

**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 Yarmouth, MA			Date of Accident 8/26/03		Local Time (24 HOUR CLOCK) 15:40		Zone EDT	Elevation At Accident Site Sea _____ Feet MSL Level _____ Feet MSL	
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information									
Proximity To Airport									
<input type="checkbox"/> On Approach	<input type="checkbox"/> Within 1/2 Mile		<input type="checkbox"/> Within 1 Mile		<input checked="" type="checkbox"/> Within 3 Miles				
<input type="checkbox"/> Within 1/4 Mile	<input type="checkbox"/> Within 3/4 Mile		<input type="checkbox"/> Within 2 Miles		<input type="checkbox"/> Beyond 3 Miles				
Airport Name Barnstable Municipal Apt		Airport Ident HYA		Runway/Landing Surface Conditions:					
				1. <input type="checkbox"/> Direction:	3. <input type="checkbox"/> Width:	5. <input type="checkbox"/> Condition:			
				2. <input type="checkbox"/> Length:	4. <input type="checkbox"/> Surface:				
Phase Of Operation:									
<input type="checkbox"/> Standing	<input type="checkbox"/> Takeoff	<input type="checkbox"/> Cruise	<input type="checkbox"/> Approach	<input type="checkbox"/> Hover/Maneuver					
<input type="checkbox"/> Taxi	<input checked="" type="checkbox"/> Climb	<input type="checkbox"/> Descent	<input type="checkbox"/> Landing	<input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL					
Aircraft Information									
Registration Mark N240CJ		Aircraft Manufacturer Raytheon Aircraft Co		Aircraft Type/Model Beech 1900D		Serial Number UE 40		Cert Max Gross WT 17,060.00	
Type Of Aircraft				Type Of Airworthiness Certificate				Amateur Built	
<input checked="" type="checkbox"/> Airplane	<input type="checkbox"/> Blimp/Dirigible	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Yes	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Utility	<input type="checkbox"/> Limited	<input type="checkbox"/> No	
<input type="checkbox"/> Glider	<input type="checkbox"/> Gyroplane	<input type="checkbox"/> Acrobatic	<input type="checkbox"/> Experimental	<input type="checkbox"/> Specify _____	<input type="checkbox"/> Balloon	<input type="checkbox"/> Specify _____	<input type="checkbox"/> Specify _____	<input type="checkbox"/> Specify _____	
Landing Gear									
<input type="checkbox"/> Tricycle—Fixed	<input type="checkbox"/> Tailwheel—Retractable	<input type="checkbox"/> Skid	No. Of Seats						
<input checked="" type="checkbox"/> Tricycle—Retractable	<input type="checkbox"/> Tailwheel—Retractable Mains	<input type="checkbox"/> Limited	Flight/Cabin Crew 210.9						
<input type="checkbox"/> Tailwheel—Fixed	<input type="checkbox"/> Amphibian	<input type="checkbox"/> Specify _____	Pax 210.9						
Stall Warning System Installed		IFR Equipped		Engine Type					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1. <input type="checkbox"/> Reciprocating—Carburetor	3. <input checked="" type="checkbox"/> Turbo Prop	5. <input type="checkbox"/> Turbo Fan			
				2. <input type="checkbox"/> Reciprocating—Fuel Injected	4. <input type="checkbox"/> Turbo Jet	6. <input type="checkbox"/> Turbo Shaft			
Engine Manufacturer Pratt Whitney		Engine Model/Series PT6A-67D		Engine Rated Power		Type Of Fire Extinguishing System Used			
				1. \$1214 Horsepower	2. \$1214 Lbs Thrust	1. None	2. Specify Continuous Loop		
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time		Time Since Inspection		Time Since Overhaul		
Engine No. 1	7/92	114052	15245.5 Hours		HIS 1237.6	Hours	3120.0	Hours	
Engine No. 2	3/93	114111	16179.8 Hours		HIS 1237.6	Hours	1237.6	Hours	
Engine No. 3						Hours		Hours	
Engine No. 4						Hours		Hours	
Type Of Maintenance Program			Type Of Last Inspection			Date Last Inspection Performed			
<input type="checkbox"/> Annual	<input type="checkbox"/> Manufacturer's Inspection Program	<input type="checkbox"/> Other Approved Inspection Program(AAIP)	<input type="checkbox"/> Annual	<input type="checkbox"/> 100 Hours	<input type="checkbox"/> AAIP	8/26/03	(M/D/Y)		
<input checked="" type="checkbox"/> Continuous Airworthiness	<input type="checkbox"/> Specify _____	<input checked="" type="checkbox"/> Continuous Airworthiness	<input type="checkbox"/> Specify _____			Time Since Last Inspection	0.00 Hours		
						Airframe Total Time	16449.1 Hours		
Emergency Locator Transmitter (ELT)		ELT Manufacturer Artex		Model/Series 452-0150		Serial Number		Battery Date (M/D/Y) 12/03	
		Switch	1. <input type="checkbox"/> On	2. <input type="checkbox"/> Off	3. <input type="checkbox"/> Armed	Operated	1. <input 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 Raytheon Aircraft Credit Corp				Address 12/03 Raytheon Aircraft Credit Corp					
Operator Of Aircraft				Address					
<input type="checkbox"/> Same As Registered Owner	2. Name Colgan Air Inc.	3. DBS: US Airways Express	<input type="checkbox"/> Same As Registered Owner	2. 10677 Aviation Lane Manassas VA 20110					

Owner / Operator Information (cont.)											
Operator (Certificate Number) NSVA 5195			Operator Designator (4 Letter Designator) NSVA								
Purpose Of Flight And Type Of Operation											
Regulation Flight Conductor Under 1. <input checked="" type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 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 FAR121 1. <input checked="" type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input checked="" type="checkbox"/> Supplemental FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR125 7. <input type="checkbox"/> Large Aircraft FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter FAR 129 8. <input type="checkbox"/> Foreign			FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input checked="" 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 2. <input type="checkbox"/> Business 3. <input type="checkbox"/> Educational 4. <input type="checkbox"/> Executive/Corporate 5. <input type="checkbox"/> Aerial Application 6. <input type="checkbox"/> Aerial Observation 7. <input type="checkbox"/> Other Work Use 8. <input type="checkbox"/> Public Use 9. <input type="checkbox"/> Ferry 10. <input checked="" type="checkbox"/> Positioning											
Pilot Information											
Pilot Name Scott Andrew Knabe			Pilot Certificate No. [REDACTED]		Address Cincinnati OH 45231			Nationality USA			
Certificate (s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____											
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 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 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 Rating (s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Instrument Airplane 2. <input type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E. 8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter 9. <input type="checkbox"/> Specify _____ 5. <input type="checkbox"/> Glider					
Type Ratings/Student Endorsements Air Transport Pilot (ATP)				Date of Biennial Flight Review or Equivalent (M/D/Y) X		BFR Aircraft 1. Make <input checked="" type="checkbox"/> 2. Model _____					
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) 3/18/03		Limitations Must Wear corrective Lenses Waivers			Date Of Birth (M/D/Y) [REDACTED]			
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 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 Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots			Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No				
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 type="checkbox"/> Pilot Logbook 4. <input checked="" type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records					
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time		2891.0	1364.2	760.4	765.5						
Pilot In Command (PIC)		1385.4	451.0		689.6						
Instructor											
This Make & Model		[REDACTED]									
Last 90 Days		210.9	210.9	1667.0	0.0						
Last 30 Days		75.8	75.8	1060.0							
Last 24 Hours		7.3	7.3								
Second Pilot information											
Second Pilot Responsibilities At The Time Of Accident 1. <input checked="" type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)											
Pilot Name Steven Dean			Pilot Certificate No. [REDACTED]		Address Eules, TX 76040			Nationality USA			
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 9. None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____											

Second Pilot Information (cont.)										
Rating (s)			Instrument Rating (s)			Instructor Rating (s)				
1. <input checked="" type="checkbox"/> None	6. <input type="checkbox"/> Helicopter		1. <input type="checkbox"/> None			1. <input type="checkbox"/> None	6. <input type="checkbox"/> Instrument Airplane			
2. <input type="checkbox"/> Single Engine Land	7. <input type="checkbox"/> Glider		2. <input checked="" type="checkbox"/> Airplane			2. <input checked="" type="checkbox"/> Airplane S.E.	7. <input type="checkbox"/> Instrument Helicopter			
3. <input type="checkbox"/> Single Engine Sea	8. <input type="checkbox"/> Free Balloon		3. <input type="checkbox"/> Helicopter			3. <input type="checkbox"/> Airplane M.E.	8. <input type="checkbox"/> Ground Instructor			
4. <input type="checkbox"/> Multiengine Land	9. <input type="checkbox"/> Airship					4. <input type="checkbox"/> Helicopter	9. <input type="checkbox"/> Specify _____			
5. <input type="checkbox"/> Multiengine Sea	10. <input type="checkbox"/> Gyroplane					5. <input type="checkbox"/> Glider				
Type Ratings/Student Endorsements			Date Of Biennial Flight Review or Equivalent (M/D/Y) 11/16/02			BFR Aircraft 1. Make _____ 2. Model _____				
Medical Certificate		Date Of Last Medical (M/D/Y) 8/30/02		Limitations Must wear corrective lenses			Date Of Birth (M/D/Y) ██████████			
1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Class 1		3. <input checked="" type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3		Walters						
Degree Of Injury			Seat Occupied			Seat Belt Available				
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input checked="" type="checkbox"/> Fatal			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"/> Rear			1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No				
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input checked="" type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____				
1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No						
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	2489.7	689.6	1409	947.6						
Pilot In Command (PIC)	1667.0	0.0								
Instructor	1060.0		1060.0							
This Make & Model										
Last 90 Days	221.8	221.8		221.8						
Last 30 Days	52.5	52.5		52.5						
Last 24 Hours	8.7	8.7		8.7						
Other Personnel										
Name	Seat	Address (City & State)			Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Minor None
1.										
2.										
3.										
4.										
5.										
6.										
Flight Itinerary Information										
Last Departure Point		Time Of Departure		Destination			Flight Plan Filed			
1. Airport ID <u>HYA</u> 2. City/Place <u>Hyannis</u> 3. State <u>MA</u>		1. Time <u>15:40</u> 2. Time Zone <u>EDT</u>		1. Airport ID <u>ALB</u> 2. City/Place <u>Albany</u> 3. State <u>NY</u>			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										
Fuel On Board At Last Takeoff				Fuel Type						
Gallons 3,200 or Pounds				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 checked="" type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive 7. Specify _____						
Other Services, If Any, Prior to Departure										
Weather Information At The Accident Site										
Source Of Weather Information (Pilot/Operator, Weather Observation) Operator			Light Condition			Visibility			Temp (°F)	
			1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night			10 Miles			75	

Weather Information At The Accident Site (cont.)			
Dew Point 66 (°F)	Altimeter Setting 2987 "Hg	Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Scattered _____ Feet AGL <input type="checkbox"/> Broken _____ Feet AGL <input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscured	
Wind Information 1. Direction 180 2. Velocity 8 Kts 3. Gusts _____ Kts		Restriction To Visibility	Type Precipitation _____
		Intensity Of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Specify _____	
Turbulence (Multiple Entry) <input checked="" 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 type="checkbox"/> Substantial <input checked="" 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 Aircraft destroyed no other property damage			
Mechanical Malfunction Failure			
<input type="checkbox"/> No <input checked="" 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 <input type="checkbox"/> Outside Person (s) <input type="checkbox"/> Slide <input type="checkbox"/> Ladder <input type="checkbox"/> Auxiliary Lighting <input type="checkbox"/> Rope <input type="checkbox"/> 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)			

Additional Flight Crew Members

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

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
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.

On August 26, 2003, at 1540 eastern daylight time, a Beech 1900D, N240CJ, operated by Colgan Air Inc. as flight 9446 (d.b.a. US Airways Express), was substantially damaged when it impacted water near Yarmouth, Massachusetts. The certificated airline transport pilot and certificated commercial pilot were fatally injured. Visual meteorological conditions prevailed for the flight that departed Barnstable Municipal Airport (HYA), Hyannis, Massachusetts; destined for Albany International Airport (ALB), Albany, New York. An instrument flight rules flight plan was filed for the repositioning flight conducted under 14 CFR Part 91.

According to data from Federal Aviation Administration (FAA) air traffic control (ATC), the flight departed runway 24 at Hyannis about 1538. Shortly after takeoff, the flightcrew declared an emergency and reported a "runaway trim." The airplane flew in a left turn and reached an altitude of approximately 1,100 feet. The flightcrew subsequently requested to land on runway 33, and ATC cleared the flight to land on any runway. No further transmissions were received from the flightcrew.

Witnesses observed the airplane in a left turn, with a nose-up attitude. The airplane then pitched nose-down, and impacted the water at an approximate 30-degree angle.

According to the preliminary data from the flight data recorder (FDR), the airplane began the flight at a pitch trim control position of approximately 2 degrees negative (nose down). Shortly after takeoff, the pitch trim control moved to approximately 3 degrees negative, where it remained for a period of about 10 seconds. The pitch trim control then moved to an approximate 7 degree negative position, where it remained for the duration of the flight. The data also revealed that after takeoff, the airspeed continued to increase to approximately 250 knots.

The accident flight was the first flight after maintenance had been performed on the airplane; which included replacement of both elevator trim actuators and the forward elevator trim cable.

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

Date Of This Report 9/11/03	Signature Of Pilot/Operator Michael J. Colgan
Signature Of Person Filing Report Other Than Pilot/Operator	
1. Signature <u>David R. Vance</u>	
2. Type Or Print Name <u>David R. Vance</u>	
3. Title <u>Director of Safety</u>	

For NTSB Use Only

NTSB Accident No. NYC03MA183	Reviewed By NTSB Office Located At NERA	Name Of Investigator Gretz	Date Report Received 9/11/03
---------------------------------	--	-------------------------------	---------------------------------