

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: KMYF State: CA
ZIP: 92123 Country: USA
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 02/13/2021 Local Time: 11:22
mm/dd/yyyy Time Zone: PST

Collision with Other Aircraft: Midair On-ground • None

AIRCRAFT INFORMATION

Registration Number: N923RL

Manufacturer: DASSAULT

Model: FALCON 900EX EASY

Serial Number: 201

Year of Manufacture: 2013

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 49000 lbs

Weight at Time of Accident/Incident: 45500 lbs

Number of Seats: 13 Flight Crew Seats: 5

Cabin Crew Seats: 2 Passenger Seats: 13

Number of Engines: 3

Category of Aircraft

- Airplane
- Balloon
- Blimp/Dirigible
- Glider
- Gyroplane
- Helicopter
- Powered Lift
- Rocket
- Ultralight
- Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard Special

- Normal Restricted
- Aerobatic Limited
- Balloon Provisional
- Commuter Special Flight
- Transport Experimental
- Utility Special Light-Sport
- Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear

(Check all that apply)

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

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	HONEYWELL	TFE 731-60-1C	P112739	12/31/2019	4750	29732		
Eng. 2	HONEYWELL	TFE 731-60-1C	P112741	12/31/2019	4750	2973		
Eng. 3	HONEYWELL	TFE 731-60-1C	P112734	12/31/2019	4750	2976.2		
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 06/18/2020

mm/dd/yyyy

Airframe Total Time: 2073.2 2914.9 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
- MULTIPLE FIRE BOTTLES
- Specify: FOR ENGINES, APU & BAGGAGE

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: ELTA

Model or Part No.: ADT406AF 01N65900

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>[REDACTED]</u> Fractional Ownership Aircraft: Yes ☐ No ☒			City: <u>SAN DIEGO</u> State: <u>CA</u> ZIP: <u>92123</u> Country: <u>USA</u>	
Operator of Aircraft <i>Same As Registered Owner</i> Name: <u>AEROSPIKE IRON LLC</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____			Same Address as Registered Owner 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 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 ☐ Non-Scheduled or Air Taxi ☐ Domestic ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only		
Revenue Sightseeing Flight Yes ☐ No ☒	Air Medical Flight Yes ☐ No ☒	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		
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>MONTGOMERY-GIBBS EXECUTIVE AIRPORT</u> Airport Identifier: <u>KMYF</u> Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A ☐			Distance From Airport Center: <u>N/A</u> sm Direction From Airport: <u>N/A</u> degrees true Airport Elevation: <u>427</u> ft. msl	
Runway Information Runway ID: <u>28R</u> (L/R/C) Length: <u>4599</u> ft Width: <u>150</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 ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow				
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 ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ TACAN ☐ Localizer Only ☐ LOC-back course ☐ 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>SCOTT</u> City of Residence: <u>COLORADO SPRINGS</u> Middle Initial: <u>L</u> State: <u>CO</u> ZIP: <u>80920</u> Last Name: <u>KITCHENS</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>51</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown		Restraint Type <table style="width: 100%; border: none;"> <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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Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Medical Certificate Limitations MUST HAVE NEAR VISION GLASSES AVAILABLE																																																																																															
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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 ☐ Glider ☐ Sport																																																																																														
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<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;">8900</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">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	8900										Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 2" was pilot flying Yes ☐ No ☒

"Flight Crewmember 2" Identification

First Name: NATHAN City of Residence: SAN DIEGO
 Middle Initial: D State: CA ZIP: 92130
 Last Name: RUSSELL Country: USA
 Age at time of Accident/Incident: 34 Date of Birth: 1/19/86 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 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) ☐ 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>11/18/2019</u> mm/dd/yyyy														

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 09/29/2020
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) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☒ Instrument Helicopter ☒ Helicopter ☐ Glider ☐ Sport
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Type Ratings

DA 900 EASY

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	567.5	16.7	121.4	66.6	69.6	6.1	101.2	379.5		
Pilot in Command (PIC)	406.4	16.7	70.7	39.5				296.2		
Time as Instructor	0	0	0	0	0	0	0	0		
This Make/Model					2	.5	0			
Last 90 Days	64.6	14	0	14		.5	0	49.1		
Last 30 Days	23.5	8.5	0	8.5		.5	0	15		
Last 24 Hours	2.1	0	0	0	2.1	0	0	2.1		

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Address					Seat Occupied		Injury			
First Name: <u>TIFFANY</u> City of Residence: <u>LAS ANGELES</u> Middle Initial: _____ State: <u>CA</u> ZIP: _____ Last Name: <u>ROSEDALE</u> Country: <u>USA</u>					Left Center Right		Front Rear Single Unknown		☒ 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 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: <u>N/A</u> hrs					
Crew Name and Address					Seat Occupied		Injury			
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right		Front Rear Single Unknown		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 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: _____ City: <u>SAN DIEGO</u> Middle Initial: _____ State: <u>CA</u> ZIP: <u>92123</u> Last Name: _____ Country: <u>USA</u>			☒ Left Center Right Unknown Row: <u>4</u>	☒ None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only ☒ 3-point ☒ 3-point 4-point 4-point 5-point 5-point Unknown Unknown		☒ Not Installed Installed Not Deployed Deployed Unknown	☒ Under 5 years If Under 5, Child Restraint Lap-Held Unknown		
Crew ☒ Passenger Other										
First Name: _____ City: <u>SANDIEGO</u> Middle Initial: _____ State: <u>CA</u> ZIP: <u>92123</u> Last Name: _____ Country: <u>USA</u>			Left Center ☒ Right Unknown Row: <u>4</u>	☒ None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only ☒ 3-point ☒ 3-point 4-point 4-point 5-point 5-point Unknown Unknown		☒ Not Installed Installed Not Deployed Deployed Unknown	☒ Under 5 years If Under 5, Child Restraint Lap-Held Unknown		
Crew ☒ Passenger Other										
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown		
Crew Passenger Other										
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown		
Crew Passenger Other										

FLIGHT ITINERARY INFORMATION						
Last Departure Point Airport ID: <u>KNYF</u> City: <u>SAN DIEGO</u> State: <u>CA</u> Country: <u>USA</u>		Time of Departure Time: <u>11:22</u> Time Zone: <u>PST</u>		Destination Airport ID: <u>PHKO</u> City: <u>KONA</u> State: <u>HI</u> Country: <u>USA</u>		Type Flight Plan Filed None Company VFR Military VFR VFR VFR/IFR ☒ IFR Unknown Activated? Yes No Unknown
Type of ATC Clearance/Service (Check all that apply) None VFR 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 Class B Class C ☒ Class D Class E Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 Special Air Traffic Control Area Unknown 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>KNYF</u> Observation Time: <u>1100</u> Time Zone: <u>PST</u> Distance from Accident Site: <u>N/A</u> nm Direction from Accident Site: <u>N/A</u> degrees true			
Basic Conditions ☒ VMC IMC Unknown		Light Condition Dawn ☒ Day Dusk Night Dark Night Bright Night Unknown				
Sky/Lowest Cloud Condition Clear Few Partial Obscuration Scattered ☒ Thin Broken Thin Overcast Unknown Lowest Cloud Condition Height _____ ft agl		Ceiling None (Clear) ☒ Broken Overcast Obscured Indefinite Unknown Ceiling Height _____ ft agl		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>3004</u> in. Hg or _____ MB		
Wind Direction Variable - or - Direction: <u>210</u> degrees true	Wind Speed Calm Light and Variable - or - Speed: _____ 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 Rain Snow Hail Rain Showers Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle		Restriction to Visibility (Check all that apply) ☒ None Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust Fog Ground Fog Haze Ice Fog Smoke Unknown		
Icing Forecast Amount ☒ None Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown		Icing Actual Amount ☒ None Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown		Turbulence Type (Check all that apply) ☒ None Clear Air Terrain-Induced Convective Turbulence Severity Light Moderate Severe Extreme		
NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident: 						

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

None ☒ Substantial
Minor Destroyed
Unknown

Aircraft Fire

☒ None Both Ground and In-Flight
In-Flight Fire at Unknown Time
On-Ground Unknown

Aircraft Explosion

☒ None Both Ground and In-Flight
In-Flight Explosion at Unknown Time
On-Ground Unknown

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

LANDING GEAR FELL OFF
WING DAMAGE
BELLY DAMAGE

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.

ENTERED RUNWAY 28R AKMYF, HELD BREAKS, WENT TO FULL POWER
CHECKED POWER, RELEASED BREAKS, VERBALIZED AIRSPEED ALIVE, 80 KTS
WERE TAKING OFF, PF TOOK FLIGHT CONTROLS, VERBALIZED V1, ROTATE
VERBALIZED AT VR, PF PULLED CONTROLS ALL THE WAY TO REAR,
NO PERCEPTIBLE CHANGE IN AIRCRAFT, PF NEUTRALIZED CONTROLS
AND RAPIDLY PULLED TO REAR AGAIN, WHEN WE REALIZED THE
PLANE WAS NOT LIFTING PF CALLED THE ABORT, BROUGHT ENGINES
TO IDLE & ENGAGED THRUST REVERSER, I PUSHED CONTROLS FORWARD,
APPLIED AS MUCH BREAK PRESSURE AS POSSIBLE AND VERIFIED THRUST
REVERSER WAS ENGAGED. PLANE WENT STRAIT OFF END OF RUNWAY.
WHEN STOPPED, WE SHUT DOWN THE ENGINES, SHUT OFF FUEL, DEPLOYED
FIRE BOTTLES AND SHUT OFF POWER, EVERYONE EXITED THE AIRCRAFT
WITH NO INJURIES. I THEN CALLED FOR EMERGENCY SERVICES WITH
MY CELL PHONE.

Handwritten text, possibly a signature or date.

Main body of handwritten text, consisting of several lines of cursive script.

Handwritten text at the bottom of the page, possibly a signature or date.

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

Operator/Owner Safety Recommendation

A LONGER RUNWAY COULD HAVE PROVIDED SPACE TO STOP WITHOUT DAMAGE
HOWEVER, THE ABORT HAD TO BE CALLED WELL ABOVE ROTATE SPEED
SO EVEN THE LONGEST CALCULABLE BALANCED FIELD LENGTH AT
MAX GROSS WEIGHT WOULD NOT HAVE PREVENTED THIS INCIDENT.

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

Total Time/Cycles
On Part

_____ Hours
_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

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

3400

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

WATER & LAV

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

MAIN DOOR

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

Aircraft Registration Number

N/A

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

02/23/2021
mm/dd/yyyy

Name of Pilot/Operator

NATHAN RUSSELLSignature: 

-- 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.

WPR211A110

Reviewed by NTSB Regional Office

WPR

Name of Investigator

James Bledsoe

Date Report Received

2/25/2021