

**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>GREENWOOD LAKE AIRPORT</u> Nearest City/Place: <u>WEST MILFORD (4N1)</u> State: <u>NY</u> ZIP: _____ Country: <u>USA</u> Latitude: _____ (00 00 00 N/S) Longitude: _____ (000.00 00 E/W) | Date/Time Date: <u>12/18/2010</u> Local Time: <u>1015</u> _____ Time Zone: <u>EST</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 APPROX <u>1500</u> AGL ft MSL |
|---|---|---|

WEATHER INFORMATION AT THE ACCIDENT SITE

| | | |
|--|---|--|
| Weather Observation Facility Facility ID: <u>4N1, WILLIAMSPORT FSS</u> Observation Time: <u>0700-1000</u> Time Zone: <u>EST</u> Distance from Accident Site: <u>0</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 checked="" type="checkbox"/> Flight Service Station <u>WILLIAMSPORT</u> <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report (AIRPORT) <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Commercial Weather Service (DUATS) ↳ <u>BY COMPUTER/INTERNET</u> | 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 checked="" 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 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 checked="" type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered | Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input checked="" 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>5000</u> ft AGL | Ceiling Height <u>5000</u> ft AGL | Wind Direction <input type="checkbox"/> Indicated: <u>WEST</u> degrees MAG <input type="checkbox"/> Variable | Wind Speed Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input checked="" 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

| | | |
|--|---|--|
| Temperature: _____ (C) or <u>34</u> (F) Altimeter Setting: _____ in HIG 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"/> 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 Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
|--|---|--|

| AIRCRAFT INFORMATION | | | | | | | | | |
|---|----------------------------|---|--|--|--|--|-------------------------------|-----------------------------|--|
| Manufacturer: <u>CESNA</u> Model: <u>182P</u> Serial Number: _____ Registration Number: <u>N1462M</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | Max Gross Weight: _____ lbs Weight at Time of Accident: _____ lbs Location of Center of Gravity at Time of Accident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC) | | | | |
| 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 <i>(Check all that apply)</i> 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>4</u> 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 | | | |
| 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>12/16/2010</u> <i>mm/dd/yyyy</i> Airframe Total Time: _____ hrs hours measured at <i>(check one)</i> <input type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident | | | | |
| IFR Equipped <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> None <input type="checkbox"/> Specify <u>EXTINGUISHER</u> | | | | |
| ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <u>UNK</u> | | ELT Manufacturer: _____ Model/Serial: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____ | | | | | | | |
| ELT Aided in Locating Accident / Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 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 type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>MCCAULEY - 2 BLADES</u> Model: _____ | | | |
| Engine | Engine Manufacturer | Engine Model/Serial | Manufacturing Serial Number | Date of Mfg. <i>mm/dd/yyyy</i> | Engine Rated Power Measured as <i>(check one)</i> <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>CONTINENTAL</u> | <u>04705</u> | <u>83414-2-R</u> | | <u>230</u> | | <u>0</u> | <u>140</u> | |
| Eng. 2 | | | | | | | | | |
| Eng. 3 | <u>(ZERO-TIME REBUILD)</u> | | <u>JAN 25, 2005</u> | | | | | | |
| Eng. 4 | | | | | | | | | |
| OWNER/OPERATOR INFORMATION | | | | | | | | | |
| Registered Aircraft Owner Name: <u>LAST WISH</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | Owner Address City: <u>BLOOMINGDALE</u> State: <u>NJ</u> ZIP: <u>07403</u> Country: <u>USA</u> | | | | |
| Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____ | | | | | Operator Address City: _____ State: <u>NJ</u> ZIP: <u>07470</u> Country: <u>USA</u> | | | | |
| 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) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input 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) <ul style="list-style-type: none"> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <ul style="list-style-type: none"> <input type="checkbox"/> Domestic <input type="checkbox"/> International | Type of Commercial Operating Certificate Held (Check all that apply) <ul style="list-style-type: none"> <input 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) <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft |
| Cargo Operation <ul style="list-style-type: none"> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail | | |

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

| | | |
|-------------------------------------|---|---|
| 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: _____

AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: 4N1 **Distance From Airport Center:** _____ SM
Airport Name: GREENWOOD LAKE AIRPORT **Direction From Airport:** _____ degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** 775 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) <ul style="list-style-type: none"> <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"/> Loran <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) <ul style="list-style-type: none"> <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 | Condition of Runway/Landing Surface (Check all that apply) <ul style="list-style-type: none"> <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 |
| Runway/Landing Surface (Check all that apply) <ul style="list-style-type: none"> <input 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 | |

FLIGHT ITINERARY INFORMATION

| | | | |
|--|---|--|--|
| Last Departure Point Airport ID: <u>4N1</u> City: _____ State: _____ Country: _____ | Time of Departure Time: _____ Time Zone: _____ | Destination Airport ID: <u>MMU</u> City: <u>MORRISTOWN</u> State: <u>NJ</u> Country: <u>USA</u> | Type Flight Plan Filed <ul style="list-style-type: none"> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|--|--|

Type of ATC Clearance/Service (Check all that apply)

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

Airspace where the accident occurred (Check all that apply)

| | | | | |
|---|---------------------------------------|---|--|---|
| <input type="checkbox"/> Class A | <input type="checkbox"/> Class E | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> Jet Training Area | <input type="checkbox"/> Special |
| <input type="checkbox"/> Class B | <input 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 checked="" 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 | |

FUEL & SERVICES INFORMATION

| | |
|---|---|
| Fuel on Board at Last Takeoff (convert from pounds, as necessary) | Fuel Type |
| 84 Gallons | <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <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 |
| | <input type="checkbox"/> Other, specify _____ |

Other Services, if Any, Prior to Departure

1 QT OIL
 ENGINE PRE-HEAT, PROPANE ON GOLF CART, 15-20 MINUTES,
 BY WAGUSER AVIATION

MECHANICAL MALFUNCTION/FAILURE (if more space is needed, continue on separate sheet)

| | |
|--|--|
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input 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 | Aircraft Fire | Aircraft Explosion |
| <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed | <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 | <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)

AIRCRAFT WAS DESTROYED BY IMPACT WITH GROUND

EVACUATION OF AIRCRAFT

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

- PASSENGER EXITED VIA RIGHT DOOR. [PIC OPENED DOOR LATCH PRIOR TO IMPACT.]

- PIC - EMERGENCY SERVICES EXTRACTED PILOT FROM WRECKAGE SHORTLY AFTER IMPACT/CRASH

PILOT "A" 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: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Age at time of Accident: 49 Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

| | | | |
|---|---|--|---|
| Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Serious | Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input 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 type="checkbox"/> Yes <input type="checkbox"/> No | Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Pilot <u>AMERICAN AIRLINES</u> <input type="checkbox"/> Other <u>AIRLINES</u> <input type="checkbox"/> Unknown | Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown | Date of Last Medical _____ <small>mm/dd/yyyy</small> |
|---|---|---|---|

Medical Certificate Limitations

NONE (AT TIME OF ACCIDENT)

Medical Certificate Waivers

NONE (AT TIME OF ACCIDENT)

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

07/29/2006
mm/dd/yyyy

Flight Review Aircraft

Make: # BOEING MD-80
 Model: AMERICAN AIRLINES MD-80

| | | | |
|---|---|---|---|
| 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 <u>ATP</u> | Other Aircraft Rating(s) (Check all that apply) <input 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 checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport |
|---|---|---|---|

Type Ratings

DC-9, SA227, MD11, A310

Student Endorsements (Include dates)

| 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 | <u>17,000</u> | <u>200+</u> | | | | | | | | |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | | <u>4+</u> | | | | | | | | |
| Last 30 Days | | <u>1</u> | | | | | | | | |
| Last 24 Hours | <u>0</u> | | | | | | | | | |

70-80 Hours/MONTH⁷ MD-80 @ AMERICAN AIRLINES

PILOT "B" INFORMATION N/A

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

Pilot "B" Identification

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Age at time of Accident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

| | | | |
|--|--|---|--|
| Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious | Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single | Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No | Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Pilot <input type="checkbox"/> Other <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 type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown | Date of Last Medical <i>mm/dd/yyyy</i> |
|---|--|--|--|

Medical Certificate Limitations

Medical Certificate Waivers

| | |
|---|--|
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <i>mm/dd/yyyy</i> | Flight Review Aircraft Make: _____ Model: _____ |
|---|--|

| | | | |
|--|--|---|--|
| Airplane Rating(s) <i>(Check all that apply)</i> <input 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 | Other Aircraft Rating(s) <i>(Check all that apply)</i> <input 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) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport |
|--|--|---|--|

| | |
|---------------------|--|
| Type Ratings | Student Endorsements <i>(Include dates)</i> |
|---------------------|--|

| Flight Time <i>(enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument | | Rotorcraft | Glider | Lighter Than Air |
|--|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
| | | | | | | Actual | Simulated | | | |
| Total Time | | | | | | | | | | |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | | | | | | | | | | |
| Last 30 Days | | | | | | | | | | |
| Last 24 Hours | | | | | | | | | | |

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

| | | | |
|--|-------------------------|---|--|
| Pilot Name and Address | | Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious | |
| First Name: _____ | City: _____ | | |
| Middle Initial: _____ | State: _____ ZIP: _____ | | |
| Last Name: _____ | | Country: _____ | |
| Pilot Certificate(s) (Check all that apply) | | 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 | |
| <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 | | | |
| 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 | | Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious | |
| First Name: _____ | City: _____ | | |
| Middle Initial: _____ | State: _____ ZIP: _____ | | |
| Last Name: _____ | | Country: _____ | |
| Pilot Certificate(s) (Check all that apply) | | 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 | |
| <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 | | | |
| 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 | | Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious | |
| First Name: _____ | City: _____ | | |
| Middle Initial: _____ | State: _____ ZIP: _____ | | |
| Last Name: _____ | | Country: _____ | |
| Pilot Certificate(s) (Check all that apply) | | 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 | |
| <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 | | | |
| 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 | |

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

| Name and Address | Seat | Crew | Non-Revenue | Revenue | Non-Occupant | FAA | Fatal Injury | Serious Injury | Minor Injury | No Injury | Unknown |
|---|-------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| First Name: <u>MARIK</u> City: <u>KINNEBON</u> Middle Initial: _____ State: <u>NY</u> ZIP: _____ Last Name: <u>GANGI</u> Country: <u>USA</u> | _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> |

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

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 PAGE

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

SEE ATTACHED PAGE

ADDITIONAL INFORMATION (Please type or print in ink)

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

SEE ATTACHED PAGES

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: WILLIAM J. FALLON

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

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA11LA093

Reviewed by NTSB Regional Office

MIAMI OFFICE

Name of Investigator

OREGON, Jose

Date Report Received

8/11/11

DECEMBER 18, 2010

NARRATIVE HISTORY OF FLIGHT

Point of departure: Greenwood Lake Airport (4N1), December 18, 2010, 10:15 AM

Intended Destination Airport: Morristown, NJ (MMU)

On December 18, 2010 I started the day at 0700 reviewing local weather on the AOPA website in preparation for the accident flight. I then drove from my home to the Greenwood Lake Airport. The drive to the airport took approximately 20 minutes. During the drive to the airport I usually receive an additional weather briefing from the Williamsport FSS via teleconference. Upon arrival at the airport I started my normal preflight preparation.

Because the aircraft had not flown since receiving its annual inspection from Wagner Aviation (on December 10, 2010) my preflight inspection was more thorough than normal. My pre-flight checks included sumping the fuel tanks and the fuel strainer. As suggested by a Cessna bulletin, I rocked the wings of the aircraft for at least 30 seconds. I also pushed down on the tail of the aircraft (almost to the ground) and spun the aircraft around. This surprised the service person that arrived at the aircraft. I explained to him that the reason for doing this was that it was part of the pre-flight of the fuel tanks due to the bladders inside each tank. After the “wing rocking” procedure, I sumped the tanks and fuel strainer again. I drained an extra amount of fuel during the sumping and the fuel looked clean.

Because the temperature was below 45 °F, and because I prefer to “baby” my relatively new engine, I ordered the engine pre-heat service provided by Wagner Aviation. The engine pre-heat took approximately 15-20 minutes. I determined the pre-heat was sufficient by inspecting the engine compartment, testing the engine cylinder temp by feel, and by checking the oil on the dip stick.

My passenger arrived and I briefed him as I normally do. The pre-heat was completed and we boarded the aircraft. I completed the pre-flight checks and started the engine so that the pre-heat was still effective. Although it is not required by Cessna, it is my personal technique to run the engine until the engine oil temperature indication is “off the peg” on the oil temperature indicator gauge prior to advancing power for takeoff. I completed my pre-takeoff checklist and everything appeared normal.

I taxied out to the end of the runway. We were the only aircraft moving on the airport and there were no other aircraft in the vicinity. There were no abnormal aircraft indications on the ground run-up. The carb heat gave the proper drop indication. Once the oil temperature was OK (off the peg), I taxied onto runway 24 for takeoff. It was approximately 15-20 minutes from engine start to takeoff. I applied full power and began the takeoff roll, all aircraft indications were normal for a full power takeoff, and a scan of the instruments prior to rotating indicated everything was normal. We took off at approximately 60



knots and climbed at full power. I set cruise/climb power at approximately 800 -1000 feet. We were climbing at 80 knots. I made a 20° right turn after takeoff to avoid flying over a residential area nearby.

At approximately 1500 feet AGL the manifold pressure began to decrease. I applied full carb heat. This did not resolve the power loss problem and I decided to return to the airport before I lost the engine. I turned to the right to return to the airport. The engine continued to lose power. Due to the wooded area surrounding the airport, the best place to put the aircraft down was back at the Greenwood Lake Airport. This was the only safe place to put the aircraft down. I shouted to my passenger (seated in the back seat) that we lost power and to check his seat belt. I also told him to dial 911 on his cell phone. I opened the right aircraft door and left the door latch down so that it would not close and so that it would be easier to open once on the ground. My passenger was able to exit from the right door after the crash.

We were descending rapidly. I mentally prepared for the crash by reviewing what I should do if we did not make it back. As we passed over the trees I thought we might make it. I recall we were approaching a stall. The last thing I remember we were at about 20 feet above the ground, short of the runway, just prior to impact. I do not remember the impact or getting out of the aircraft.

RECOMMENDATION

The post accident inspection found a “chunk of ice (water with debris frozen in it)” in the gasculator fuel bowl.

The fuel system should have been checked during the annual inspection that was performed just prior to the accident flight. Debris in the fuel lines must have been overlooked by the inspecting mechanic or introduced into the fuel system during the inspection. This debris ended up in the gasculator fuel bowl.

My engine was performing normally prior to the annual inspection. The engine failed shortly after takeoff. The annual inspection was completed immediately preceding the accident flight. The most probable cause of an engine failure:

- on a relatively new engine,
- shortly after takeoff,
- immediately after the annual inspection was completed,

is an improper and/or incomplete inspection of the engine during the annual. The engine was performing normally prior to the annual inspection. An engine failure shortly after takeoff, of an engine that has no history of any problems and was inspected just prior to an accident flight, is probably due to the actions of the mechanic performing the annual inspection.



Due to the design of the fuel tanks and bladders of the C-182P aircraft water or other contamination in the fuel may be undetectable during pilot pre-flights.

After the accident, it was brought to my attention by other Cessna pilots that there have been numerous problems involving water in the fuel tanks of Cessna 182P aircraft. The water may be undetectable during preflight due to the design of the fuel bladders inside the fuel tanks. Cessna has nominally addressed this issue by issuing a bulletin suggesting rocking the wings solves the problem. However, simply rocking the wings of the aircraft, and sumping the wing tanks after rocking the wings, may not remove all the water that may be trapped in the fuel bladders inside the tanks. An alternate procedure should be promulgated by Cessna for determining if a 182 has water in the fuel bladders contaminating the fuel. In newer Cessna 182 aircraft, Cessna has installed 10 additional fuel sump drains. The design and size of the fuel gasculator is also questionable (may be too small and improperly located) and should be reviewed by Cessna.

Cessna should be directed to address these problems in older C-182P aircraft immediately. The combination of debris in the fuel system and water in the fuel tanks/contaminated fuel is a deadly combination. Also, Cessna owners and operators should be warned.

Proper aircraft maintenance inspection and service is the cornerstone of aviation safety. An engine failure shortly after takeoff on the first flight after an annual inspection is most probably caused by an incomplete or improperly performed maintenance inspection. This, in combination with a fuel tank design that prevents positive detection of water or contaminants in the fuel tanks during preflight, is an unsafe combination.

CONCLUSION

The causes of this accident are the following:

1. The fuel system was not properly inspected by the mechanic who performed the annual inspection immediately prior to the accident flight. There was debris in the fuel lines and gasculator;
2. The design of the fuel tanks in the C-182 have a tendency to develop wrinkles in the bottom of the tank that can prevent water and other contaminants from moving to the sump drain; and
3. The annual inspection was not properly completed by the mechanic causing an engine failure shortly after takeoff.

William J. Fallon

~~William J. Fallon~~