

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
This Form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

Location					
Nearest City/Place, State, Zip Code Nantucket, MA 02554		Date of Accident 01/12/2002	Local Time (24 HOUR CLOCK) 1120	Zone EST	Elevation At Accident Site Feet MSL 47 Feet MSL
If The Accident Occurred On Approach, Takeoff Or Within 3 Miles Of An Airport, Complete The Following Information					
Proximity To Airport:					
1. <input type="checkbox"/> On Airport		3. <input type="checkbox"/> Within 1/2 Mile		5. <input checked="" type="checkbox"/> Within 1 Mile	
2. <input type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles	
				7. <input type="checkbox"/> Within 3 Miles	
				8. <input type="checkbox"/> Beyond 3 Miles	
Airport Name Nantucket Memorial		Airport Ident ACK	Runway/Landing Surface And Conditions:		
			1. Direction: 3. Width:		
			2. Length: 4. Surface: 5. Condition:		
Phase Of Operation:					
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise	
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent	
				7. <input checked="" type="checkbox"/> Approach	
				9. <input type="checkbox"/> Hover/Maneuver	
8. <input type="checkbox"/> Landing _____ In-Flight Occurrence _____ Feet MSL					
Aircraft Information					
Registration Mark N6315R		Aircraft Manufacturer PIPER	Aircraft Type/Model PA28-140	Serial Number 28-21481	Cert Max Gross WT 2,150
Type Of Aircraft		Type Of Airworthiness Certificate			Amateur Built
1. <input checked="" type="checkbox"/> Airplane		1. <input checked="" type="checkbox"/> Normal			1. <input type="checkbox"/> Yes
2. <input type="checkbox"/> Helicopter		2. <input type="checkbox"/> Utility			2. <input checked="" type="checkbox"/> No
3. <input type="checkbox"/> Glider		3. <input type="checkbox"/> Acrobatic			
4. <input type="checkbox"/> Balloon		4. <input type="checkbox"/> Transport			
5. <input type="checkbox"/> Blimp/Dirigible		5. <input type="checkbox"/> Restricted			
6. <input type="checkbox"/> Ultralight		6. <input type="checkbox"/> Limited			
7. <input type="checkbox"/> Gyroplane		7. <input type="checkbox"/> Experimental			
8. Specify _____		8. Specify _____			
Landing Gear					No. Of Seats
1. <input checked="" type="checkbox"/> Tricycle—Fixed					Flight/Cabin 1
2. <input type="checkbox"/> Tricycle—Retractable					Crew 3
3. <input type="checkbox"/> Tailwheel—Fixed					Pax 3
4. <input type="checkbox"/> Tailwheel—Retractable					
5. <input type="checkbox"/> Tailwheel—Retractable Mains					
6. <input type="checkbox"/> Amphibian					
7. <input type="checkbox"/> Skid					
8. <input type="checkbox"/> Ski/Wheel					
9. Specify _____					
Stall Warning System		IFR Equipped		Engine Type	
Installed		1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Reciprocating—Carburetor	
1. <input checked="" type="checkbox"/> Yes		2. <input type="checkbox"/> No		3. <input type="checkbox"/> Turbo Prop	
2. <input type="checkbox"/> No				4. <input type="checkbox"/> Turbo Jet	
				5. <input type="checkbox"/> Turbo Fan	
				6. <input type="checkbox"/> Turbo Shaft	
Engine Manufacturer		Engine Model/Series		Engine Rated Power	
LYCOMING		0-320-E2A		1. 150 Horsepower	
				2. _____ Lbs. Thrust	
				Type Of Fire Extinguishing System Used	
				1. <input checked="" type="checkbox"/> None	
				2. Specify _____	
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	_____	L-16185-27A	3800 ± Hours	3 Hours	1650 ± Hours
Engine No. 2	_____	_____	_____ Hours	_____ Hours	_____ Hours
Engine No. 3	_____	_____	_____ Hours	_____ Hours	_____ Hours
Engine No. 4	_____	_____	_____ Hours	_____ Hours	_____ Hours
Type Of Maintenance Program			Type Of Last Inspection		Date Last Inspection Performed
1. <input checked="" type="checkbox"/> Annual			1. <input checked="" type="checkbox"/> Annual		01-07-02 (M/D/Y)
2. <input type="checkbox"/> Manufacturer's Inspection Program			2. <input type="checkbox"/> 100 Hour		Time Since Last Inspection
3. <input type="checkbox"/> Other Approved Inspection Program (AAIP)			3. <input type="checkbox"/> AAIP		86 Hours
4. <input type="checkbox"/> Continuous Airworthiness			4. <input type="checkbox"/> Continuous Airworthiness		Airframe Total Time
5. Specify _____					3800 ± Hours
Emergency Locator Transmitter (ELT)	ELT Manufacturer		Model/Series	Serial Number	Battery Date (M/D/Y)
	ACK ELT				1-05
Switch			Operated		Aided In Accident Location
1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed			1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No
Registered Aircraft Owner			Address		
MARK S. CONWAY			MARSTONS MILLS, MA 02648		
Operator Of Aircraft			Address		
1. <input checked="" type="checkbox"/> Same As Registered Owner			1. <input checked="" type="checkbox"/> Same As Registered Owner		
2. Name			2. _____		
3. DBS:			3. _____		

Owner/Operator Information (cont.)											
Operator (Certificate Number) [REDACTED]			Operator Designator (4 Letter Designator)								
Purpose Of Flight And Type Of Operation											
Regulation Flight Conductor Under 1. <input checked="" type="checkbox"/> FAR 91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR 91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137						Operator Authority FAR 121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter		FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR 125 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign			
Purpose Of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input checked="" type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Instructional 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning								FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____			
Pilot Information											
Pilot Name MARK S. CONWAY			Pilot Certificate No. [REDACTED]		Address Marstons Mills, Ma 02648			Nationality U.S.			
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____											
Rating(s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Helicopter 2. <input checked="" type="checkbox"/> Single Engine Land 7. <input type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea 8. <input type="checkbox"/> Free Balloon 4. <input type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane			Instrument Rating(s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			Instructor Rating(s) 1. <input checked="" type="checkbox"/> None 6. <input type="checkbox"/> Instrument Airplane 2. <input type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E. 8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter 9. Specify _____ 5. <input type="checkbox"/> Glider					
Type Ratings/Student Endorsements N/A			Date Of Biennial Flight Review Or Equivalent (M/D/Y) 11/09/01			BFR Aircraft 1. Make PIPER 2. Model PA28-140					
Medical Certificate 1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input checked="" type="checkbox"/> Class 3		Date Of Last Medical (M/D/Y) 09/29/00		Limitations NONE			Date Of Birth (M/D/Y) [REDACTED]				
Waivers NONE		Person At Controls At Time Of Accident 1. <input checked="" type="checkbox"/> Pilot In Command 3. <input type="checkbox"/> Both Pilots 5. <input type="checkbox"/> No One 2. <input type="checkbox"/> Second Pilot 4. <input type="checkbox"/> Non-Pilot			Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No						
Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		Source Of Pilot Flight Time Information 1. <input checked="" type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. Specify _____ 3. <input type="checkbox"/> FAA Records					
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
							Actual	Simulated			
Total Time		994	900	994	0	125	106	79	0	0	0
Pilot In Command (PIC)		883	750	883	0	120	100	59	0	0	0
Instructor		0	0	0	0	0	0	0	0	0	0
This Make/Model						120	106	79			
Last 90 Days		84	82	84	0	13	11	0	0	0	0
Last 30 Days		23	21	23	0	8	5	0	0	0	0
Last 24 Hours		1	1	1	0	.5	0	0	0	0	0
Second Pilot Information											
Second Pilot Responsibilities At The Time Of Accident 1. <input type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input checked="" type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)											
Pilot Name N/A			Pilot Certificate No.		Address			Nationality			
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____											

SECOND PILOT INFORMATION (cont.)											
Rating(s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea <div style="text-align: center; font-size: 2em; margin-top: 10px;">N/A</div>				Instrument Rating(s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter 6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane				Instructor Rating(s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. Specify _____			
Type Ratings/Student Endorsements <div style="text-align: center; font-size: 2em; margin-top: 10px;">N/A</div>				Date Of Biennial Flight Review Or Equivalent (M/D/Y) 				BFR Aircraft 1. Make _____ 2. Model _____			
Medical Certificate 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3			Date Of Last Medical (M/D/Y) 		Limitations Waivers 				Date Of Birth 		
Degree Of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal			Seat Occupied 1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear			Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No					
Seat Belt Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source Of Pilot Flight Time Information 1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. Specify _____					
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time							Actual	Simulated			
Pilot In Command (PIC)							N/A				
Instructor							N/A				
This Make/Model		N/A					N/A				
Last 90 Days											
Last 30 Days											
Last 24 Hours											
Other Personnel											
Name	Seat	Address (City & State)	Crew	Passenger		Non-Revenue	Revenue	Non-Occupant	FAA	Degree Of Injury	
1.										Fatal Serious Minor None	
2.										N/A	
3.											
4.											
5.											
6.											
Flight Itinerary Information											
Last Departure Point 1. Airport ID <u>HYA</u> 2. City/Place <u>Hyannis</u> 3. State <u>MA</u>			Time Of Departure 1. Time <u>1100</u> 2. Time Zone <u>EST</u>			Destination 1. Airport ID <u>ACK</u> 2. City/Place <u>Nantucket</u> 3. State <u>MA</u>			Flight Plan Filed 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> VFR 3. <input type="checkbox"/> IFR 4. <input type="checkbox"/> VFR/IFR 5. <input type="checkbox"/> Company (VFR) 6. <input type="checkbox"/> Military (VFR)		
If Weather Was Involved, State If Weather Briefing Was Obtained Or If Weather Reports Were Checked And How It Was Accomplished <div style="text-align: center; font-size: 2em; margin-top: 10px;">N/A</div>											
Fuel On Board At Last Takeoff <u>25</u> Gallons or _____ Pounds				Fuel Type 1. <input type="checkbox"/> 80/87 2. <input checked="" type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input type="checkbox"/> Jet A 6. <input checked="" type="checkbox"/> Automotive				7. Specify <u>MIXED</u>			
Other Services, If Any, Prior To Departure <div style="text-align: center; font-size: 2em; margin-top: 10px;">N/A</div>											
Weather Information At The Accident Site											
Source Of Weather Information (Pilot/Operator, Weather Observation) <u>ASOS/AWOS</u>				Light Condition 1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night				Visibility <u>10</u> Miles		Temp (°F) <u>40</u>	

Weather Information At The Accident Site (cont.)									
Dew Point <div style="font-size: 1.5em; margin-top: 5px;">28</div>	Altimeter Setting <div style="font-size: 1.5em; margin-top: 5px;">30.01</div> "Hg	Sky/Lowest Cloud Condition 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured							
Wind Information 1. Direction <div style="font-size: 1.5em; margin-top: 5px;">290</div> 2. Velocity <div style="font-size: 1.5em; margin-top: 5px;">20</div> KTS 3. Gusts <div style="font-size: 1.5em; margin-top: 5px;">26</div> KTS		Restriction To Visibility	Type Precipitation	Intensity Of Precipitation 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. Specify _____					
Turbulence (Multiple entry) 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clear Air 7. <input type="checkbox"/> In Clouds									
Damage To Aircraft And Other Property									
Degree Of Aircraft Damage 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input checked="" type="checkbox"/> Substantial 4. <input type="checkbox"/> Destroyed				Fire 1. <input type="checkbox"/> Yes 3. <input type="checkbox"/> In-Flight 2. <input checked="" type="checkbox"/> No 4. <input type="checkbox"/> On Ground					
Description Of Damage To Aircraft And Other Property <div style="font-size: 1.2em; margin-top: 10px;">Left Wing , Right Wing , Right Main Landing Gear , Elevator , Fuselage Wrinkled ,</div>									
Mechanical Malfunction Failure									
1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure			Total Time <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;">On Part</td> <td style="width: 50%; border: none; text-align: center;">At Overhaul</td> </tr> <tr> <td style="border: none; text-align: center;">_____ Hours</td> <td style="border: none; text-align: center;">_____ Hours</td> </tr> </table>			On Part	At Overhaul	_____ Hours	_____ Hours
On Part	At Overhaul								
_____ Hours	_____ Hours								
Collision Accident									
If Collision Accident Occurred, Complete The Information For Other Aircraft									
Registration mark <div style="font-size: 1.5em; margin-top: 5px;">N/A</div>	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None						
Registered Aircraft Owner			Address						
Pilot Name		Address		Pilot Certificate No.					
Evacuation Of Aircraft									
Assistance Received 1. <input type="checkbox"/> Outside Person(s) 3. <input type="checkbox"/> Slide 5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting 4. <input type="checkbox"/> Rope 6. <input type="checkbox"/> Specify _____									
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following) 1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____									
Recommendation (How Could This Accident Have Been Prevented)									
Operator/Owner Safety Recommendation (Optional Entry)									
N/A									

Additional Flight Crew Members

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

Name N/A	FAA Certificate No.	Address _____ _____	Title
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Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
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Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Name	FAA Certificate No.	Address _____ _____	Title
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Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
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Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Name	FAA Certificate No.	Address _____ _____	Title
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Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
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Ratings/Endorsements	Total Flight Time	Flight Time This Aircraft
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Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain And Include A Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If More Space Is Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

Departed Hyannis, MA (HYA) AT Approximately 11:00 Am Local Time
Destined to Nantucket, MA (ACK). The 15 minute Flight enroute
was Uneventful. Aircraft was Cleared to land, runway
30. I descended to 1000' and turned right downwind
for 30 over the VOR. I decreased throttle to about
1500-1700 rpm because of the tailwind. Mixture rich,
fuel pump on, Carb heat on, turned right base.
I noticed I was now at 800', I Applied throttle to
Increase or Maintain Altitude. There was no Power
I checked again, mixture rich, fuel pump on, Carb
heat off, full throttle, Nothing. I turned forward
the airport. I was too far away, I turned one
more time towards an open field, Applied full Flaps,
Touched down, bounced once, touched again and hit
a Scrub oak Tree with the Left wing which Spun the
plane around. I Shut everything off, MASTER, MAGS,
Fuel, and exited the airplane.

END STATEMENT

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

Date Of This Report

1-20-02

Signature Of Pilot/Operator

[Signature]

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

For NTSB Use Only

NTSB Accident No.

NYC02LA048

Reviewed By NTSB Office Located At

Parsippany

Name Of Investigator

Muzio

Date Report Received

01/28/02