

**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

Location				
Nearest City/Place, State, Zip Code <u>Ocean City, NJ</u>	Date of Accident <u>3/24/02</u>	Local Time (24 HOUR CLOCK) <u>1350</u>	Zone <u>EST</u>	Elevation At Accident Site Feet MSL <u>5</u> Feet MSL
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information				
Proximity To Airport				
1. <input checked="" type="checkbox"/> On Approach	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 type="checkbox"/> Beyond 3 Miles	
Airport Name <u>Ocean City Municipal</u>	Airport Ident <u>26N</u>	Runway/Landing Surface Conditions:		
		1. <input type="checkbox"/> Direction: <u>240</u> 3. <input type="checkbox"/> Width: <u>60</u> 5. <input type="checkbox"/> Condition: <u>Good</u>		
		2. <input type="checkbox"/> Length: <u>2973</u> 4. <input type="checkbox"/> Surface: <u>Asphalt</u> 6. <input type="checkbox"/> Specify: _____		
Phase Of Operation:				
1. <input type="checkbox"/> Standing	3. <input type="checkbox"/> Takeoff	5. <input type="checkbox"/> Cruise	7. <input checked="" type="checkbox"/> Approach	9. <input type="checkbox"/> Hover/Maneuver
2. <input type="checkbox"/> Taxi	4. <input type="checkbox"/> Climb	6. <input type="checkbox"/> Descent	8. <input type="checkbox"/> Landing	10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL
Aircraft Information				
Registration Mark <u>N7547L</u>	Aircraft Manufacturer <u>Cessna</u>	Aircraft Type/Model <u>172P</u>	Serial Number <u>17276635</u>	Gross Max Gross Wt <u>2550</u>
Type Of Aircraft		Type Of Airworthiness Certificate		Amateur Built
1. <input checked="" type="checkbox"/> Airplane	5. <input type="checkbox"/> Blimp/Dirigible	1. <input type="checkbox"/> Normal	5. <input type="checkbox"/> Restricted	1. <input type="checkbox"/> Yes
2. <input type="checkbox"/> Helicopter	6. <input type="checkbox"/> Ultralight	2. <input type="checkbox"/> Utility	6. <input type="checkbox"/> Limited	2. <input checked="" type="checkbox"/> No
3. <input type="checkbox"/> Glider	7. <input type="checkbox"/> Gyroplane	3. <input type="checkbox"/> Acrobatic	7. <input type="checkbox"/> Experimental	
4. <input type="checkbox"/> Balloon	8. <input type="checkbox"/> Specify _____	4. <input type="checkbox"/> Transport	8. <input type="checkbox"/> Specify _____	
Landing Gear				No. Of Seats Flight/Cabin Crew <u>1</u> Pass <u>3</u>
1. <input checked="" type="checkbox"/> Tricycle—Fixed				7. <input type="checkbox"/> Skid
2. <input type="checkbox"/> Tricycle—Retractable				8. <input type="checkbox"/> Limited
3. <input type="checkbox"/> Tailwheel—Fixed				9. <input type="checkbox"/> Specify _____
4. <input type="checkbox"/> Tailwheel—Retractable				
5. <input type="checkbox"/> Tailwheel—Retractable Main				
6. <input type="checkbox"/> Amphibian				
Stall Warning System Installed		IFR Equipped		Engine Type
1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Reciprocating—Carburetor
2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		2. <input type="checkbox"/> Reciprocating—Fuel Injected
				3. <input type="checkbox"/> Turbo Prop
				4. <input type="checkbox"/> Turbo Jet
				5. <input type="checkbox"/> Turbo Fan
				6. <input type="checkbox"/> Turbo Shaft
Engine Manufacturer <u>Lycoming</u>		Engine Model/Serial <u>O-360A4M</u>		Type Of Fire Extinguishing System Used
		1. <u>180</u> Horsepower		1. <input checked="" type="checkbox"/> None
		2. _____ Lbs Thrust		2. <input type="checkbox"/> Specify _____
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection
Engine No. 1			<u>688.2</u> Hours	<u>20.8</u> Hours
Engine No. 2			Hours	Hours
Engine No. 3			Hours	Hours
Engine No. 4			Hours	Hours
Type Of Maintenance Program		Type Of Last Inspection		Date Last Inspection Performed
1. <input checked="" type="checkbox"/> Annual		1. <input checked="" type="checkbox"/> Annual		<u>2/20/02</u> (MDM)
2. <input type="checkbox"/> Manufacturer's Inspection Program		2. <input type="checkbox"/> 100 Hours		Time Since Last Inspection
3. <input type="checkbox"/> Other Approved Inspection Program (AAIP)		3. <input type="checkbox"/> AAIP		<u>20.8</u> Hours
4. <input type="checkbox"/> Continuous Airworthiness		4. <input type="checkbox"/> Continuous Airworthiness		Airframe Total Time
5. <input type="checkbox"/> Specify _____				<u>4144.5</u> Hours
Emergency Locator Transmitter (ELT)	ELT Manufacturer <u>Dorne + Margolin</u>	Model/Serial <u>ELT 8.1</u>	Serial Number <u>9461</u>	Battery Date (MDM) <u>2/28/04</u>
	Switch 1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input checked="" type="checkbox"/> Armed	Operated 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Added In Accident Location 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No
Registered Aircraft Owner <u>Civil Air Patrol</u>		Address <u>AL 30112-1332</u>		
Operator Of Aircraft		Address		
1. <input checked="" type="checkbox"/> Same As Registered Owner		1. <input checked="" type="checkbox"/> Same As Registered Owner		
2. Name _____		2. _____		
3. DOB: _____				

Owner/Operator Information (cont.)

Operator (Certificate Number)

Operator Designer (if Letter Designer)

Purpose of Flight and Type of Operation

Regulation Flight Conductor Under
 1.0 FAR 91 (only) 4.0 FAR 121 7.0 FAR 135
 2.0 FAR 91D 5.0 FAR 125 8.0 FAR 135
 3.0 FAR 103 6.0 FAR 129 9.0 FAR 137

Purpose of Flight

1.0 Personal 6.0 Aerial Observation
 2.0 Business 7.0 Other Work Use
 3.0 Educational 8.0 Private Use
 4.0 Executive/Corporate 9.0 Ferry
 5.0 Aerial Application 10.0 Positioning

Operator Authority

FAR 121
 1.0 Domestic
 2.0 Flag
 3.0 Supplemental
 FAR 135
 4.0 On Demand
 5.0 Commuter

**FAR 121, 125, 127, 128, 135
 Revenue Operations**

1.0 Scheduled
 2.0 Non Scheduled
 3.0 Domestic
 4.0 International
 5.0 Passenger
 6.0 Cargo
 7.0 Specialty

Pilot Information

Pilot Name

Pilot Certificate No.

Address

Nationality

Christopher A. Carly

Certificate (s)
 1.0 Student
 2.0 Private

3.0 Commercial
 4.0 Airline Transport

5.0 Flight Instructor
 6.0 Flight Engineer

7.0 Military
 8.0 Foreign

9.0 None
 10. Specialty

Rating (s)

1.0 None
 2.0 Single Engine Land
 3.0 Single Engine Sea
 4.0 Multiengine Land
 5.0 Multiengine Sea

6.0 Helicopter
 7.0 Glider
 8.0 Free Balloon
 9.0 Airship
 10.0 Gyroplane

Instrument Rating (s)

1.0 None
 2.0 Airplane
 3.0 Helicopter

Instrument Rating (s)

1.0 None
 2.0 Airplane S/E
 3.0 Airplane I/E
 4.0 Helicopter
 5.0 Glider

6.0 Instrument Airplane
 7.0 Instrument Helicopter
 8.0 Ground Instructor
 9.0 Specialty

Type Rating/Student Endorsements

Date of Biennial Flight Review
 or Equivalent (N/A/YY)
 7/18/02

8.0/9.0 Aircraft
 1. Make *Cessna*
 2. Model *172*

Date of Birth (N/A/YY)

N/A

Date of Last Medical
 (N/A/YY)
 11/13/99

Medical Certificate

1.0 None 3.0 Class 2
 2.0 Class 1 4.0 Class 3

Degree or Injury

1.0 None
 2.0 Minor
 3.0 Serious
 4.0 Fatal

Seat Occupied
 1.0 Left
 2.0 Right
 3.0 Canopy

4.0 Front
 5.0 Rear

Person At Controls At Time of Accident
 1.0 Pilot in Control
 2.0 Second Pilot
 3.0 Both Parties

4.0 Non-Pilot
 5.0 No One

Best Seat Available
 1.0 Yes
 2.0 No

Seat Belt

Used
 1.0 Yes
 2.0 No

Shoulder Harness
 Available
 1.0 Yes
 2.0 No

Shoulder Harness
 Used
 1.0 Yes
 2.0 No

Source of Pilot Flight Time Information
 1.0 Pilot Logbook
 2.0 Operator Estimate
 3.0 FAA Records

4.0 Company
 5.0 Specialty

Flight Time

AS ARC
 279
 Total Time
 240
 Pilot in Command (PIC)
 240
 Instructor
 -
 This Make & Model
 10
 Last 90 Days
 4
 Last 30 Days
 3
 Last 24 Hours
 1

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 4
 Last 30 Days
 3
 Last 24 Hours
 1

Second Pilot Information

Second Pilot Responsibilities At The Time of Accident
 1.0 Co-Pilot 2.0 Dual Student 3.0 Safety Pilot 4.0 Check Pilot 5.0 None (Pilot/Passenger)

Pilot Name

Pilot Certificate No.

Address

Nationality

Patricia Devlin

Magham Rd 19044

USA

Certificate (s)

1.0 Student
 2.0 Private

3.0 Commercial
 4.0 Airline Transport

5.0 Flight Instructor
 6.0 Flight Engineer

7.0 Military
 8.0 Foreign

9.0 None
 10. Specialty

Second Pilot Information (cont.)

Rating (6) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea		6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Gyro 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane	
Instrument Rating (6) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		Instrument Rating (6) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Gyro	

Type Rating/Student Endorsements N/A		Date of Current Flight Review or Equivalent (MM/DD) 12/1/01		ECR Aircraft 1. Make <u>Cessna</u> 2. Model <u>152</u>	
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Medical Certificate 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3		Date of Last Medical (MM/DD) 7/30/01		Unlimited Prescription Lenses Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Degree of Injury 1. <input 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 type="checkbox"/> Right		Seat Belt Available 1. <input 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 type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	
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Flight Time Total Time <u>1:32</u> Pilot in Command (PIC) <u>23</u> Instructor <u>-</u> This Make & Model <u>-</u> Last 90 Days <u>1</u> Last 30 Days <u>6</u> Last 24 Hours <u>0</u> Other Personnel <u>-</u>		This Make & Model Airplane <u>132</u> Single Engine <u>7</u> Multiengine <u>33</u> Night <u>7</u> Instrument <u>8</u> Potentially <u>-</u> Other <u>-</u> Lighter Than Air <u>-</u>		1. <input checked="" type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify	
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Name 1. <u>-</u> 2. <u>-</u> 3. <u>-</u> 4. <u>-</u> 5. <u>-</u> 6. <u>-</u>		Seat 1. <u>-</u> 2. <u>-</u> 3. <u>-</u> 4. <u>-</u> 5. <u>-</u> 6. <u>-</u>		Address (City & State) 1. <u>-</u> 2. <u>-</u> 3. <u>-</u> 4. <u>-</u> 5. <u>-</u> 6. <u>-</u>	
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Flight Itinerary Information Last Departure Point <u>NYL</u> 1. Airport ID <u>NYL</u> 2. City/Place <u>Port Jervis</u> 3. State <u>NY</u>		Time Of Departure 1. Time <u>1200</u> 2. Time Zone <u>EST</u>		Destination 1. Airport ID <u>PHF</u> 2. City/Place <u>Port Jervis</u> 3. State <u>NY</u>	
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If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished

A weather briefing was obtained from Williamsport FSS as CAMELIGHT 5722

Fuel On Board At Last Takeoff <u>50</u> Gallons or <u>50</u> Pounds		Fuel Type 1. <input type="checkbox"/> 80/87 2. <input type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130		4. <input type="checkbox"/> 115/145 5. <input type="checkbox"/> Jet A 6. <input type="checkbox"/> Alternative	
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Other Services, If Any, Prior To Departure

N/A

Weather Information At The Accident Site Source Of Weather Information (Forecast, Radar, Weather Observation) <u>ATIS</u>		Light Conditions 1. <input type="checkbox"/> Day 2. <input type="checkbox"/> Dusk 3. <input type="checkbox"/> Night		Visibility <u>unlimited</u>	
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Weather Information At The Accident Site (cont.)					
Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Scattered _____ Feet AGL <input type="checkbox"/> Broken _____ Feet AGL </div> <div> <input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscured </div> </div>			
Wind Information 1. Direction <u>220</u> 2. Velocity <u>10</u> Kts 3. Gusts <u>20</u> Kts		Restriction To Visibility <u>None</u>	Type Precipitation <u>None</u>	Intensity Of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Specify _____	
Turbulence (Multiple Entry) <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme <input type="checkbox"/> Clean Air <input type="checkbox"/> In Clouds					
Damage To Aircraft And Other Property					
Degree Of Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Destroyed				Fire <input type="checkbox"/> Yes <input type="checkbox"/> In-Flight <input checked="" type="checkbox"/> No <input type="checkbox"/> On Ground	
Description Of Damage To Aircraft And Other Property <u>Prop bent (one blade) Right wing tip damaged, Right wing near fuselage bent with rippling of skin, left horizontal stabilizer bent near tip.</u>					
Mechanical/Function Failure					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure		Total Time	
				On Part ____ Hours	At Overhaul ____ Hours
Collision Accident					
If Collision Accident Occurred, Complete The Information For Other Aircraft					
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None		
Registered Aircraft Owner			Address		
Pilot Name		Address		Pilot Certificate No.	
Evacuation Of Aircraft					
Assistance Received <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Outside Person (s) <input type="checkbox"/> Auxiliary Lighting </div> <div> <input type="checkbox"/> Sides <input type="checkbox"/> Rope </div> <div> <input type="checkbox"/> Ladder <input type="checkbox"/> Specify _____ </div> </div>					
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)					

Additional Flight Crew Member Information			
For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information			
Name <i>None</i>	FAA Certificate No.	Address _____	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address _____	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address _____	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident

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 Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

See attached.

I hereby certify that the above information is complete and accurate to the best of my knowledge.

Date Of This Report

4/3/02

Signature Of Pilot/Operator

[Signature]

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.

FAD02LA038

Reviewed By NTSB Office Located At

DCA

Name Of Investigator

[Signature]

Date Report Received

4/3/02

Prior to flight, a weather briefing was obtained from Williamsport FSS under the identifier CAPFLIGHT 3732. Upon arrival at the airport it was noted that there was a change in aircraft. The aircraft involved in the incident was N9847L operating under the identifier CAPFLIGHT 3725. The pilot operating the controls of the aircraft at the time of the accident was Christopher Comly.

The flight originated at Doylestown PA at approximately 1200 EST with the intended destination Ocean City Municipal Airport, 26N. Patricia Devlin was in the left seat of the aircraft and Christopher Comly was in the right seat. The route of flight was from Doylestown to Robinsville VOR to ZIGGI intersection, and then down the coastline to Ocean City. While approximately 25 miles from Atlantic City International Airport, Atlantic City approach was contacted using the identifier CAPFLIGHT 3725 to request the transition of their airspace. Shortly thereafter the ATIS information LIMA was obtained from Atlantic City since it was the closest reported weather to the destination. Reported winds were approximately 220, 10 gusting to 20. The runway at 26N in use was 24, which has right hand traffic. Due to the relative bearing of the reported winds, it was decided to land at 26N as planned.

During the initial approach to the airport, Patricia Devlin stated she was unfamiliar with flying right hand patterns and lost sight of the airport. The pattern was exited and Christopher Comly assumed responsibility for flying the approach. A normal downwind pattern entry was established and the controls were handed back to Patricia Devlin. Upon turning final it was observed that the aircraft was above the normal glideslope. During the approach, Christopher Comly assumed control of the aircraft and flew the approach. Upon touchdown, the crosswind component of the wind appeared more severe than what was reported at Atlantic City International and is estimated to be between 45 and 60 degrees from the runway heading. The aircraft swerved off the right side of the runway and into a marsh area with water between 6 and 18 inches deep. The aircraft pitched onto its nose with the right wing striking the ground. The aircraft then fell back onto the landing gear with the left horizontal stabilizer striking the ground, damaging it. When the aircraft drifted right after touchdown, the pilot did not feel there was sufficient room to accelerate and take off due to marsh and 4-6 ft weeds growing on the side of the runway.

The terrain at Ocean City Municipal airport is relatively flat. While on runway 24, on the right side of the runway there is a swamp area within four feet of the runway edge with 6 to 18 inches of water, very soft ground, and 4 to 5 foot weeds.