

At 11:25 A.M. local time, the Manager of Flight Safety was notified by Airport Operations one of our aircraft had possibly gone down. At 11:29, Sanford Tower also contacted the Manager of Flight Safety to likewise notify of the possible aircraft accident. He also stated that the Sheriff's helicopter had been dispatched to begin search and rescue operations. At 11:46, Sanford Tower contacted the Manager of Flight Safety and confirmed the aircraft had gone down in Lake Harney and had been found. At 11:55, Airport Operations were instructed to notify the Orlando FSDO and NTSB of the accident.

Immediately after receiving word of the possible accident, the Manager of Flight Safety attempted to locate a history track of the aircraft using FlightAware and Opsvue. The track showed that during the final moments of the flight, while intercepting final, it appeared that Connection 900 descended to an altitude of around 850-900' MSL. The aircraft then appeared to turn to a heading of around 170-175° from the initial 275° heading. Climb to around 2700-3000' before turning again to a heading of around 120° and descended to 1700-1800' before disappearing from radar at 11:14 A.M. local time.

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

Operator/Owner Safety Recommendation

Unknown at this time. Pending further review and investigation into the accident.

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.)

Unknown at this time. Pending further investigation.

**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)

387 _____ 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 AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft

Model: _____

☐ 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

12/9/2017

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: Wade Hawker

Title: Manager of Flight Safety

Signature: _____

-- or --

☐

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

WPR18FA045

Reviewed by NTSB Regional Office

WPR

Name of Investigator

Joshua Cawthra

Date Report Received

12/9/2017