

**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

<b>Location</b>						
Nearest City/Place, State, Zip Code Roanoke, VA			Date of Accident August 19, 1994		Local Time (24 HOUR CLOCK) 15:15	Zone EDST
						Elevation At Accident Site 1176 Feet MSL Feet MSL
If The Accident Occurred On Approach, Takeoff Or Within 3 Miles Of An Airport, Complete The Following Information						
<b>Proximity To Airport:</b>						
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 checked="" type="checkbox"/> Within 2 Miles		8. <input type="checkbox"/> Beyond 3 Miles
Airport Name Roanoke Regional (Woodrum Field)		Airport Ident ROA		Runway/Landing Surface And Conditions: n/a		
				1. Direction: 3. Width: 2. Length: 4. Surface: 5. Condition:		
<b>Phase Of Operation:</b>						
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise		7. <input type="checkbox"/> Approach
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent		8. <input checked="" type="checkbox"/> Landing
						9. <input type="checkbox"/> Hover/Maneuver 10. <input type="checkbox"/> Altitude Of In-Flight Occurrence: _____ Feet MSL
<b>Aircraft Information</b>						
Registration Mark N4316X		Aircraft Manufacturer Piper		Aircraft Type/Model Lance PA32R		Serial Number 32R-7680009
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 _____
Landing Gear 1. <input type="checkbox"/> Tricycle—Fixed 2. <input checked="" type="checkbox"/> Tricycle—Retractable 3. <input type="checkbox"/> Tailwheel—Fixed						Amateur Built 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No
4. <input type="checkbox"/> Tailwheel—Retractable 5. <input type="checkbox"/> Tailwheel—Retractable Mains 6. <input type="checkbox"/> Amphibian						No. Of Seats Flight/Cabin Crew 2 Pax 4
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 checked="" 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 Lycoming		Engine Model/Series K1A50		Engine Rated Power 1. 300 Horsepower 2. _____ Lbs. Thrust		Type Of Fire Extinguishing System Used 1. <input type="checkbox"/> None Halon 2. Specify Hand Held
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection		Time Since Overhaul
Engine No. 1		613476-48A	3688 Hours	74 Hours		895 Hours
Engine No. 2			Hours	Hours		Hours
Engine No. 3			Hours	Hours		Hours
Engine No. 4			Hours	Hours		Hours
Type Of Maintenance Program 1. <input checked="" type="checkbox"/> Annual 2. <input 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 checked="" type="checkbox"/> Annual 2. <input type="checkbox"/> 100 Hour 3. <input type="checkbox"/> AAIP 4. <input type="checkbox"/> Continuous Airworthiness		Date Last Inspection Performed Dec. 23, 1993 (M/D/Y) Time Since Last Inspection 74 Hours Airframe Total Time 3688 Hours	
Emergency Locator Transmitter (ELT)	ELT Manufacturer		Model/Series		Serial Number	
	Switch 1. <input checked="" type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed		Operated 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Aided In Accident Location 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No	
Registered Aircraft Owner Joseph P. Kulwicksi, III and Judith Ann Kulwicksi			Address [REDACTED] Meadville, PA 16335			
Operator Of Aircraft 1. <input checked="" type="checkbox"/> Same As Registered Owner 2. Name 3. DBS:			Address 1. <input checked="" type="checkbox"/> Same As Registered Owner 2. _____			

<b>Owner/Operator Information (cont.)</b>											
Operator (Certificate Number) <div style="background-color: black; width: 100px; height: 20px;"></div>			Operator Designator (4 Letter Designator) ASEL								
<b>Purpose Of Flight And Type Of Operation</b>											
<b>Regulation Flight Conductor Under</b> 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						<b>Operator Authority</b> 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			<b>FAR 121, 125, 127, 129, 135 Revenue Operations</b> 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 _____		
<b>Purpose Of Flight</b> 1. <input checked="" type="checkbox"/> Personal    6. <input type="checkbox"/> Aerial Observation 2. <input checked="" type="checkbox"/> Business    7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Instructional    8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate    9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application    10. <input type="checkbox"/> Positioning											
<b>Pilot Information</b>											
Pilot Name Joseph F. Kulwicki, III			Pilot Certificate No. <div style="background-color: black; width: 100px; height: 20px;"></div>		Address Meadville, PA 16335			Nationality USA			
<b>Certificate(s)</b> 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 checked="" type="checkbox"/> Private    4. <input type="checkbox"/> Airline Transport    6. <input type="checkbox"/> Flight Engineer    8. <input type="checkbox"/> Foreign    10. Specify _____											
<b>Rating(s)</b> 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 type="checkbox"/> Multiengine Land    9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea    10. <input type="checkbox"/> Gyroplane					<b>Instrument Rating(s)</b> 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		<b>Instructor Rating(s)</b> 1. <input checked="" 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. Specify _____ 5. <input type="checkbox"/> Glider				
<b>Type Ratings/Student Endorsements</b> A.S.E.L.					<b>Date Of Biennial Flight Review Or Equivalent (M/D/Y)</b> October 30, 1992		<b>BFR Aircraft</b> 1. Make Piper 2. Model Lance PA32				
<b>Medical Certificate</b> 1. <input type="checkbox"/> None    3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1    4. <input checked="" type="checkbox"/> Class 3			<b>Date Of Last Medical (M/D/Y)</b> 9/28/92		<b>Limitations</b> None			<b>Date Of Birth (M/D/Y)</b> <div style="background-color: black; width: 100px; height: 20px;"></div>			
<b>Degree Of Injury</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal			<b>Seat Occupied</b> 1. <input checked="" type="checkbox"/> Left    4. <input checked="" type="checkbox"/> Front 2. <input type="checkbox"/> Right    5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		<b>Person At Controls At Time Of Accident</b> 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				<b>Seat Belt Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		
<b>Seat Belt Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Source Of Pilot Flight Time Information</b> 1. <input checked="" type="checkbox"/> Pilot Logbook    4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate    5. Specify _____ 3. <input type="checkbox"/> FAA Records					
<b>Flight Time</b>		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
							Actual	Simulated			
Total Time		2259	867	2249	10	162	54	35	-0-	-0-	-0-
Pilot In Command (PIC)		2165	860	2155	10	162	54	35	-0-	-0-	-0-
Instructor		-0-	-0-	-0-	-0-	-0-	-0-	0-	-0-	-0-	-0-
This Make/Model											
Last 90 Days		30	30	30	-0-	2.5	-0-	-0-	-0-	-0-	-0-
Last 30 Days		22	22	22	-0-	-0-	-0-	-0-	-0-	-0-	-0-
Last 24 Hours		6	6	6	-0-	-0-	-0-	-0-	-0-	-0-	-0-
<b>Second Pilot Information</b>											
<b>Second Pilot Responsibilities At The Time Of Accident</b> 1. <input 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			Pilot Certificate No.		Address			Nationality			
<b>Certificate(s)</b> 1. <input type="checkbox"/> Student    3. <input type="checkbox"/> Commercial    5. <input 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.)											
<b>Rating(s)</b> 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"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane				<b>Instrument Rating(s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		<b>Instructor Rating(s)</b> 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"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. Specify _____					
<b>Type Ratings/Student Endorsements</b>				<b>Date Of Biennial Flight Review Or Equivalent (M/D/Y)</b>				<b>BFR Aircraft</b> 1. Make _____ 2. Model _____			
<b>Medical Certificate</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3		<b>Date Of Last Medical (M/D/Y)</b>		<b>Limitations</b>  <b>Waivers</b>				<b>Date Of Birth</b>			
<b>Degree Of Injury</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		<b>Seat Occupied</b> 1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear		<b>Seat Belt Available</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No							
<b>Seat Belt Used</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Source Of Pilot Flight Time Information</b> 1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. Specify _____					
<b>Flight Time</b>		<b>All A/C</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
Total Time							Actual	Simulated			
Pilot In Command (PIC)											
Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											
<b>Other Personnel</b>											
<b>Name</b>	<b>Seat</b>	<b>Address (City &amp; State)</b>	<b>Crew</b>	<b>Passenger</b>		<b>Non-Occupant</b>	<b>FAA</b>	<b>Degree Of Injury</b>			
				<b>Non-Revenue</b>	<b>Revenue</b>			<b>Fatal</b>	<b>Serious</b>	<b>Minor</b>	<b>None</b>
1.											
2.											
3.											
4.											
5.											
6.											
<b>Flight Itinerary Information</b>											
<b>Last Departure Point</b>		<b>Time Of Departure</b>		<b>Destination</b>		<b>Flight Plan Filed</b>					
1. Airport ID <u>ROA</u>		1. Time <u>3:00 p.m.</u>		1. Airport ID <u>26b</u>		1. <input checked="" type="checkbox"/> None					
2. City/Place <u>Roanoke</u>		2. Time Zone <u>EDST</u>		2. City/Place <u>Meadville</u>		2. <input type="checkbox"/> VFR					
3. State <u>VA</u>				3. State <u>PA</u>		3. <input type="checkbox"/> IFR					
						4. <input type="checkbox"/> VFR/IFR					
						5. <input type="checkbox"/> Company (VFR)					
						6. <input type="checkbox"/> Military (VFR)					
<b>If Weather Was Involved, State If Weather Briefing Was Obtained Or If Weather Reports Were Checked And How It Was Accomplished</b> Weather was not a factor											
<b>Fuel On Board At Last Takeoff</b> <u>94</u> Gallons or _____ Pounds				<b>Fuel Type</b> 1. <input type="checkbox"/> 80/87 2. <input checked="" 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"/> Automotive 7. Specify _____							
<b>Other Services, If Any, Prior To Departure</b> None											
<b>Weather Information At The Accident Site</b>											
<b>Source Of Weather Information (Pilot/Operator, Weather Observation)</b> Computer generated				<b>Light Condition</b> 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				<b>Visibility</b> <u>10</u> Miles		<b>Temp (°F)</b> 75 F	

Weather Information At The Accident Site (cont.)									
<b>Dew Point</b>  Unknown (°F)	<b>Altimeter Setting</b>  Unknown "Hg	<b>Sky/Lowest Cloud Condition</b> 1. <input type="checkbox"/> Clear 2. <input checked="" type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured							
<b>Wind Information</b> 1. Direction _____ 2. Velocity _____ KTS 3. Gusts _____ KTS		<b>Restriction To Visibility</b>  None	<b>Type Precipitation</b>  None	<b>Intensity Of Precipitation</b> 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. Specify _____					
<b>Turbulence (Multiple entry)</b> 1. <input checked="" type="checkbox"/> None    2. <input type="checkbox"/> Light    3. <input type="checkbox"/> Moderate    4. <input type="checkbox"/> Severe    5. <input type="checkbox"/> Extreme    6. <input type="checkbox"/> Clear Air    7. <input type="checkbox"/> In Clouds									
Damage To Aircraft And Other Property									
<b>Degree Of Aircraft Damage</b> 1. <input type="checkbox"/> None    2. <input type="checkbox"/> Minor    3. <input type="checkbox"/> Substantial    4. <input checked="" type="checkbox"/> Destroyed					<b>Fire</b> 1. <input type="checkbox"/> Yes    3. <input type="checkbox"/> In-Flight 2. <input checked="" type="checkbox"/> No    4. <input type="checkbox"/> On Ground				
<b>Description Of Damage To Aircraft And Other Property</b> Aircraft damaged beyond repair. Damage to tree on golf course.									
Mechanical Malfunction Failure									
1. <input type="checkbox"/> No 2. <input checked="" type="checkbox"/> Yes    List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure Throttle Cable Bolt missing					<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Time</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; vertical-align: top;"> <b>On Part</b>   _____ Hours </td> <td style="text-align: center; vertical-align: top;"> <b>At Overhaul</b>   _____ Hours </td> </tr> </tbody> </table>	Total Time		<b>On Part</b>  _____ Hours	<b>At Overhaul</b>  _____ Hours
Total Time									
<b>On Part</b>  _____ Hours	<b>At Overhaul</b>  _____ Hours								
Collision Accident									
If Collision Accident Occurred, Complete The Information For Other Aircraft									
<b>Registration mark</b>  n/a	<b>Aircraft Manufacturer</b>  n/a	<b>Aircraft Type/Model</b>  n/a	<b>Degree Of Aircraft Damage</b> 1. <input checked="" type="checkbox"/> Destroyed    3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial    4. <input type="checkbox"/> None						
<b>Registered Aircraft Owner</b>  n/a			<b>Address</b>  n/a						
<b>Pilot Name</b>  n/a		<b>Address</b>  n/a		<b>Pilot Certificate No.</b>  n/a					
Evacuation Of Aircraft									
<b>Assistance Received</b> 1. <input checked="" type="checkbox"/> Outside Person(s)    3. <input type="checkbox"/> Slide    5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting    4. <input type="checkbox"/> Rope    6. <input type="checkbox"/> Specify _____									
<b>Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)</b> 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
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**Certificate(s)**

1. ☐ Student  
2. ☐ Private

3. ☐ Commercial  
4. ☐ Airline Transport

5. ☐ Flight Instructor  
6. ☐ Flight Engineer

7. ☐ Foreign  
8. Specify \_\_\_\_\_

**Ratings/Endorsements****Total Flight Time****Flight Time This Accident**

Name	FAA Certificate No.	Address	Title
------	---------------------	---------	-------

**Certificate(s)**

1. ☐ Student  
2. ☐ Private

3. ☐ Commercial  
4. ☐ Airline Transport

5. ☐ Flight Instructor  
6. ☐ Flight Engineer

7. ☐ Foreign  
8. Specify \_\_\_\_\_

**Ratings/Endorsements****Total Flight Time****Flight Time This Accident**

Name	FAA Certificate No.	Address	Title
------	---------------------	---------	-------

**Certificate(s)**

1. ☐ Student  
2. ☐ Private

3. ☐ Commercial  
4. ☐ Airline Transport

5. ☐ Flight Instructor  
6. ☐ Flight Engineer

7. ☐ Foreign  
8. Specify \_\_\_\_\_

**Ratings/Endorsements****Total Flight Time****Flight Time This Aircraft**

**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.

During climb out, the engine lost power. I immediately declared an emergency and advised departure I was returning to Roanoke. I was cleared for immediate landing. I attempted a restart after all other emergency procedures failed to produce power.

When I realized I would not make the Roanoke airport, I cautioned my passengers to fasten their safety belts and prepared for an emergency landing on a golf course adjacent to the airport. The fairways were extremely busy that day. I observed a number of golf carts and numerous golfers. Therefore, I decided to attempt to land in an area adjacent to the fairway, which appeared to be level.

About 70 feet above ground level and at about 60 KTS IAS, I lined up for an approach to land. I was low and slow and attempted to climb a few feet over a large tree. However, insufficient air speed and lift made that impossible. I banked 45 to the left in an attempt to miss the tree and still make a safe landing. Unfortunately, the right wing struck the tree causing the aircraft to spin and hit the ground.

I was knocked unconscious and was not aware of events until I woke up at the Roanoke Memorial Hospital Emergency Room.

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

Date Of This Report

September 6, 1994

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.

BF094F+140

Reviewed By NTSB Office Located At

Washington, DC

Name Of Investigator

Margaret Napolitan

Date Report Received

9/12/94