

Aug. 27. 2009 8:27AM

No. 3915 P. 5

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 <u>Square</u> Nearest City/Place: <u>Rockaway Town Hall, Rockaway</u> State: <u>NJ</u> ZIP: <u>07866</u> Country: <u>United States</u> Latitude: <u>40°59'30</u> (00:00:00 N/S) Longitude: <u>74°30'00</u> (00:00:00 E/W) | Date/Time Date: <u>08/25/2009</u> Local Time: <u>12:22 PM</u> <small>mm/dd/yyyy</small> Time Zone: <u>Eastern</u> |
|---|---|

| | | |
|---|---|---|
| Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (Incl. initial climb) <input checked="" 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>2700'</u> <small>ft MSL</small> |
|---|---|---|

WEATHER INFORMATION AND DATA

| | | |
|--|--|--|
| Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ 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 checked="" type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS) | Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown |
|--|--|--|

| | | |
|--|--|--------------------------------------|
| 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 | Visibility <u>10</u> miles |
|--|--|--------------------------------------|

| | | |
|---|--|---|
| Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Scattered | Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown | Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown |
|---|--|---|

| | |
|---|--|
| Lowest Cloud Condition Height <u>3500</u> <small>ft AGL</small> | Ceiling Height <u>None</u> <small>ft AGL</small> |
|---|--|

| | | | |
|---|---|---|---|
| Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable | Wind Speed Velocity: _____ KTS -or- <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable | Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" 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
 CDW NOTAMS: Towers Lights 05: 968 MSL, 346 AGL 4.62 NM SSE. 293 MSL
 109' AGL 2.02 NNE. 588 MSL, 151 AGL 1.25 SE. Taxiway B closed between
 "N" and 4-22.
 NO Airmets, sigmets pertaining to Area during flight or accident.

| | | |
|---|---|--|
| Temperature: <u>27</u> (C) or _____ (F) Altimeter Setting: <u>30.08</u> in. HG or _____ MB Density Altitude: <u>1,000 APPROX</u> Dew Point: <u>19</u> (C) or _____ (F) | Icing Forecast Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light <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"/> Hail <input type="checkbox"/> Snow Grains <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 |
| Icing Actual Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed | | Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Manufacturer: Cesna
Model: 172 RG / Cutlas
Serial Number: 172R80097
Registration Number: N417R **As-built:** Yes No

Max Gross Weight: 2658 lbs
Weight at Time of Accident: 2228 lbs
Location of Center of Gravity at Time of Accident: 40.37 inches from nose or tail
Percent Mean Aerodynamic Cord (MAC)

Category of Aircraft:
 Airplane
 Balloon
 Blimp/dirigible
 Glider
 Gyrocraft
 Helicopter
 Powered lift
 Ultralight
 Unknown

Type of Airworthiness Certificate (Check all that apply):
Standard: Normal Utility Aerobatic Transport
Special: Reserved Limited Provisional Experimental Special Flight Light Sport

Number of Seats: 4
 If Large Aircraft, how many seats for:
 Flight Crew: _____
 Cabin Crew: _____
 Passengers: _____

Landing Gear: Retractable
 Check any additional landing gear configuration that applies:
 Tricycle Tailwheel
 Amphibian High Skid
 Emergency Float Skid
 Float Skid
 Skid Skidwheel
 Unknown

Type of Maintenance Program:
 Annual
 Conditional (As-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

Last Inspection Type:
 100 Hour Conditional Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 3/24/2009
month/year

AFMS/IDE Total Time: 6196.8 hrs
 hours measured as: (check one)
 Last Inspection Time of Accident

JFR Equipped: Yes No Unknown

Stall Warning System Installed: Yes No Unknown

Type of Fire Extinguishing System:
 None
 specify: N3R C362TS

ELT Installed: Yes No **ELT Activated:** Yes No

ELT Manufacturer: Navco
Model/Version: ELT-10
Serial Number: 40K
Battery Type: BP-1020 **Battery Exp. Date:** 4-30-2010

ELT Aided in Locating Accident / Incident: Yes No

Engine Type: Reciprocating Turbo Jet Turbo Prop Turbo Fan Unknown

Reciprocating Fuel System Type: Carburetor Fuel Injected

Propeller: Fixed Pitch Constant Speed Pitch

Manufacturer: McCoukey
Model: 620346270

| Engine | Engine Manufacturer | Engine Model/Version | Manufacturing Serial Number | Date of Mfg. Availability | 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>Textron Lycoming</u> | <u>O-310-F1A6</u> | <u>6-275258A</u> | | <u>180hp</u> | <u>6196.8</u> | <u>504</u> | <u>286.3</u> |
| Eng. 2 | | | | | | | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

Registered Aircraft Owner:
Name: CENSUS ONE INC
Fractional Ownership Aircraft: Yes No

Operator of Aircraft: Same As Registered Owner
Name: Air Fleet Training
Doing Business As: SAFE
Air Carrier/Operator Designator (4 Character Code): _____

Owner Address:
 City: 721 Galtys Buzgalt
 State: NV ZIP: 89762
 Country: USA

Operator Address: Same As Registered Owner
 City: 333 Industrial
 State: NV ZIP: 89708
 Country: USA

Reverts Sighting Flight: Yes No

Air Medical Flight: Yes No

Regulation Flight Conducted Under:
 FAR 91 FAR 129 FAR 91 Special Flight Public Use (select type)
 FAR 103 FAR 130 Non-IEE, Commercial Federal State Local
 FAR 121 FAR 133 Non-IEE, Non-commercial Unknown
 FAR 125 FAR 137 Arrived Foreign

| | | | | | |
|---|--|---|--|---|--|
| 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 (Check 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 | |
| Aircraft Registration Number [REDACTED] | | Manufacturer: [REDACTED] Model: [REDACTED] | | Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input checked="" 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: _____ | | | | | |
| Airport Identifier: _____ | | Distance From Airport Center: _____ SM | | | |
| Airport Name: _____ | | Direction From Airport: _____ degrees MAG | | | |
| Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip | | Airport Elevation: _____ ft MSL | | | |
| Approach Segment (Select one) <input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final <input type="checkbox"/> Go Around <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown) | | | | | |
| IFR Approach (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Low <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling | | | VFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input checked="" type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown | | |
| Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft | | | | | |
| Runway/Landing Surfaces (Check all that apply) <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow | | | Condition of Runway/Landing Surface (Check all that apply) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation | | |
| Last Departure Point Airport ID: <u>4N1</u> City: <u>Greenwood Lake</u> State: <u>NJ</u> Country: <u>United States</u> | | Time of Departure Time: <u>11:00 AM</u> Time Zone: <u>Eastern</u> | | Destination Airport ID: <u>KCDW</u> City: <u>Fairfield</u> State: <u>New Jersey</u> Country: <u>United States</u> | |
| Type of ATC Clearance/Service (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA | | | | | |

Airspace where the accident occurred (Check all that apply)

| | | | | |
|----------------------------------|---|---|--|---|
| <input type="checkbox"/> Class A | <input checked="" type="checkbox"/> Class B | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> Jet Training Area | <input type="checkbox"/> Special |
| <input type="checkbox"/> Class B | <input checked="" type="checkbox"/> Class G | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> TRSA | <input type="checkbox"/> Air Traffic Control Area |
| <input type="checkbox"/> Class C | <input type="checkbox"/> Demo Area | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> FAR 93 | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Class D | <input type="checkbox"/> Warning Area | <input type="checkbox"/> Airport Advisory Area | | |

Aircraft Load Description (Check all that apply)

| | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Towing Glider | <input type="checkbox"/> Parachutists | <input type="checkbox"/> Livestock |
| <input checked="" type="checkbox"/> Passengers | <input type="checkbox"/> Towing Banner | <input type="checkbox"/> Water | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Cargo | <input type="checkbox"/> Other External | <input type="checkbox"/> Chemical/Fertilizer/Seeds | |

OPERATIONAL SERVICES INFORMATION

| | | | | | |
|---|--|-------------------------------------|----------------------------------|------------------------------|---|
| Fuel on Board at Last Takeoff (convert from pounds, as necessary) | Fuel Type | <input type="checkbox"/> 80/87 | <input type="checkbox"/> 115/145 | <input type="checkbox"/> JP3 | <input type="checkbox"/> Other, specify _____ |
| Approx. 55 Gallons | <input checked="" type="checkbox"/> 100 Low Lead | <input type="checkbox"/> Jet A | <input type="checkbox"/> JP4 | | |
| | <input type="checkbox"/> 100/130 | <input type="checkbox"/> Automotive | <input type="checkbox"/> JP5 | | |

Other Services, if Any, Prior to Departure

Was there Mechanical Malfunction/Failure? Yes No Unknown
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)
 Specifics still to be Determined

| |
|--|
| Total Time/Cycles On Part |
| _____ Hours |
| _____ Cycles |
| Time Since This Part Inspected/Overhauled |
| _____ Hours |

| | | |
|---|--|--|
| Aircraft Damage | Aircraft Fire | Aircraft Explosion |
| <input type="checkbox"/> None | <input checked="" type="checkbox"/> None | <input checked="" type="checkbox"/> None |
| <input type="checkbox"/> Substantial | <input type="checkbox"/> In-Flight | <input type="checkbox"/> In-Flight |
| <input type="checkbox"/> Minor | <input type="checkbox"/> On-Ground | <input type="checkbox"/> On-Ground |
| <input checked="" type="checkbox"/> Destroyed | <input type="checkbox"/> Both Ground and In-Flight | <input type="checkbox"/> Both Ground and In-Flight |
| | <input type="checkbox"/> Unknown Origin | <input type="checkbox"/> Unknown Origin |

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

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location
 Both occupants Exited thru the pilot side Door. Due to fuel Leaking from right Wing. Exited to the 7 o'clock position relative to aircraft.

PILOT INFORMATION

Pilot "A" Responsibilities at the Time of Accident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "A" Identification
 First Name: Thomas City: Lyndhurst
 Middle Initial: P State: AL ZIP: 07011
 Last Name: Fischer Country: United States

Age at time of Accident: 42 Date of Birth: [REDACTED] Certificate Number: [REDACTED]
mm/dd/yyyy

Degree of Injury: None Fatal Minor Unknown Serious
 Seat Occupied: Left Right Center Front Rear Single Unknown
 Seat Belt: Used Yes No Available Yes No
 Shoulder Harness: Used Yes No Available Yes No

Pilot Certificate(s) (Check all that apply)
 None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation: Pilot Other Unknown
 Medical Certificate: None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown
 Medical Certificate Validity: Without limitations/waivers With limitations/waivers Unknown
 Date of Last Medical: 10/29/2008
mm/dd/yyyy

Medical Certificate Limitations
Shall wear corrective lenses

Medical Certificate Waivers

FAA
 Date of Last Flight Review BFR 06-07-2008 or Equivalent, Including FAR 121/135 Checks: 02-10-2009
141 chief Pilot check mm/dd/yyyy
 Flight Review Aircraft: BFR/IPC
 Make: Cessna 141 (check) Aircraft: Mooney
 Model: C172SP M20TN

Airplane Rating(s) (Check all that apply): None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea
 Other Aircraft Rating(s) (Check all that apply): None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift
 Instrument Rating(s) (Check all that apply): None Airplane Helicopter Powered Lift
 Instructor Rating(s) (Check all that apply): None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport

Type Ratings

Student Endorsements (Include class)

| 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 | 3045.1 | 169.4 | 2991.5 | 46.7 | 186.8 | 125.3 | 78.0 | | | |
| Pilot in Command (PIC) | 2976.4 | 161.5 | 2924.2 | 26.0 | 182.0 | 124.4 | 20.2 | | | |
| Time as Instructor | 2670.2 | 131.0 | 2670.2 | 0 | 159.6 | 114.6 | 0.0 | | | |
| This Make/Model | | | | | 5.6 | 0.3 | 0.5 | | | |
| Last 90 Days | 282.8 | 13.6 | 282.8 | 0 | 3.8 | 26.4 | 0 | | | |
| Last 30 Days | 63.8 | 9.7 | 63.8 | 0 | 0 | 3 | 0 | | | |
| Last 24 Hours | 7.1 | 2.7 | 7.1 | 0 | 1 | 0 | 0 | | | |

ADDITIONAL FLIGHT CREW MEMBERS (If you have any cabin attendants, complete the following information)

| | | |
|--|---|---|
| Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | Degree of Injury <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"/> Nons <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: _____ | | Degree of Injury <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"/> Nons <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: _____ | | Degree of Injury <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"/> Nons <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 | |

SEAT INJURY INFORMATION

| Name and Address | Seat | Crew | Non-Subacute | Recurrent | Non-Decomp | FAA | Fatal Injury | Serious Injury | Minor Injury | No Injury | Unknown |
|---|------|------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NARRATIVE REPORT

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include 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.

RECOMMENDATIONS

Operator/Owner Safety Recommendation


ADDITIONAL INFORMATION (Please type or print in ink)

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


Date of this Report

09/02/2009
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: 
Type or Print Name: Thomas P. Fischer

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

Signature: 
Type or Print Name: Thomas P. Fischer
Title: Pilot/Chief Flight Instructor

NTSB Accident/Incident No.

ERA09LA481

Reviewed by NTSB Regional Office

MIAMI

Name of Investigator

JOSE OBREGON

Date Report Received

8/27/2009

9/4/2009

Narrative of accident involving N6117R, on 08/25/2009:

The flight originally departed KCDW at approximately 10:30am, on 08/25/2009 with the intention of conducting flight instructor training for Akiko Gittens. As a CFI candidate with ample time in make and model, Mrs. Gittens performed the preflight inspection. When I came out the air plane she was approximately half way done. I queried her regarding the oil level, which she stated was approximately 5.7 quarts on the dipstick. Since the C172-RG uses engine oil to regulate the pitch of the propeller, I told her I would add a quart before we left, which I did. As the Chief Flight Instructor, I check the oil level of each aircraft every morning prior to dispatching any of them, so I already knew what the level was. I always ask students this question to make sure they checked, and properly interpret the indicated level. The oil level had been holding @ 6 quarts for the last few days, but since Akiko and I had flown 2.7 hours (Hobbs time) the day before, I was not surprised it had dropped slightly.

The engine run-up, and systems checks yielded no results which would cause any concern. Oil pressure, magneto checks, fuel pressure/pump indications were all normal.

After departing KCDW, we proceeded north towards the practice area. Approximately 12 miles north of KCDW, we started a climb from 2,500' MSL, to 3,500' MSL. As we approached 4N1, I prepared the airplane for a simulated engine failure. Lights: check on, Carb heat: on, Cowl flaps: closed, Mixture: full rich, Prop: high RPM, Fuel pressure: green, Power: to Idle, and called "Engine out". After a successful landing on runway 24 @ 4N1, I made a radio call on the CTAF that we would be departing runway 6, since there was no wind to speak of.

We proceeded out to the practice area, where we continued to review the maneuvers we had planned to work on.

Approximately one hour after departing 4N1, through performing maneuvers, clearing turns, etc we wound up south of Lake Hopatcong. I had just finished demonstrating an elevator stall, and as part of the recovery retracted the landing gear. When we lowered the gear again for Akiko to perform the same stall, I noticed the front half of the left main wheel was wet. I asked Akiko if her wheel was also wet, and she stated that it was. Being in the left seat I could not see to what extent. We stopped focusing on maneuvers at that point, and tried to determine the nature of the moisture on the wheel. My first inclination was that it was hydraulic fluid, since we had just lowered the gear. I knew it was not water, because I could see ripples in the fluid, indicating that it was more viscous than water. However, since it was on a black tire, I could not determine the color of the fluid. I told Akiko that we should suspend the lesson, and since we had the gear down, and locked, we should keep it down and head back to KCDW to have the mechanics check it out before continuing. As we made our way back to KCDW I continued to try to determine the nature of the fluid, including removing my headset, and sticking my head out the window slightly, to see if I could locate the source. Just after I closed my window, I noticed the oil pressure was approaching the RED line. At this point we were approximately one or two nautical miles southeast of Lake Hopatcong. Once I realized that the problem was more serious, I assumed control of the aircraft, put the landing gear up to improve performance, and made the most direct course for KCDW that would still keep us in power off range of route 80. I tried twice to contact New York approach for a clearance into the Bravo airspace, and to have someone keep an eye on us. I got no response either time, though I could hear the communicating with other aircraft. I had not declared an emergency as of yet. There were clouds overhead at approximately 4,000 MSL, and since I did not want to sacrifice ground speed for the climb, I chose to contact the tower at KCDW, and advise them of our situation, and that we were coming in, and keeping ourselves over route 80. The controller recommended runway 10 since it was the most direct from our position, I agreed and told him that would be our goal. Approximately 2 minutes later, we were approximately 1NM east of the Rockaway Towne Center Mall, the engine, which had shown no other sign of running rough to that point, ground to a halt, with the propeller stopping with the engine. I issued a "MAYDAY" over the tower frequency, since they were already aware of our situation. Established best glide, and after a very brief look at the area we were over, I turned towards the mall, and stated my intentions to the tower. Due to the nature of the failure being oil related, and the way that it stopped, I did not attempt a re-start. Instead, I focused on securing the engine as we made our way to the mall. Throttle: Idle, Mixture: Idle cut-off, Fuel selector: off, Magnetos: off. Master switch: on until flaps lowered. Once we were headed towards the mall, I started looking for the most open area. The southeast side had cars spuratically placed throughout, the northeast did not have much, but there was a tractor trailer in that lot. I chose the southwest lot, and circled over the mall. I noticed a flag next to the building, which was showing no wind at all. I circled over my intended point, and at approximately 1,500' MSL, turned to start a downwind leg to the lot. As I turned a base, I noticed a cell phone tower in the northwest lot, so I kept my path inside of it to keep it from being any factor. When I turned final, I lowered the flaps, and turned the Master switch off. Still trying to pin point the touchdown zone, trying to determine if lines on the ground were painted, or raised curbs, I noticed a pickup truck coming across my path from my right, so I started looking further out for my spot. As we got lower, and I realized we were going to land long, I started looking for the largest gap in the trees, since the lot had trees around its perimeter. Just before we touched down, I noticed a car coming into the lot on the driveway from the right, I turned left, and tried to miss the tree, and the incoming car. We touched down just before the curb, and bounced, at which point the nose wheel struck the curb and was sheered off. The right wing contacted the tree, and spun the airplane around to the right approximately 180 degrees. Once the airplane stopped, I tried briefly to disengage the cresent seat track clamp, when it did not release, probably because we were nose down and there was tension on it. I released my seat belt

and shoulder harness, and instructed Akiko to follow me out my side, since there was fuel leaking from the right wing after striking the tree. As we walked away from the airplane, the first police officer was pulling up and getting out of his car. We both initially refused medical attention, but after speaking to the owner of the flight school, we decided to go to the hospital to be examined. The only injuries ewre to myself. A small cut on the left side of my head, which only needed cleaning, and the hard landing hurt my back slightly.