

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
This form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

JAN 13 2001

NATIONAL TRANSPORTATION SAFETY BOARD

Location Nearest City/Place, State, Zip Code <u>SACRAMENTO, CA</u>	Date of Accident <u>DEC 14, 00</u>	Local Time (24 HOUR CLOCK) <u>1720</u>	Zone <u>PST</u>	Elevation At Accident Site ____ Feet MSL ____ Feet MSL
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If The Accident Occurred On Approach, Takeoff Or Within 3 Miles Of An Airport, Complete The Following Information

Proximity To Airport

1. <input type="checkbox"/> On Airport	3. <input type="checkbox"/> Within 1/2 Mile	5. <input type="checkbox"/> Within 1 Mile	7. <input type="checkbox"/> Within 3 Miles
2. <input type="checkbox"/> Within 1/4 Mile	4. <input type="checkbox"/> Within 3/4 Mile	6. <input type="checkbox"/> Within 2 Miles	8. <input checked="" type="checkbox"/> Beyond 8 Miles

Airport Name <u>SACRAMENTO EXECUTIVE</u>	Airport Ident <u>KSAC</u>	Runway Land Surface and Conditions 1. Direction: _____ 3. Width: _____ 2. Length: _____ 4. Surface: _____ Condition: _____
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Phase of Operations

1. <input type="checkbox"/> Standing	3. <input type="checkbox"/> Takeoff	5. <input type="checkbox"/> Cruise	7. <input type="checkbox"/> Approach	9. <input type="checkbox"/> Hover/Maneuver
2. <input type="checkbox"/> Taxi	4. <input checked="" type="checkbox"/> Climb	6. <input type="checkbox"/> Descent	8. <input type="checkbox"/> Landing	10. <input checked="" type="checkbox"/> Altitude of In-Flight Occurrence <u>3,000</u> Feet MSL

Registration Mark <u>NZS2SA</u>	Aircraft Manufacturer <u>DE HAVILLAND TWIN OTTER</u>	Aircraft Type/Model <u>DHC-6</u>	Serial Number <u>617</u>	Cert Max Gross WT <u>12,500</u>
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Type of Aircraft 1. <input checked="" type="checkbox"/> Airplane 2. <input type="checkbox"/> Helicopter 3. <input type="checkbox"/> Glider 4. <input type="checkbox"/> Balloon	5. <input type="checkbox"/> Blimp/Dirigible 6. <input type="checkbox"/> Ultralight 7. <input type="checkbox"/> Gyroplane 8. Specify _____	Type of Airworthiness Certificate 1. <input checked="" type="checkbox"/> Normal 2. <input type="checkbox"/> Utility 3. <input type="checkbox"/> Acrobatic 4. <input type="checkbox"/> Transport	5. <input type="checkbox"/> Restricted 6. <input type="checkbox"/> Limited 7. <input type="checkbox"/> Experimental 8. Specify _____	Amateur Built 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No
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Landing Gear 1. <input checked="" type="checkbox"/> Tricycle - Fixed 2. <input type="checkbox"/> Tricycle - Retractable 3. <input type="checkbox"/> Tailwheel - Fixed	4. <input type="checkbox"/> Tailwheel - Retractable 5. <input type="checkbox"/> Tailwheel - Retractable Mains 6. <input type="checkbox"/> Amphibian	7. <input type="checkbox"/> Skid 8. <input type="checkbox"/> Ski/Wheel 9. Specify _____	No. of Seats Flight/Cabin Crew <u>2</u> Pax <u>15</u>
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Stall Warning System Installed 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	IFR Equipped 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	Engine Type 1. <input type="checkbox"/> Reciprocating - Carburetor 2. <input type="checkbox"/> Reciprocating - Fuel Injected 3. <input checked="" type="checkbox"/> Turbo Prop 4. <input type="checkbox"/> Turbo Jet 5. <input type="checkbox"/> Turbo Fan 6. <input type="checkbox"/> Turbo Shaft
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Engine Manufacturer <u>PRATT AND WHITNEY</u>	Engine Model/Series <u>PT 6-27</u>	Engine Rated Power 1. <u>680</u> Horsepower 2. _____ Lbs. Thrust	Type of Fire Extinguishing System Used 1. <input type="checkbox"/> None 2. Specify _____
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Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	<u>12/09/73</u>	<u>PCE 50501</u>	<u>8487</u> Hours	<u>72</u> Hours	<u>4258</u> Hours
Engine No. 2	<u>12/09/73</u>	<u>PCE 50502</u>	<u>8773</u> Hours	<u>72</u> Hours	<u>4598</u> Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type of Maintenance Program 1. <input type="checkbox"/> Annual 2. <input checked="" type="checkbox"/> Manufacturer's Inspection Program 3. <input type="checkbox"/> Other Approved Inspection Program (AAIP) 4. <input type="checkbox"/> Continuous Airworthiness 5. Specify _____	Type of Last Inspection 1. <input type="checkbox"/> Annual 2. <input checked="" type="checkbox"/> 100-Hour 3. <input type="checkbox"/> AAIP 4. <input type="checkbox"/> Continuous Airworthiness	Date Last Inspection Performed <u>11/28/00</u> (M/D/Y) Time Since Last Inspection <u>#14258:00 #24598:00</u> Hours Airframe Total Time <u>30,743:27/00,184cy</u> Hours
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Emergency Locator Transmitter (ELT) Switch 1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input checked="" type="checkbox"/> Armed	Model/Series <u>XM</u>	Serial Number <u>14521</u>	Battery Date (M/D/Y) <u>REPLACE 8/15/01</u>
Operated 1. <input checked="" type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		Aided In Accident Location 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No	

Registered Aircraft Owner
TWIN OTTER INTERNATIONAL, LTD.
Address 4511 W. CHEYENNE AVE, #5
NORTH LAS VEGAS, NEVADA 89020

Operator of Aircraft
1. Same As Registered Owner
2. Name HEWLETT-PACKARD AVIATION
Address 1210 AVIATION AVENUE
SAN JOSE, CA 95110
3. DBA: _____

Owner/Operator Information (cont.)

Operator (Certificate Number) N/A	Operator Designator (4 Letter Designator) N/A
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Purpose of Flight and Type of Operation

Regulation Flight Conducted Under 1. <input checked="" type="checkbox"/> FAR 91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR 91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137	Operator Authority FAR 121 FAR 133 1. <input type="checkbox"/> Domestic 6. <input type="checkbox"/> Rotorcraft 2. <input type="checkbox"/> Flag External Load 3. <input type="checkbox"/> Supplemental FAR 125 FAR 135 FAR 129 4. <input type="checkbox"/> On Demand 8. <input type="checkbox"/> Foreign 5. <input type="checkbox"/> Commuter	FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____
Purpose of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Instructional 8. <input type="checkbox"/> Public Use 4. <input checked="" type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning		

Pilot Information

Pilot Name KAREN LEE McNALLY	Pilot Certificate No. [REDACTED]	Address SOUTH SAN FRANCISCO CA 94080	Nationality U.S.
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Certificate(s)			
1. <input type="checkbox"/> Student	3. <input checked="" type="checkbox"/> Commercial	5. <input checked="" type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Military
2. <input type="checkbox"/> Private	4. <input checked="" type="checkbox"/> Airline Transport	6. <input checked="" type="checkbox"/> Flight Engineer	8. <input type="checkbox"/> Foreign
		9. <input type="checkbox"/> None	10. Specify DISPATCHER

Rating(s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Helicopter 2. <input checked="" type="checkbox"/> Single Engine Land 7. <input type="checkbox"/> Glider 3. <input checked="" type="checkbox"/> Single Engine Sea 8. <input type="checkbox"/> Free Balloon 4. <input checked="" type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input checked="" type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane	Instrument Rating(s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter	Instructor Ratings 1. <input type="checkbox"/> None 6. <input checked="" type="checkbox"/> Instrument Airplane 2. <input checked="" type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input checked="" type="checkbox"/> Airplane M.E. 8. <input checked="" type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter 9. Specify _____ 5. <input type="checkbox"/> Glider
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Type Ratings/Student Endorsements B-737	Date of Biennial Flight Review or Equivalent (M/D/Y) 8-18-2000	BFR Aircraft 1. Make FALCON 2. Model DA-50
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Medical Certificate 1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input checked="" type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3	Date of Last Medical (M/D/Y) 12-21-2000	Limitations NONE Waivers NONE	Date of Birth (M/D/Y) [REDACTED]
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Degree of Injury 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal	Seat Occupied 1. <input checked="" type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center	Person at Controls at Time of Accident 1. <input checked="" type="checkbox"/> Pilot in Command 3. <input type="checkbox"/> Both Pilots 5. <input type="checkbox"/> No One 2. <input type="checkbox"/> Second Pilot 4. <input type="checkbox"/> Non-Pilot	Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No
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Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	Source of Pilot Flight Time Information 1. <input checked="" type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input checked="" type="checkbox"/> Operator's Estimate 5. Specify _____ 3. <input type="checkbox"/> FAA Records
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Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	3100	700	1400	1700	260	200	50	0	0	0
Pilot in Command (PIC)	2250	700	1200	1600	230	180	40	0	0	0
Instructor	500	0	400	100	50	10	40	0	0	0
This Make/Model	[REDACTED]									
Last 90 Days	195	195	0	195	20	5	0	0	0	0
Last 30 Days	20	20	0	20	5	6	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

Second Pilot Information

Second Pilot Responsibilities at the Time of Accident

1. Co-Pilot 2. Dual Student 3. Safety Pilot 4. Check Pilot 5. None (Pilot-Rated Passenger)

Pilot Name MATTHEW BROWN	Pilot Certificate No. [REDACTED]	Address MILLBRAE CA 94030	Nationality U.S.
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Certificate(s)			
1. <input type="checkbox"/> Student	3. <input checked="" type="checkbox"/> Commercial	5. <input checked="" type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Military
2. <input type="checkbox"/> Private	4. <input checked="" type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. <input type="checkbox"/> Foreign
		9. <input type="checkbox"/> None	10. Specify _____

Owner/Operator Information (cont.)

Rating(s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Single Engine Land 3. <input checked="" type="checkbox"/> Single Engine Sea 4. <input checked="" type="checkbox"/> Multiengine Land 5. <input checked="" type="checkbox"/> Multiengine Sea 6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane		Instrument Rating(s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input checked="" type="checkbox"/> Helicopter		Instructor Ratings 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane S.E. 3. <input checked="" type="checkbox"/> Airplane M.E. 4. <input checked="" type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input checked="" type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input checked="" type="checkbox"/> Ground Instructor 9. Specify _____	
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Type Ratings/Student Endorsements 1. <input type="checkbox"/> VFR 1900D	Date of Biennial Flight Review or Equivalent (M/D/Y) 04/11/2000	BFR Aircraft 1. Make <u>Gulfstream</u> 2. Model <u>G4SP</u>
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Medical Certificate 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3	Date of Last Medical (M/D/Y) 12/21/2000	Limitations NONE Waivers NONE	Date of Birth (M/D/Y) [REDACTED]
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Degree of Injury 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal	Seat Occupied 1. <input type="checkbox"/> Left 2. <input checked="" type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Front	Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No
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Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	Source of Pilot Flight Time Information 1. <input checked="" type="checkbox"/> Pilot Logbook 2. <input checked="" type="checkbox"/> Operator's Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. Specify _____
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Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	3500	750	605	2150	400	400	2200	0	0	0
Pilot in Command (PIC)		45								
Instructor	605	0	500	0						
This Make/Model	[REDACTED]									
Last 90 Days	150									
Last 30 Days										
Last 24 Hours										

*SEE OTHER SIDE FOR DIAGRAM

Name	Seat	Address (City & State)	Crew	Passenger		Non-Occupant	FAA	Degree of Injury			
				Non-Revenue	Revenue			Fatal	Serious	Minor	None
1. LISETTE OTTO	LAST SEAT ON RIGHT (15)	PALO ALTO, CA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. JEFFREY ALLEN	2ND TO LAST ON RIGHT (14)	PALO ALTO, CA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. DAVID TREGUB	3RD TO LAST ON RIGHT (13)	PALO ALTO, CA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. PATRICK KIRBY	4TH TO LAST ON RIGHT (12)	PALO ALTO, CA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. LARRY HOLMBERG	5TH TO LAST ON RIGHT (11)	PALO ALTO, CA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Flight Itinerary Information			
Last Departure Point 1. Airport ID <u>KSAC</u> 2. City/Place <u>SACRAMENTO</u> 3. State <u>CALIFORNIA</u>	Time of Departure 1. Time <u>1720</u> 2. Time Zone <u>PST</u>	Destination 1. Airport ID <u>KSTC</u> 2. City/Place <u>SAN JOSE</u> 3. State <u>CALIFORNIA</u>	Flight Plan Filed 1. <input type="checkbox"/> None 2. <input type="checkbox"/> VFR 3. <input checked="" type="checkbox"/> IFR 4. <input type="checkbox"/> VFR/IFR 5. <input type="checkbox"/> Company (VFR) 6. <input type="checkbox"/> Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained Or If Weather Reports Were Checked And How It Was Accomplished
 STANDARD WX BRIEFING RECEIVED AT 1430 PST
 ATIS INFO GIVEN BY KSAC LCL CTLR BEFORE DEPARTURE AT 1615 PST

Fuel On Board At Last Takeoff _____ Gallons or <u>600</u> Pounds	Fuel Type 1. <input type="checkbox"/> 80/88 2. <input type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input checked="" type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive 7. Specify _____
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Other Services, If Any, Prior To Departure
 N/A

Weather Information At The Accident Site			
Source Of Weather Information (Pilot/Operator, Weather Observation) KSAC ATIS	Light Condition 1. <input type="checkbox"/> Dawn 2. <input type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input checked="" type="checkbox"/> Dark Night	Visibility <u>5 BR</u> Miles	Temp (°F) <u>55°</u> F

Weather Information At The Accident Site

Dew Point (°F)	Altimeter Setting 2992 inHg	Sky/Lowest Cloud Condition			
		1. <input type="checkbox"/> Clear	2. <input checked="" type="checkbox"/> Scattered 2500 Feet AGL	3. <input checked="" type="checkbox"/> Broken 3000 Feet AGL	4. <input type="checkbox"/> Overcast _____ Feet AGL

Wind Information 1. Direction 130 2. Velocity 10 KTS 3. Gusts _____ KTS	Restriction To Visibility MIST	Type Precipitation RAIN	Intensity of Precipitation LIGHT
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Turbulence (Multiple entry)

1. None 2. Light 3. Moderate 4. Severe 5. Extreme 6. Clear Air 7. In Clouds

Damage To Aircraft And Other Property

Degree of Aircraft Damage	Fire
1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> Destroyed	1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> In-Flight 4. <input type="checkbox"/> On Ground

Description of Damage to Aircraft and Other Property

N/A

Mechanical Malfunction/Failure

1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Damage	Total Time	
	On Part _____ Hours	At Overhaul _____ Hours

Collision Accident

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration Mark N/A	Aircraft Manufacturer	Aircraft Type/Model	Degree of Aircraft Damage
			1. <input type="checkbox"/> Destroyed 2. <input type="checkbox"/> Substantial 3. <input type="checkbox"/> Minor 4. <input type="checkbox"/> None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Evacuation of Aircraft

Assistance Received

1. Outside Person(s) 2. Auxiliary Lighting 3. Slide 4. Rope 5. Ladder 6. Specify _____

Method of Exit (State Approximate Number of Persons Using Each of the Following)

1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

Narrative History Of Flight

Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State Point of departure, time of departure, intended destination and services obtained.

ON 14 DEC 2000, WE WERE FLYING HEWLETT-PACKARD'S TWIN OTTER LEASE ACFT, N252SA, ON THE SECOND LEG OF A ROUND-TRIP FLIGHT, FROM KSTC TO KLHM AND BACK. OUR FIRST LEG WAS UNEVENTFUL. ON THE SECOND LEG, FROM KLHM TO KSTC, AS WE WERE CAPTURING OUR ASSIGNED ALTITUDE OF 6,000 FT, THE CAUTIONARY LIGHT, "DOORS UNLOCKED" ILLUMINATED. WE RAN THE "DOORS UNLOCKED CAUTION LIGHT ON" CHECKLIST AND REQUESTED VECTORS FOR A PRECAUTIONARY LANDING AT KSAC. WE LANDED RWY 02 AND TAXIED TO A REMOTE AREA OF THE RAMP. THE FO EXITED THE ACFT AND CHECKED ALL OF THE DOORS. WHEN HE RETURNED, WE CALLED HEWLETT-PACKARD'S MAINTENANCE DEPARTMENT AND TOLD THEM ABOUT THE LIGHT, THAT WE RAN THE CHECKLIST, DIVERTED TO KSAC, AND CHECKED THE DOORS VISUALLY. THEY SUGGESTED THAT WE CHECK THE DOORS AGAIN, INCLUDING THE NOSE BATTERY COMPARTMENT DOOR, THE FO EXITED THE ACFT AND CHECKED ALL THE DOORS FOR THE SECOND TIME, WE DEPARTED FROM KSAC'S RWY 12, AND FOLLOWED OUR IFR INSTRUCTIONS FOR A RIGHT TURN TO 150°, CLIMB AND MAINTAIN 2,000 FT, EXPECT 6,000 FT WITHIN 5 MINUTES, AS WE LEVELED AT 2,000 FT, WE SENSED A SLIGHT PRESSURE CHANGE AND INCREASED NOISE. THE FO WENT BACK INTO THE CABIN AND CLOSED THE DOOR, THE "DOORS UNLOCKED" LIGHT EXTINGUISHED. WHILE THE FO WAS IN BACK, I CALLED SACRAMENTO APP AND REQUESTED ANOTHER PRECAUTIONARY LANDING AT KSAC. ONCE THE FO RETURNED TO THE FLIGHT DECK, WE DISCUSSED OUR SITUATION AND DECIDED TO CONTINUE TO KSTC. UPON LANDING, ONE PASSENGER REMAINED ON THE ACFT AND APPEARED TO BE VERY ILL. THE FO HAD GONE INTO THE TERMINAL WITH THE OTHER PAX. AS I MOVED TOWARD THE LAST PAX TO OFFER ASSISTANCE, HE EXITED THE ACFT.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date of This Report

8 JAN 2001

Signature of Pilot/Operator

Signature of Person Filing Report Other Than Pilot/Operator

1. Signature _____

2. Type or Print Name _____

3. Title _____

For NTSB Use Only

NTSB Accident No.	Review By NTSB Office Located At	Name of Investigator	Date Report Received
LAX01LA059	1515 W. 190 th Street, Suite 555 Gardena, California 90248-4319	Howard Plagens	01-13-01

PAX SEATING ON N252SA

□ 1

5 □ □ 10

□ 2

6 □ □ 11

□ 3

7 □ □ 12

8 □ □ 13

9 □ □ 14

□ 4

□ 15