

**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 <u>BROOKLYN NY</u>		Date of Accident <u>05/21/2005</u>	Local Time (24 HOUR CLOCK) <u>13:30 EDT</u>	Zone <u>EDT</u>	Elevation At Accident Site <u>10</u> Feet MSL _____ 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 Approach		3. <input type="checkbox"/> Within 1/2 Mile		5. <input 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 checked="" type="checkbox"/> Beyond 3 Miles	
Airport Name		Airport Ident		Runway/Landing Surface Conditions:	
				1. <input type="checkbox"/> Direction: 3. <input type="checkbox"/> Width: 5. <input type="checkbox"/> Condition:	
				2. <input type="checkbox"/> Length: 4. <input type="checkbox"/> Surface:	
Phase Of Operation:					
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input checked="" type="checkbox"/> Cruise	
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent	
				7. <input type="checkbox"/> Approach	
				8. <input type="checkbox"/> Landing	
				9. <input type="checkbox"/> Hover/Maneuver	
				10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL	
Aircraft Information					
Registration Mark <u>N778LP</u>		Aircraft Manufacturer <u>CESNA</u>		Aircraft Type/Model <u>C-172S</u>	
				Serial Number <u>172S-8778</u>	
				Cert Max Gross WT	
Type Of Aircraft			Type Of Airworthiness Certificate		
1. <input checked="" type="checkbox"/> Airplane			5. <input type="checkbox"/> Blimp/Dingible		
2. <input type="checkbox"/> Helicopter			6. <input type="checkbox"/> Ultralight		
3. <input type="checkbox"/> Glider			7. <input type="checkbox"/> Gyroplane		
4. <input type="checkbox"/> Balloon			8. <input type="checkbox"/> Specify _____		
			1. <input checked="" type="checkbox"/> Normal		
			2. <input type="checkbox"/> Utility		
			3. <input type="checkbox"/> Acrobatic		
			4. <input type="checkbox"/> Transport		
			5. <input type="checkbox"/> Restricted		
			6. <input type="checkbox"/> Limited		
			7. <input type="checkbox"/> Experimental		
			8. <input type="checkbox"/> Specify _____		
Landing Gear					No. Of Seats
1. <input checked="" type="checkbox"/> Tricycle—Fixed					Flight/Cabin
2. <input type="checkbox"/> Tricycle—Retractable					Crew <u>1</u>
3. <input type="checkbox"/> Tailwheel—Fixed					Pax <u>3</u>
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"/> Limited					
9. <input type="checkbox"/> Specify _____					
Stall Warning System Installed		IFR Equipped		Engine Type	
1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Yes		1. <input type="checkbox"/> Reciprocating—Carburetor	
2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		2. <input checked="" type="checkbox"/> Reciprocating—Fuel Injected	
				3. <input type="checkbox"/> Turbo Prop	
				4. <input type="checkbox"/> Turbo Jet	
				5. <input type="checkbox"/> Turbo Fan	
				6. <input type="checkbox"/> Turbo Shaft	
Engine Manufacturer <u>LYCOMING</u>		Engine Model/Series <u>IO-360-2L2</u>		Engine Rated Power	
				1. <u>180</u> Horsepower	
				2. _____ Lbs Thrust	
				Type Of Fire Extinguishing System Used	
				1. None	
				2. Specify <u>HALON (HANDHELD)</u>	
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	<u>1/17/2001</u>	<u>L-29588-51A</u>	<u>1940.8</u> Hours	<u>550.3</u> Hours	<u>1940.8</u> 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		<u>3/25/05</u> (M/D/Y)
2. <input type="checkbox"/> Manufacturer's Inspection Program			2. <input type="checkbox"/> 100 Hours		Time Since Last Inspection
3. <input type="checkbox"/> Other Approved Inspection Program(AAIP)			3. <input type="checkbox"/> AAIP		<u>550.3</u> Hours
4. <input type="checkbox"/> Continuous Airworthiness			4. <input type="checkbox"/> Continuous Airworthiness		Airframe Total Time
5. <input type="checkbox"/> Specify _____					<u>1940.8</u> Hours
Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)	
	<u>POINTER</u>	<u>400</u>		<u>12/31/04</u>	
	Switch	Operated		Aided In Accident Location	
	1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input checked="" type="checkbox"/> Armed	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Registered Aircraft Owner <u>RJ VENTURES, LLC</u>			Address <u>822 LIVINGSTON CT. PARAMUS NJ 07652</u>		
Operator Of Aircraft			Address		
1. <input type="checkbox"/> Same As Registered Owner			1. <input type="checkbox"/> Same As Registered Owner		
2. Name <u>AIR FLEET TRAINING SYSTEMS, INC</u>			2. <u>150 FRAS WETHERMAN DR. TETERBORO</u>		
3. DBS:			<u>NEW JERSEY 07608</u>		

Owner / Operator Information (cont.)												
Operator (Certificate Number) CZ05108D			Operator Designator (4 Letter Designator) CZ05.									
Purpose Of Flight And Type Of Operation												
Regulation Flight Conductor Under				Operator Authority			FAR 121, 125, 127, 129, 135 Revenue Operations					
1. <input type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 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				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			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 _____		
Purpose of Flight												
1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input checked="" type="checkbox"/> Educational 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												
Pilot Information												
Pilot Name ANDREW ALLEN			Pilot Certificate No. [REDACTED]		Address JAMICA NY 11434			Nationality US				
Certificate (s)												
1. <input type="checkbox"/> Student 3. <input checked="" type="checkbox"/> Commercial 5. <input checked="" type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> 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 _____												
Rating (s)				Instrument Rating (s)			Instructor 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 checked="" type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane				1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			1. <input type="checkbox"/> None 6. <input type="checkbox"/> Instrument Airplane 2. <input checked="" 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. <input type="checkbox"/> Specify _____ 5. <input type="checkbox"/> Glider					
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)			BFR Aircraft					
NONE							1. Make _____ 2. Model _____					
Medical Certificate			Date Of Last Medical (M/D/Y)		Limitations			Date Of Birth (M/D/Y)				
1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input checked="" type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3			01/31/2005		shall wear corrective lenses			[REDACTED] / 1970				
Waivers												
Degree Of Injury		Seat Occupied			Person At Controls At Time Of Accident				Seat Belt Available			
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input checked="" type="checkbox"/> Fatal		1. <input type="checkbox"/> Left 4. <input checked="" type="checkbox"/> Front 2. <input checked="" type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center			1. <input checked="" type="checkbox"/> Pilot In Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots				1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No			
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		Source Of Pilot Flight Time Information						
1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input checked="" type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> 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	
Total Time		1650	1000	1500		100	25					
Pilot In Command (PIC)		1450	1000	900								
Instructor		1000	1000	1000		50						
This Make & Model		[REDACTED]										
Last 90 Days		[REDACTED]										
Last 30 Days		34	34	34								
Last 24 Hours		2	2	2								
Second Pilot Information												
Second Pilot Responsibilities At The Time Of Accident												
1. <input type="checkbox"/> Co-Pilot 2. <input checked="" type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)												
Pilot Name N/A			Pilot Certificate No. N/A		Address N/A			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. <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> None <input type="checkbox"/> Single Engine Land <input type="checkbox"/> Single Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea				Instrument Rating (s) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter				Instructor Rating (s) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane S.E. <input type="checkbox"/> Airplane M.E. <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider				<input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Specify _____			
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)				BFR Aircraft 1. Make _____ 2. Model _____							
Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 1			Date Of Last Medical (M/D/Y)			Limitations Waivers			Date Of Birth (M/D/Y)						
<input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3															
Degree Of Injury <input type="checkbox"/> None <input type="checkbox"/> Minor				<input type="checkbox"/> Serious <input type="checkbox"/> Fatal				Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Right				<input type="checkbox"/> Center <input type="checkbox"/> Front <input type="checkbox"/> Rear			
												Seat Belt Available <input type="checkbox"/> Yes <input type="checkbox"/> No			
Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No			Shoulder Harness Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Pilot Logbook <input type="checkbox"/> Operators Estimate <input type="checkbox"/> FAA Records			<input type="checkbox"/> Company <input type="checkbox"/> 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)															
Instructor															
This Make & Model															
Last 90 Days															
Last 30 Days															
Last 24 Hours															
Other Personnel															
Name	Seat	Address (City & State)			Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor	None		
1. CARTNEY Block	LF FRONT	BENWOOD WV					✓			FATAL					
2. JOBERT GROSS	REAR	MCMACHAN WV					✓			FATAL					
3. DANIELLE Block	REAR	BENWOOD WV					✓			FATAL					
4. ANDREW ALLEN	RT FRONT	BROOKLYN NY			✓					FATAL					
5.															
6.															
Flight Itinerary Information															
Last Departure Point				Time Of Departure				Destination				Flight Plan Filed			
1. Airport ID <u>LDJ</u>		1. Time <u>1300</u>		1. Airport ID <u>LDJ</u>		1. <input checked="" type="checkbox"/> None		4. <input type="checkbox"/> VFR/IFR							
2. City/Place <u>LINDEN</u>		2. Time Zone <u>EDT</u>		2. City/Place <u>LINDEN</u>		2. <input type="checkbox"/> VFR		5. <input type="checkbox"/> Company (VFR)							
3. State <u>NJ</u>				3. State <u>NJ</u>		3. <input type="checkbox"/> IFR		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															
Fuel On Board At Last Takeoff <u>Unknown</u> Gallons or Pounds						Fuel Type <input type="checkbox"/> 80/87 <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> 100/130			<input type="checkbox"/> 115/145 <input type="checkbox"/> Jet A <input type="checkbox"/> Automotive			7. Specify _____			
Other Services, If Any, Prior to Departure <u>Fuel paid prior to departure</u>															
Weather information At The Accident Site															
Source Of Weather Information (Pilot/Operator, Weather Observation) <u>operator</u>				Light Condition <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Bright Night <input type="checkbox"/> Dark Night				Visibility <u>10</u> Miles		Temp (°F) <u>62</u>					

Weather Information At The Accident Site (cont.)			
Dew Point 46	Altimeter Setting 29.85 "Hg	Sky/Lowest Cloud Condition 1. <input type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken 5500 Feet AGL 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured	
Wind Information 1. Direction 190 2. Velocity 12 Kts 3. Gusts _____ Kts	Restriction To Visibility NONE	Type Precipitation NONE	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"/> Clean 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 type="checkbox"/> Substantial 4. <input checked="" type="checkbox"/> Destroyed			Fire 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> In-Flight 4. <input type="checkbox"/> On Ground
Description Of Damage To Aircraft And Other Property Nose Section crushed & aft of main cabin door. One main wing off. Propeller and engine destroyed			
Mechanical Malfunction Failure			
1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure unknown at this time		Total Time On Part _____ Hours At Overhaul _____ Hours	
Collision Accident			
If Collision Accident Occurred, Complete The Information For Other Aircraft			
Registration Mark N/A	Aircraft Manufacturer N/A	Aircraft Type/Model N/A	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 checked="" type="checkbox"/> Outside Person (s) 3. <input type="checkbox"/> Slide 5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting 4. <input type="checkbox"/> Rope 6. <input type="checkbox"/> Specify _____			
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) Do not perform slow flight or other flight maneuvers close to ground.			

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
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 _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address _____	Title
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 _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address _____	Title
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 _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident

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 Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

The aircraft was fueled and departed Linden Airport with the pilot and three passengers on a Discovery flight. The aircraft was flown to the Conroy Island Area at a low altitude. It appears that the aircraft stalled and fell to the ground on the beach. All the aircraft parts were in the same area close to the main crash site. All 4 occupants did not survive.

I hereby certify that the above information is complete and accurate to the best of my knowledge

Date of this report: 5/31/05
 Signature of Pilot/Operator: ~~_____~~ - operator
 Signature of Person Filing Report Other Than Pilot/Operator: ~~_____~~

1. Signature: ~~_____~~
 2. Type Or Print Name: EUGENE BOFF - OPERATOR - AIR FLEET TRAINING SYSTEM
 3. Title: PRESIDENT

For NTSB Use Only

NTSB Accident No. IAD05FA067	Reviewed By NTSB Office Located At ASHBURN, VA.	Name Of Investigator TODD GUNTHER	Date Report Received 6/2/05
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