FORM APPROVED FOR USE THROUGH 7/31/98 BY OMB NO.3147-0001.

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	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
Brooklyn, MI	07/29/03	15:15	East	990 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.☐ On Approach 3.☐ Within 1/2 Mile 5.☐ Within 1 Mile 7.☐ Within 3 Miles
2.☒ Within 1/4 Mile 4.☐ Within 3/4 Mile 6.☐ Within 2 Miles 8.☐ Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface Conditions
Shamrock	6G8	1.☐ Direction: 3.☐ Width: 5.☒ Condition: Grass 2.☐ Length: 4.☐ Surface: dry

Phase Of Operation:

1.☐ Standing 3.☐ Takeoff 5.☐ Cruise 7.☐ Approach 9.☐ Hover/Maneuver
2.☐ Taxi 4.☐ Climb 6.☐ Descent 8.☒ Landing 10.☐ Altitude Of In-Flight Occurrance _____ Feet MSL

Aircraft Information

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Certificated Max Gross WT
N910MF	CESSNA	152	15283037	1700 LBS

Type Of Aircraft

1.☒ Airplane 5.☐ Blimp/Dirigible
2.☐ Helicopter 6.☐ Ultralight
3.☐ Glider 7.☐ Gyroplane
4.☐ Balloon 8.☐ Specify _____

Type Of Airworthiness Certificate

1.☒ Normal 5.☐ Restricted
2.☒ Utility 6.☐ Limited
3.☐ Acrobatic 7.☐ Experimental
4.☐ Transport 8.☐ Specify _____

Amateur Built

1.☐ Yes
2.☒ No

Landing Gear

1.☒ Tricycle—Fixed 4.☐ Tailwheel—Retractable 7.☐ Skid
2.☐ Tricycle—Retractable 5.☐ Tailwheel—Retractable Mains 8.☐ Limited
3.☐ Tailwheel—Fixed 6.☐ Amphibian 9.☐ Specify _____

No. Of Seats

Flight/Cabin Crew 1
Pax 1

Stall Warning System Installed	IFR Equipped	Engine Type
1.☒ Yes 2.☐ No	1.☐ Yes 2.☒ No	1.☒ Reciprocating—Carburetor 3.☐ Turbo Prop 5.☐ Turbo Fan 2.☐ Reciprocating—Fuel Injected 4.☐ Turbo Jet 6.☐ Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
TEXTRON LYCOMING	O-235-L2C	1. 110 Horsepower 2. X Lbs Thrust	1. None 2. Specify _____

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	03/10/98	L-23357-15	10,525.20 Hours	15 Hours	3240.2 Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program

1.☒ Annual
2.☐ Manufacturer's Inspection Program
3.☐ Other Approved Inspection Program(AAIP)
4.☐ Continuous Airworthiness
5.☐ Specify _____

Type Of Last Inspection

1.☒ Annual
2.☐ 100 Hours
3.☐ AAIP
4.☐ Continuous Airworthiness

Date Last Inspection Performed 7/2/03 (M/D/Y)
Time Since Last Inspection 15 Hours
Airframe Total Time 14,324.3 Hours

Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)
	D&M	DMELT6.1	31212	4/00/04

Switch 1.☐ On 2.☐ Off 3.☒ Armed
Operated 1.☐ Yes 2.☐ No UNKNOWN
Aided In Accident Location 1.☐ Yes 2.☐ No UNKNOWN

Registered Aircraft Owner MDR RENTAL CORP.
Address _____, MI 48108

Operator Of Aircraft

1.☐ Same As Registered Owner
2. Name
3. DBS: Walter F. Jarvis

Address

1.☐ Same As Registered Owner
2. Stockbridge, MI 49285

NTSB Form 6120.1/2 (11/87) This Form replaces NTSB Forms6120.1 (rev. 10/77) and 6120.2 (Rev.10/77)

Owner / Operator Information (cont.)

Operator (Certificate Number)	Operator Designator (4 Letter Designator)

Purpose Of Flight And Type Of Operation

Regulation Flight Conducted Under
1. ☒ FAR91 (only) 4. ☐ FAR 121 7. ☐ FAR 133
2. ☐ FAR91D 5. ☐ FAR 125 8. ☐ FAR 135
3. ☐ FAR 103 6. ☐ FAR 129 9. ☐ FAR 137

Purpose of Flight
1. ☒ Personal 6. ☐ Aerial Observation
2. ☐ Business 7. ☐ Other Work Use
3. ☐ Educational 8. ☐ Public Use
4. ☐ Executive/Corporate 9. ☐ Ferry
5. ☐ Aerial Application 10. ☐ Positioning

Operator Authority
FAR121
1. ☐ Domestic
2. ☐ Flag
3. ☐ Supplemental

FAR 135
4. ☐ On Demand
5. ☐ Commuter

FAR 133
6. ☐ Rotorcraft External Load

FAR125
7. ☐ Large Aircraft

FAR 129
8. ☐ Foreign

FAR 121, 125, 127, 129, 135 Revenue Operations
1. ☐ Scheduled
2. ☐ Non Scheduled
3. ☐ Domestic
4. ☐ International
5. ☐ Passenger
6. ☐ Cargo
7. Specify ____

Pilot Information

Pilot Name	Pilot Certificate No.	Address	Nationality
Walter F. Jarvis		Interlochen, MI 49643	USA

Certificate (s)
1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. ☐ None
2. ☒ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify ____

Rating (s)
1. ☐ None 6. ☐ Helicopter
2. ☒ Single Engine Land 7. ☐ Glider
3. ☐ Single Engine Sea 8. ☐ Free Balloon
4. ☐ Multiengine Land 9. ☐ Airship
5. ☐ Multiengine Sea 10. ☐ Gyroplane

Instrument Rating (s)
1. ☒ None
2. ☐ Airplane
3. ☐ Helicopter

Instructor Rating (s)
1. ☒ None 6. ☐ Instrument Airplane
2. ☐ Airplane S.E. 7. ☐ Instrument Helicopter
3. ☐ Airplane M.E. 8. ☐ Ground Instructor
4. ☐ Helicopter 9. ☐ Specify ____
5. ☐ Glider

Type Ratings/Student Endorsements: PVT

Date Of Biennial Flight Review or Equivalent (M/D/Y): 10/15/02

BFR Aircraft: 1. Make: Cessna; 2. Model: 152

Medical Certificate
1. ☐ None 3. ☐ Class 2
2. ☐ Class 1 4. ☒ Class 3

Date Of Last Medical (M/D/Y): 05/27/03

Limitations / Waivers: wear lenses for vision

Date Of Birth (M/D/Y): ../../..

Degree Of Injury
1. ☐ None
2. ☒ Minor
3. ☐ Serious
4. ☐ Fatal

Seat Occupied
1. ☒ Left 4. ☐ Front
2. ☐ Right 5. ☐ Rear
3. ☐ Center

Person At Controls At Time Of Accident
1. ☒ Pilot In Control 4. ☐ Non-Pilot
2. ☐ Second Pilot 5. ☐ No One
3. ☐ Both Pilots

Seat Belt Available
1. ☒ Yes
2. ☐ No

Seat Belt Used
1. ☒ Yes
2. ☐ No

Shoulder Harness Available
1. ☒ Yes
2. ☐ No

Shoulder Harness Used
1. ☒ Yes
2. ☐ No

Source Of Pilot Flight Time Information
1. ☐ Pilot Logbook 4. ☐ Company
2. ☒ Operators Estimate 5. ☐ Specify ____
3. ☐ FAA Records

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	500+	300	500+	0	6	0		0	0	0
Pilot In Command (PIC)	500+	300	500+	0	6	0		0	0	0
Instructor	0	0	0	0	0	0		0	0	0
This Make & Model										
Last 90 Days	6	2.4	6	0	0	0		0	0	0
Last 30 Days	2.4	2.4	2.4	0	0	0		0	0	0
Last 24 Hours	1.2	1.2	1.2	0	0	0		0	0	0

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident
1. ☐ Co-Pilot 2. ☐ Dual Student 3. ☐ Safety Pilot 4. ☐ Check Pilot 5. ☒ None (~~Pilot Rated~~ Passenger)

Pilot Name	Pilot Certificate No.	Address	Nationality
A. J. Boylan	Passenger	Russ Miller, Brooklin MI 48	USA

Certificate (s)
1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. None Passenger
2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify ____

Passenger - D

Second Pilot Or Student (Cont'd)

Rating (s)	Instrument Rating (s)	Instructor Rating (s)
1. ☒ None 2. ☐ Single Engine Land 3. ☐ Single Engine Sea 4. ☐ Multiengine Land 5. ☐ Multiengine Sea 6. ☐ Helicopter 7. ☐ Glider 8. ☐ Free Balloon 9. ☐ Airship 10. ☐ Gyroplane	1. ☒ None 2. ☐ Airplane 3. ☐ Helicopter	1. ☒ None 2. ☐ Airplane S.E. 3. ☐ Airplane M.E. 4. ☐ Helicopter 5. ☐ Glider 6. ☐ Instrument Airplane 7. ☐ Instrument Helicopter 8. ☐ Ground Instructor 9. ☐ Specify

Type Ratings/Student Endorsements	Date Of Biennial Flight Review or Equivalent (M/D/Y)	BFR Aircraft
N/A	N/A	1. Make N/A 2. Model

Medical Certificate	Date Of Last Medical (M/D/Y)	Limitations / Waivers	Date Of Birth (M/D/Y)
1. ☒ None 2. ☐ Class 1 3. ☐ Class 2 4. ☐ Class 3	N/A	N/A	

Degree Of Injury	Seat Occupied	Seat Belt Available
1. ☐ None 2. ☐ Minor 3. ☒ Serious 4. ☐ Fatal	1. ☐ Left 2. ☒ Right 3. ☐ Center 4. ☐ Front 5. ☐ Rear	1. ☒ Yes 2. ☐ No

Seat Belt Used	Shoulder Harness Available	Shoulder Harness Used	
1. ☒ Yes 2. ☐ No	1. ☒ Yes 2. ☐ No	1. ☒ Yes 2. ☐ No	1. ☐ Pilot Logbook 2. ☐ Operators Estimate 3. ☐ FAA Records 4. ☐ Company 5. ☐ Specify

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time		N/A								
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.	Audrey J. Boylan	Rt	Brooklyn MI	—	Passenger	—	—	—	Serious
2.									
3.									
4.									
5.									
6.									

Flight Itinerary Information

Last Departure Point	Time Of Departure	Destination	Flight Plan Filed
1. Airport ID 6G8 2. City/Place Brooklyn MI 3. State MI	1. Time 15:00 2. Time Zone Eastern	1. Airport ID 6G8 2. City/Place Brooklyn 3. State MI	1. ☒ None 2. ☐ VFR 3. ☐ IFR 4. ☐ VFR/IFR 5. ☐ Company (VFR) 6. ☐ 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	Fuel Type
Topped off (Gallons) or 26.0 gal. Pounds	1. ☐ 80/87 2. ☒ 100 Low Lead 3. ☐ 100/130 4. ☐ 115/145 5. ☐ Jet A 6. ☐ Automotive 7. Specify

Other Services, If Any, Prior to Departure

Weather Information At The Accident Site

Source Of Weather Information (Pilot/Operator, Weather Observation)	Light Condition	Visibility	Temp (°F)
pilot observation	1. ☐ Dawn 2. ☒ Daylight 3. ☐ Dusk 4. ☐ Bright Night 5. ☐ Dark Night	unlimited Miles	80°

Weather Information At The Accident Site (cont.)

Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition
		1. [X] Clear; 2. [ ] Scattered ____ Feet AGL; 3. [ ] Broken ____ Feet AGL; 4. [ ] Overcast ____ Feet AGL; 5. [ ] Partial Obscuration; 6. [ ] Obscured

Wind Information	Restriction To Visibility	Type Precipitation	Intensity Of Precipitation
1. Direction Calm 2. Velocity ____ Kts 3. Gusts ____ Kts	None	None	1. [ ] Light 2. [ ] Moderate None 3. [ ] Heavy 4. [ ] Specify ____

Turbulence (Multiple Entry)
1. [X] None 2. [ ] Light 3. [ ] Moderate 4. [ ] Severe 5. [ ] Extreme 6. [ ] Clean Air 7. [ ] In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage
1. [ ] None 2. [ ] Minor 3. [ ] Substantial 4. [X] Destroyed

Fire
1. [X] Yes 2. [ ] No 3. [ ] In-Flight 4. [ ] On Ground

Description Of Damage To Aircraft And Other Property

aircraft destroyed. No real estate damaged

Mechanical Malfunction/Failure

1. [ ] No
2. [X] Yes — List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure

Blown Tire?

Total Time

On Part	At Overhaul
? Hours	____ Hours

Collision Accident

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage
			1. [ ] Destroyed 2. [ ] Substantial 3. [ ] Minor 4. [ ] None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Evacuation Of Aircraft

Assistance Received None

1. [ ] Outside Person (s) 2. [ ] Auxiliary Lighting 3. [ ] Slide 4. [ ] Rope 5. [ ] Ladder 6. [ ] Specify ____

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following
1. Main Door X 2. Auxiliary Door ____ 3. Emergency Exit ____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

Additional Flight Crew Member

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

Name	FAA Certificate No.	Address	Title
None			

Certificate(s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Factual 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.

Upon landing the left main tire blew out. Aircraft veered immedeatly to left bounced veered left, bounced. Advanced thottle for take off - unable to gain enough altitude - impacted tree top - landed ~~on~~ upright in dry swamp. (In retrospect) If I was able to get airborn I would have returned to Ann Arbor Municipal since there would have been a longer runway and emergency equipment available.

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

Date Of This Report	Signature Of Pilot/Operator
08/07/03	[redacted]

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature [redacted] → Note: Not sure of any Blown tire, (particularly LT Tire) Based on Runway Evidence
2. Type Or Print Name Mark C. Roisen
3. Title Owner

For NTSB Use Only

NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received
CHI03LA233	West Chicago, IL	Edward Malinowski	8/6/03

FORM APPROVED FOR USE THROUGH 7/31/96 BY OMB NO.3147-0001.

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	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
Brooklyn, MI 49230	07/29/03	15:15	East	995 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.☐ On Approach 2.☐ Within 1/4 Mile 3.☐ Within 1/2 Mile 4.☐ Within 3/4 Mile 5.☐ Within 1 Mile 6.☐ Within 2 Miles 7.☐ Within 3 Miles 8.☐ Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface Conditions
Shamrock	6G8	1.☐ Direction: N/S 2.☐ Length: 2822 3.☐ Width: 100 4.☐ Surface: Grass 5.☐ Condition: dry

Phase Of Operation:

1.☐ Standing 2.☐ Taxi 3.☐ Takeoff 4.☐ Climb 5.☐ Cruise 6.☐ Descent 7.☐ Approach 8.☒ Landing 9.☐ Hover/Maneuver 10.☐ Altitude Of In-Flight Occurrence _____ Feet MSL

Aircraft Information

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Cert Max Gross WT
N910MF	CESSNA	152	15283037	1700 LBS

Type Of Aircraft

1.■ Airplane 2.☐ Helicopter 3.☐ Glider 4.☐ Balloon 5.☐ Blimp/Dirigible 6.☐ Ultralight 7.☐ Gyroplane 8.☐ Specify _____

Type Of Airworthiness Certificate

1.■ Normal 2.■ Utility 3.☐ Acrobatic 4.☐ Transport 5.☐ Restricted 6.☐ Limited 7.☐ Experimental 8.☐ Specify _____

Amateur Built

1.☐ Yes 2.■ No

Landing Gear

1.■ Tricycle—Fixed 2.☐ Tricycle—Retractable 3.☐ Tailwheel—Fixed 4.☐ Tailwheel—Retractable 5.☐ Tailwheel—Retractable Mains 6.☐ Amphibian 7.☐ Skid 8.☐ Limited 9.☐ Specify _____

No. Of Seats Flight/Cabin Crew 1 Pax 1

Stall Warning System Installed	IFR Equipped	Engine Type
1.■ Yes 2.☐ No	1.☐ Yes 2.■ No	1.■ Reciprocating—Carburetor 2.☐ Reciprocating—Fuel Injected 3.☐ Turbo Prop 4.☐ Turbo Jet 5.☐ Turbo Fan 6.☐ Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
TEXTRON LYCOMING	O-235-L2C	1. 110 Horsepower 2. X Lbs Thrust	1. None 2. Specify _____

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	03/18/98	L-23357-15	10,525.20 Hours	15 Hours	3240.2 Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program

1.■ Annual 2.☐ Manufacturer's Inspection Program 3.☐ Other Approved Inspection Program(AAIP) 4.☐ Continuous Airworthiness 5.☐ Specify _____

Type Of Last Inspection

1.■ Annual 2.☐ 100 Hours 3.☐ AAIP 4.☐ Continuous Airworthiness

Date Last Inspection Performed 7/2/03 (M/D/Y)

Time Since Last Inspection 15 Hours

Airframe Total Time 14,324.3 Hours

Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)
	D&M	AMELT 6.1	3212	4/00/04

Switch 1.☐ On 2.☐ Off 3.■ Armed

Operated 1.☐ Yes 2.☐ No UNKNOWN

Aided In Accident Location 1.☐ Yes 2.☐ No UNKNOWN

Registered Aircraft Owner MDR RENTAL CORP.

Address 719 AIRPORT DRIVE, ANN ARBOR MI 48108

Operator Of Aircraft

1.☐ Same As Registered Owner
2. Name Walter F. Jarvis
3. DBS: [redacted] Stockbridge, MI 49285

Address

1.☐ Same As Registered Owner
2. [redacted]

NTSB Form 6120.1/2 (11/87) This Form replaces NTSB Forms6120.1 (rev. 10/77) and 6120.2 (Rev.10/77)

Owner / Operator Information (cont.)

Operator (Certificate Number)	Operator Designator (4 Letter Designator)
[redacted]	

Purpose Of Flight And Type Of Operation

Regulation Flight Conductor Under
1.☐ FAR91 (only) 4.☐ FAR 121 7.☐ FAR 133
2.☐ FAR91D 5.☐ FAR 125 8.☐ FAR 135
3.☐ FAR 103 6.☐ FAR 129 9.☐ FAR 137

Purpose of Flight
1.☒ Personal 6.☐ Aerial Observation
2.☐ Business 7.☐ Other Work Use
3.☐ Educational 8.☐ Public Use
4.☐ Executive/Corporate 9.☐ Ferry
5.☐ Aerial Application 10.☐ Positioning

Operator Authority
FAR121
1.☐ Domestic
2.☐ Flag
3.☐ Supplemental
FAR 135
4.☐ On Demand
5.☐ Commuter
FAR 133
6.☐ Rotorcraft External Load
FAR125
7.☐ Large Aircraft
FAR 129
8.☐ Foreign

FAR 121, 125, 127, 129, 135 Revenue Operations
1.☐ Scheduled
2.☐ Non Scheduled
3.☐ Domestic
4.☐ International
5.☐ Passenger
6.☐ Cargo
7. Specify_____

Pilot Information

Pilot Name	Pilot Certificate No.	Address	Nationality
Walter F. Jarvis	[redacted]	Stockbridge, MI 49285	USA

Certificate (s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Military 9.☐ None
2.☒ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.☐ Foreign 10.Specify_____

Rating (s)
1.☐ None 6.☐ Helicopter
2.☒ Single Engine Land 7.☐ Glider
3.☐ Single Engine Sea 8.☐ Free Balloon
4.☐ Multiengine Land 9.☐ Airship
5.☐ Multiengine Sea 10.☐ Gyroplane

Instrument Rating (s)
1.☒ None
2.☐ Airplane
3.☐ Helicopter

Instructor Rating (s)
1.☒ None 6.☐ Instrument Airplane
2.☐ Airplane S.E. 7.☐ Instrument Helicopter
3.☐ Airplane M.E. 8.☐ Ground Instructor
4.☐ Helicopter 9.☐ Specify_____
5.☐ Glider

Type Ratings/Student Endorsements
PVT

Date Of Biennial Flight Review or Equivalent (M/D/Y)
10/15/02

BFR Aircraft
1. Make Cessna
2. Model 152

Medical Certificate
1.☐ None 3.☐ Class 2
2.☐ Class 1 4.☒ Class 3

Date Of Last Medical (M/D/Y)
~~10/15/02~~ 05/17/03

Limitations
Wear lenses for Near Vision

Waivers
NONE

Date Of Birth (M/D/Y)
[redacted]/23

Degree Of Injury
1.☐ None
2.☒ Minor
3.☒ Serious
4.☐ Fatal

Seat Occupied
1.☒ Left 4.☐ Front
2.☐ Right 5.☐ Rear
3.☐ Center

Person At Controls At Time Of Accident
1.☒ Pilot In Control 4.☐ Non-Pilot
2.☐ Second Pilot 5.☐ No One
3.☐ Both Pilots

Seat Belt Available
1.☒ Yes
2.☐ No

Seat Belt Used
1.☒ Yes
2.☐ No

Shoulder Harness Available
1.☒ Yes
2.☐ No

Shoulder Harness Used
1.☒ Yes
2.☐ No

Source Of Pilot Flight Time Information
1.☐ Pilot Logbook 4.☐ Company
2.☒ Operators Estimate 5.☐ Specify_____
3.☐ FAA Records

distracted in flight

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	500+	300	500+		6					
Pilot In Command (PIC)	500	300	500		6					
Instructor										
This Make & Model	[redacted]							[redacted]	[redacted]	[redacted]
Last 90 Days	6.6	1.2	6.6							
Last 30 Days	1.2	1.2	1.2							
Last 24 Hours	1.2	1.2	1.2							

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident
1.☐ Co-Pilot 2.☐ Dual Student 3.☐ Safety Pilot 4.☐ Check Pilot 5.☐ None (Pilot-Rated Passenger)

Pilot Name	Pilot Certificate No.	Address	Nationality

Certificate (s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Military 9.None_____
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.☐ Foreign 10.Specify_____

Second Pilot Information (cont.)

Rating (s)
1.☐ None 6.☐ Helicopter
2.☐ Single Engine Land 7.☐ Glider
3.☐ Single Engine Sea 8.☐ Free Balloon
4.☐ Multiengine Land 9.☐ Airship
5.☐ Multiengine Sea 10.☐ Gyroplane

Instrument Rating (s)
1.☐ None
2.☐ Airplane
3.☐ Helicopter

Instructor Rating (s)
1.☐ None 6.☐ Instrument Airplane
2.☐ Airplane S.E. 7.☐ Instrument Helicopter
3.☐ Airplane M.E. 8.☐ Ground Instructor
4.☐ Helicopter 9.☐ Specify
5.☐ Glider

Type Ratings/Student Endorsements

Date Of Biennial Flight Review or Equivalent (M/D/Y)

BFR Aircraft
1. Make
2. Model

Medical Certificate
1.☐ None 3.☐ Class 2
2.☐ Class 1 4.☐ Class 3

Date Of Last Medical (M/D/Y)

Limitations

Waivers

Date Of Birth (M/D/Y)

Degree Of Injury
1.☐ None 3.☒ Serious
2.☐ Minor 4.☐ Fatal

Seat Occupied
1.☐ Left 3.☐ Center 5.☐ Rear
2.☐ Right 4.☐ Front

Seat Belt Available
1.☐ Yes
2.☐ No

Seat Belt Used
1.☒ Yes
2.☐ No

Shoulder Harness Available
1.☒ Yes
2.☐ No

Shoulder Harness Used
1.☒ Yes
2.☐ No

1.☐ Pilot Logbook 4.☐ Company
2.☐ Operators Estimate 5.☐ Specify
3.☐ FAA Records

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
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.											
2.											
3.											
4.											
5.											
6.											

Flight Itinerary Information

Last Departure Point
1. Airport ID 6G8
2. City/Place Brooklyn
3. State MI.

Time Of Departure
1. Time 14:30
2. Time Zone Eastern

Destination
1. Airport ID 6G8
2. City/Place Brooklyn
3. State MI

Flight Plan Filed
1.☒ None 4.☐ VFR/IFR
2.☐ VFR 5.☐ Company (VFR)
3.☐ IFR 6.☐ Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished
Not involved

Fuel On Board At Last Takeoff
Topped off Gallons
or
Pounds

Fuel Type
1.☐ 80/87 4.☐ 115/145 7.Specify
2.☒ 100 Low Lead 5.☐ Jet A
3.☐ 100/130 6.☐ Automotive

Other Services, If Any, Prior to Departure
NONE

Weather Information At The Accident Site

Source Of Weather Information (Pilot/Operator, Weather Observation)
Pilot observation

Light Condition
1.☐ Dawn 3.☐ Dusk 5.☐ Dark Night
2.☒ Daylight 4.☐ Bright Night

Visibility
unlimited Miles

Temp (°F)
80°

Weather Information At The Accident Site (cont.)

Dew Point	Altimeter Setting	Sky/Lowest Cloud Condition
(°F)	995 "Hg	1.☒ Clear 2.☐ Scattered _____ Feet AGL 3.☐ Broken _____ Feet AGL 4.☐ Overcast _____ Feet AGL 5.☐ Partial Obscuration 6.☐ Obscured

Wind Information	Restriction To Visibility	Type Precipitation	Intensity Of Precipitation
1.Direction calm 2. Velocity _____ Kts 3. Gusts _____ Kts	NONE	NONE	1.☐ Light 3.☐ Heavy 2.☐ Moderate NONE 4.Specify _____

Turbulence (Multiple Entry)
1.☒ None 2.☐ Light 3.☐ Moderate 4.☐ Severe 5.☐ Extreme 6.☐ Clean Air 7.☐ In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage	Fire
1.☐ None 2.☐ Minor 3.☐ Substantial 4.☒ Destroyed	1.☒ Yes 3.☐ In-Flight 2.☐ No 4.☐ On Ground

Description Of Damage To Aircraft And Other Property

aircraft totaled no property damaged

Mechanical Malfunction Failure

1.☐ No
2.☒ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure

Blown left main tire(?)

Total Time	
On Part _____ Hours	At Overhaul _____ Hours

Collision Accident

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage
			1.☐ Destroyed 3.☐ Minor 2.☐ Substantial 4.☐ None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Evacuation Of Aircraft

Assistance Received

1.☐ Outside Person (s) 3.☐ Slide 5.☐ Ladder
2.☐ Auxiliary Lighting 4.☐ Rope 6.☐ Specify _____

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following

1. Main Door 2 2. Auxiliary Door _____ 3. Emergency Exit _____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

Additional Flight Crew Members

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

Name	**FAA Certificate No.**	**Address** ______	**Title**

Certificate(s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify ______

Ratings/Endorsements	**Total Flight Time**	**Flight Time This Accident**

Name	**FAA Certificate No.**	**Address** ______	**Title**

Certificate(s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify ______

Ratings/Endorsements	**Total Flight Time**	**Flight Time This Accident**

Name	**FAA Certificate No.**	**Address** ______	**Title**

Certificate(s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ 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.

Left Ann Arbor Municipal airport @ aprox 14:45 08/29/03. Arrived Brooklyn Shamrock picked up passenger A.J. Boylan. departed to the north - flew about 15 minutes in a circle to the east - returned to land at Shamrock landing from South to North airspeed 65-70 knot Plane touched down and immediately a severe pull to left - bounced (perhaps twice) held strong right rudder - terrible left pull off runway - advanced throttle for take off - was unable to get enough altitude. crashed @ about 15:15. In retrospect - if I had been able to get airborn I would have returned to Ann Arbor since I felt that with a blown tire I would need longer runway and emergency equipment

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

Date Of This Report	Signature Of Pilot/Operator
08/04/03	[redacted]

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.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received