

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Toms River</u> State: <u>NJ</u> ZIP: <u>08753</u> Country: <u>United States</u> Latitude: <u>39° 55'</u> (dd:mm:ss N/S) Longitude: <u>74° 17'</u> (ddd:mm:ss E/W)		Date/Time Date: <u>06/25/2008</u> Local Time: <u>Approx. 1:30</u> pm <small>mm/dd/yyyy</small> Time Zone: <u>EDT</u>	
Phase of Operation <input type="checkbox"/> Standing <input checked="" type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None Altitude of In-Flight Occurrence <u>N/A</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Cessna Aircraft Co.</u> Model: <u>172 M</u> Serial Number: <u>17262499</u> Registration Number: <u>N13105</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Max Gross Weight: <u>2300</u> lbs Weight at Time of Accident/Incident: <u>2160</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>38.6</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- Percent Mean Aerodynamic Cord (% MAC)	
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Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate (Check all that apply) Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>2</u> (Rear seats were out) If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
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Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: <u>06/27/2007</u> <small>mm/dd/yyyy</small> Airframe Total Time: <u>7</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify: _____
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ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ELT Manufacturer: _____ Model/Serial: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____	
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Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	Reciprocating Fuel System Type <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____
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Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>O-320</u>			<u>150</u>			
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Lakehurst Navy Flying Club</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>Lakehurst</u> State: <u>NJ</u> ZIP: <u>08733</u> Country: _____
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input checked="" type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Select all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
OTHER AIRCRAFT COLLISION		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)		
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input checked="" type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground

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

Nose wheel assembly broken off airframe, cowling/engine compartment bent, propeller twisted/bent, left door separated from aircraft, left seat broken off frame, wing sheetmetal bent, windshield broken, vertical stabilizer bent at 90° angle.

Airport Identifier: KMJXDistance From Airport Center: less than 1SMAirport Name: Robert J. Miller Airpark

Direction From Airport: _____ degrees MAG

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport ☐ On AirstripAirport Elevation: 82 ft MSL

Approach Segment (Select one)

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

☒ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VORT/VOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)

☒ None ☐ Stop and Go
☐ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown

Runway Information

Runway ID: 24 (L/R/C) Length: 5949 ft Width: 100 ft

Runway/Landing Surface (Check all that apply)

☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

Condition of Runway/Landing Surface (Check all that apply)

☒ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation

Last Departure Point

Airport ID: KNELCity: LakehurstState: New JerseyCountry: US

Time of Departure

Time: 11:30 AMTime Zone: EDT

Destination

Airport ID: KMJXCity: Toms RiverState: New JerseyCountry: US

Type Flight Plan Filed

☐ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☒ Military VFR ☐ Unknown
☐ VFR
 Activated? ☒ Yes ☐ No

Type of ATC Clearance/Service (Check all that apply) (After T/O from KNEL to landing at KMJX)

☐ None ☐ Special VFR ☐ Special IFR ☒ VFR Flight Following * ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown/NA

Airspace where the accident/incident occurred (Check all that apply)

☐ Class A ☒ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

36 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

NONE

EVALUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location Student pilot in left seat (which evidently broke off frame and pushed left door open. Student pilot exited a/c onto left wing now upsidedown and pushed seat out of doorway. Student pilot poked his head back into a/c asking if instructor was okay; also said he smelled smoke. Instructor pilot answered in the affirmative, unbuckled seat belt/shoulder harness, dropped to the ground (maybe 8 inches) and scrambled out left door. Both exited left door.			
WEATHER INFORMATION AT THE ACCIDENT INCIDENT SITE			
Weather Observation Facility Facility ID: <u>ANOS</u> Observation Time: <u>Prior to taxi</u> Time Zone: <u>EDT</u> Distance from Accident Site: <u>less than 1</u> NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	
Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input checked="" type="checkbox"/> Not Pertinent		Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	
Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input checked="" type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered		Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	
Lowest Cloud Condition Height <u>3000</u> ft AGL		Ceiling Height <u>None</u> ft AGL	
Wind Direction <input checked="" type="checkbox"/> Indicated: <u>270</u> degrees MAG <input type="checkbox"/> Variable		Wind Speed Velocity: <u>8</u> KTS <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	
Wind Gusts Velocity: <u>None</u> KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting		Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop	
NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident <u>None</u>			
Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Trace <input type="checkbox"/> Light Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed Icing Actual Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Trace <input type="checkbox"/> Light Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	
		Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	

Pilot "A" Response: "ries at the Time of Accident/Incident <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																			
Pilot "A" Identification First Name: <u>Thomas</u> City: <u>Middletown</u> Middle Initial: <u>J</u> State: <u>NJ</u> ZIP: <u>07748</u> Last Name: <u>Flieger</u> Country: <u>US</u> Age at time of Accident/Incident: <u>62</u> Date of Birth: <u>mm/dd/yyyy</u> Certificate Number: _____																																																																																																			
Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			Seat Occupied <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																			
Principal Occupation <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other (<u>retired</u>) <input type="checkbox"/> Unknown		Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		Date of Last Medical <u>06/29/2007</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations Holder shall possess glasses that correct for near and intermediate vision.																																																																																																			
Medical Certificate Waivers																																																																																																			
Date of Last Flight Review or Equivalent, including FAR 121/135 Checks: <u>07/11/2006</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA-28-161</u>																																																																																															
Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport																																																																																													
Type Ratings <u>None</u>						Student Endorsements (Include dates)																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>6153.9</td> <td>1018</td> <td>6138.9</td> <td>15</td> <td>1173</td> <td>21</td> <td>276</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>5933.5</td> <td>1006</td> <td>5894.3</td> <td>3</td> <td>1158</td> <td>18</td> <td>240</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>4672.0</td> <td>955</td> <td>4672</td> <td></td> <td>830</td> <td>5</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>144</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>149</td> <td>27</td> <td>149</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>65</td> <td>12</td> <td>65</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>3.5</td> <td>1</td> <td>3.5</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	6153.9	1018	6138.9	15	1173	21	276				Pilot in Command (PIC)	5933.5	1006	5894.3	3	1158	18	240				Time as Instructor	4672.0	955	4672		830	5					This Make/Model					144	1					Last 90 Days	149	27	149								Last 30 Days	65	12	65								Last 24 Hours	3.5	1	3.5							
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																																																																																			
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Last 30 Days	65	12	65																																																																																																
Last 24 Hours	3.5	1	3.5																																																																																																

Pilot "B" Responsibilities at the Time of Accident/Incident										
<input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input checked="" type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew										
Pilot "B" Identification										
First Name: <u>Kirk</u>					City: <u>Hamilton Square</u>					
Middle Initial: <u>R</u>					State: <u>NJ</u> ZIP: <u>08690</u>					
Last Name: <u>Everett</u>					Country: <u>US</u>					
Age at time of Accident/Incident: <u>55</u>			Date of Birth: <u>mm/dd/yyyy</u>		Certificate Number: <u> </u>					
Degree of Injury			Seat Occupied			Seat Belt		Shoulder Harness		
<input type="checkbox"/> None <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Pilot Certificate(s) (Check all that apply)										
<input type="checkbox"/> None <input checked="" type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military										
Principal Occupation		Medical Certificate			Medical Certificate Validity		Date of Last Medical			
<input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		<u>07/15/2006</u> mm/dd/yyyy			
Medical Certificate Limitations										
Holder shall possess glasses that correct for near vision.										
Medical Certificate Waivers										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:										
(Club required) <u>06/18/2008</u> mm/dd/yyyy					Flight Review Aircraft Make: <u>Cessna</u> Model: <u>172 M</u>					
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)				
<input checked="" type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input checked="" type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport				
Type Ratings						Student Endorsements (Include dates)				
						Solo - 08/16/2006 X/C - 03/20/2007				
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	92.6	91.5	92.6		3.3		3.2			
Pilot in Command (PIC)	32.3	32.3	32.3							
Time as Instructor										
This Make/Model										
Last 90 Days	14.7	14.7	14.7	(8.0 as PIC, 6.7 dual received)						
Last 30 Days	3.0	3.0	3.0	(All dual)						
Last 24 Hours	1.3	1.3	1.3	(Immediately prior to accident)						

ADDITIONAL PILOT CREWMEMBERS		Degree of Injury										
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious										
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs										
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious										
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs										
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious										
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs										
PASSENGERS / OTHER PERSONNEL		Seat	Crew	Non-Reverse	Reverse	Non-Occupant	FAA	Panel	Serious Injury	Minor Injury	No Injury	Unknown
Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____												
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____												
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____												
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____												
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____												
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____												
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____												

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 time and point of departure, intended destination, and services obtained. On June 25, 2008 Mr. Kirk Everett, a student pilot completing the second of the last three hours of training prior to taking his practical flight test, and I had met at Lakehurst Naval Engineering Center at approximately 11 am to practice some of the maneuvers necessary to pass the practical test. We departed Lakehurst at approximately 11:30 am without incident and proceeded to the practice area over Barnegat Bay. We contacted McGuire Approach Control for flight following.

After an hour plus of flight, we decided to stop at Miller and refuel the plane. We landed without incident, walked into the FBC shop to place our order. After receiving the fuel and paying the bill, we walked out to the airplane. We checked the fuel and oil and climbed into the airplane. There was nothing abnormal about the plane as we climbed in. I distinctly remember adjusting the seat forward, as it had been moved backwards to exit the plane, and then sort of shaking the seat to be sure it was in the locked position. Engine start was normal, we taxied to Runway 24 (the active at the time), did the runup and checked the controls. As this was supposed to be a practice soft field departure, I reminded Kirk that we would wait for whatever traffic was landing, then roll out onto the runway, so as to simulate the procedure for not getting stuck in soft grass or mud. I also reminded him to lift the nose out of the "soft field" as soon as possible and then depart in a normal manner once the main landing gear were off the "soft field." (It was our intention to return to Lakehurst, do a soft field landing, put the plane away and go to lunch.)

We rolled out onto the runway, Kirk added full power and we began to roll. Within a second or two, he lifted the nose. As he did, my seat started to slide backwards, and as I slid back at the same time yelled to him to "Hold on. My seat is sliding back." I guess the seat travelled to the back of the

Operator/Owner Safety Recommendation

Both student and instructor positive they checked for seat lock upon entering/sitting in respective seats. No reason to believe safety bulletin/AD was not complied with at last annual. Whether both seats were checked is unknown. Knowing this particular aircraft is heavily used for training, and aware of service bulletin/AD dealing with possible seat slippage, more than passing care should have been taken to insure seat would not slip.

ADDITIONAL INFORMATION (Please type or print in ink) (NARRATIVE CONTINUED)

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

roll, and as I was sliding backwards I remember grabbing for something to stop my rearward movement, which, as it turned out, to be the control wheel. I noted the airplane yawing to the left and starting to bank, but I was still trying to get back forward to help Kirk reestablish control. At a point no more than five feet off the ground and to the left of the runway environment, the left wing impacted the ground and we yanked to the left. I surmise the nose wheel hit one of the ruts in the grass that parallels the runway, evidently sheared the wheel assembly off, and the nose impacted the ground. As the airplane then flipped over on its back, I remember thinking this really wasn't happening! I know Kirk was able to get out of the airplane before me, taking his seat with him. (I only later found out the seat had completely separated from the framework.) Kirk immediately poked his head into the cockpit, inquired as to my condition, and suggested we get out immediately as there was a small fire in the cowlings compartment. At this point I was upsidedown, hanging by my seatbelt and shoulder harness. I remember unbuckling the belts and scrambling out Kirk's door. We both stood up, noted the fire in the cowlings to be small and not building, and walked away from the immediate environs of the plane.

At that point, the golf cart used by the FBO was rolling across the runway, followed by a pickup truck or two and then, in short manner of time, police cars and an ambulance. The woman with the first aid squad told me I had lacerations on my head, as I was bleeding, although not as profusely as I think she initially thought.

I had a bump on my forehead and my lower right arm, just below the elbow. I was also bleeding from the top of my nose. We later agreed that the nose wound was from the sunglasses I always wear, and the scalp "wounds" were caused by the headset used for communications.

After answering numerous questions from the police and EMT crew, I was loaded into the ambulance, as was Kirk a few minutes later and we were transported to Community Hospital in Toms River. I was X-rayed on my arm and a CT scan was performed on my head to look for any trauma. There being no injuries other than some very sprained muscles, we were finally discharged at about 8 pm. I then drove back to Lakehurst with Kirk, in his truck, as it was on his way home and for me to retrieve my car. I then drove home and was back in Middletown just before 9 pm.

Date of this Report: Signature and Name of Pilot/Operator

07/08/2008

Signature:

mm/dd/yyyy

Type or Print Name: Thomas J D Flierer

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

Title:

NTSB Accident/Incident No.

NYC08UA228

Reviewed by NTSB Regional Office

MARA

Name of Investigator

DEMKO

Date Report Received

07/08/08