

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

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT Form To Be Used For Reporting Civil Aircraft Accidents Involving Commercial and General Aviation Aircraft									
Location									
Nearest City/Place, State, Zip Code HASTINGS MI 49058			Date of Accident 5-4-02		Local Time (24 HOUR CLOCK) 11:00		Zone		Elevation At Accident Site 821 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 HASTINGS		Airport Ident 909		Runway/Landing Surface Conditions: 1. ☒ Direction: 12 3. ☐ Width: 75 5. ☐ Condition: DRY 2. ☐ Length: 3900 4. ☐ Surface: ASPHALT					
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 Occurrence _____ Feet MSL									
Aircraft Information									
Registration Mark N2494B		Aircraft Manufacturer PSPER		Aircraft Type/Model PA-38-112		Serial Number 38-79A0092		Cert Max Gross WT	
Type Of Aircraft		Type Of Airworthiness Certificate		Amateur Built					
1. ☒ Airplane 5. ☐ Prop/Drigible 2. ☐ Helicopter 6. ☐ Balloon 3. ☐ Glider 7. ☐ Prop/Plane 4. ☐ Balloon 8. ☐ Selfy		1. ☒ Normal 5. ☐ Restricted 2. ☐ Utility 6. ☐ Limited 3. ☐ Acrobatic 7. ☐ Experimental 4. ☐ Transport 8. ☐ Specify		1. ☐ Yes 2. ☒ No					
Landing Gear		No. Of Seats							
1. ☒ Tricycle—Fixed 2. ☐ Tricycle—Retractable 3. ☐ Tailwheel—Fixed		4. ☐ Tailwheel—Retractable 5. ☐ Tailwheel—Retractable Mains 6. ☐ Amphibian		7. ☐ Skid 8. ☐ Limited 9. ☐ Specify		Flight/Cabin Crew 2 Pax _____			
Stall Warning System Installed		IC-REquipped		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 LYCOMING		Engine Model/Series O-235		Engine Rated Power 1. 112 Horsepower 2. _____ Lbs Thrust		Type Of Fire Extinguishing System Used 1. None 2. Specify _____			
Engine(s)		Date of Mfg.		Serial No.		Total Time		Time Since Inspection	
Engine No. 1								Hours	
Engine No. 2								Hours	
Engine No. 3								Hours	
Engine No. 4								Hours	
Type Of Maintenance Program		Type Of Last Inspection		Date Last Inspection Performed					
1. ☐ Annual 2. ☐ Manufacturer's Inspection Program 3. ☐ Other Approved Inspection Program(AAIP) 4. ☐ Continuous Airworthiness 5. ☐ Specify _____		1. ☐ Annual 2. ☐ 100 Hours 3. ☐ AAIP 4. ☐ Continuous Airworthiness		(M/D/Y) Time Since Last Inspection _____ Hours Airframe Total Time _____ Hours					
Emergency Locator Transmitter (ELT)		ELT Manufacturer		Model/Series		Serial Number		Battery Date (M/D/Y)	
Switch 1. ☐ On 2. ☐ Off									
Registered Aircraft Owner AEROSKY AVIATION		Address HASTINGS, MI 49058		Aided In Accident Location 1. ☐ Yes 2. ☒ No					
Operator Of Aircraft		Address							
1. ☒ Same As Registered Owner 2. Name _____ 3. DBS: _____		1. ☒ Same As Registered Owner 2. _____							

Owner / Operator Information (cont.)	
Operator (Certificate Number)	Operator Designator (4 Letter Designator)
Purpose Of Flight And Type Of Operation	
Regulation Flight Conductor Under	
1. ☒ FAR91 (only)	4. ☐ FAR 121
2. ☐ FAR91D	5. ☐ FAR 125
3. ☐ FAR 103	6. ☐ FAR 129
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	FAR 133
1. ☐ Domestic	6. ☐ Rotorcraft
2. ☐ Flag	External Load
3. ☐ Supplemental	FAR125
FAR 135	7. ☐ Large Aircraft
4. ☐ On Demand	FAR 129
5. ☐ Commuter	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 MORAN ISHAI MORGEN STERN	Pilot Certificate No. _____ Address _____ Nationality #20 BATTLE CREEK MI USA
Certificate (s)	
1. ☐ Student	3. ☒ Commercial
2. ☐ Private	4. ☐ Air Transport
5. ☒ Flight Instructor	7. ☐ Military
6. ☐ Flight Engineer	8. ☐ Foreign
9. ☐ None	10. Specify _____
Rating (s)	
1. ☐ None	5. ☐ Helicopter
2. ☒ Single Engine Land	7. ☐ Helicopter
3. ☒ Single Engine Sea	8. ☐ Free Balloon
4. ☐ Multiengine Land	9. ☐ Airship
5. ☐ Multiengine Sea	10. ☐ Gyroplanes
Instrument Rating (s)	
1. ☐ None	
2. ☒ Airplane	
3. ☐ Helicopter	
Instructor Rating (s)	
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)	
SFRA Aircraft	
1. Make _____	
2. Model _____	
Medical Certificate	
1. ☐ None	
2. ☐ Class 1	
3. ☒ Class 2	
4. ☐ Class 3	
Date Of Last Medical (M/D/Y)	
Limitations	
Waivers	
Date Of Birth (M/D/Y)	
Degree Of Injury	
1. ☒ None	
2. ☐ Minor	
3. ☐ Serious	
4. ☐ Fatal	
Seat Occupied	
1. ☐ Left	
2. ☒ Right	
3. ☐ Center	
Person At Controls At Time Of Accident	
1. ☒ Pilot In Control	
2. ☐ Second Pilot	
3. ☐ Both Pilots	
4. ☐ Non-Pilot	
5. ☐ No One	
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	
2. ☐ Operators Estimate	
3. ☐ FAA Records	
4. ☐ Company	
5. ☐ Specify _____	
Flight Time	
Total Time	
Pilot In Command (PIC)	
Instructor	
This Make & Model	
Last 90 Days	
Last 30 Days	
Last 24 Hours	
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 DALE FRANCES GREE	
Pilot Certificate No. _____ Address _____ Nationality GRAND RAPIDS MI 49506 USA	
Certificate (s)	
1. ☒ Student	
2. ☐ Private	
3. ☐ Commercial	
4. ☐ Air Transport	
5. ☐ Flight Instructor	
6. ☐ Flight Engineer	
7. ☐ Military	
8. ☐ Foreign	
9. ☐ None	
10. Specify _____	

Second Pilot Information (cont.)		Instrument Rating (s)		Instructor Rating (s)																																																																											
Rating (s) 1. ☒ None 2. ☐ Single Engine Land 3. ☐ Single Engine Sea 4. ☐ Multiengine Land 5. ☐ Multiengine Sea 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐		Instrument Rating (s) 1. ☒ None 2. ☐ Airplane 3. ☐ Helicopter 4. ☐ 5. ☐		Instructor Rating (s) 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 PNE SOLO AERONAUTICAL KNOWLEDGE STUDENT SOLO FLIGHT, STUDENT PILOT SOLO KIC		Date Of Biennial Flight Review or Equivalent (M/D/Y) 1-9-01		SFR Aircraft 1. Make _____ 2. Model _____																																																																											
Medical Certificate 1. ☐ None 2. ☐ Class 1 3. ☒ Class 2 4. ☐ Class 3		Date Of Last Medical (M/D/Y) 1-9-01		Limitations MUST WEAR CORRECTIVE LENSES. Waivers																																																																											
Degree Of Injury 1. ☒ None 2. ☐ Minor 3. ☐ Serious 4. ☐ Fatal		Seat Occupied 1. ☒ Left 2. ☐ Right 3. ☐ Center 4. ☐ Front 5. ☐ Rear		Seat Belt Available 1. ☒ Yes 2. ☐ No																																																																											
Seat Belt Used 1. ☒ Yes 2. ☐ No		Shoulder Harness Used 1. ☒ Yes 2. ☐ No		1. ☒ Pilot Logbook 2. ☐ Operators Estimate 3. ☐ FAA Records 4. ☐ Company 5. ☐ Specify _____																																																																											
Flight Time All A/C Total Time 28.4 Pilot In Command (PIC) 4.9 Instructor _____ This Make & Model _____ Last 90 Days 5.5 Last 30 Days 4 Last 24 Hours 0		<table border="1"> <thead> <tr> <th>Make</th> <th>Model</th> <th>Single Engine</th> <th>Multiengine</th> <th>Night</th> <th>Instrument</th> <th>Actual</th> <th>Simulated</th> <th>Rotorcraft</th> <th>Glider</th> <th>Lighter Than Air</th> </tr> </thead> <tbody> <tr> <td>23.9</td> <td>28.4</td> <td>0</td> <td>0</td> <td>2.4</td> <td>1.1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.9</td> <td>4.9</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.0</td> <td>5.5</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Make	Model	Single Engine	Multiengine	Night	Instrument	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air	23.9	28.4	0	0	2.4	1.1						4.9	4.9	0	0	0	0						4.0	5.5	0	0	0	0						4											0	0	0	0															
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Other Personnel <table border="1"> <thead> <tr> <th>Name</th> <th>Seat</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> <tr><td>6.</td><td></td></tr> </tbody> </table>		Name	Seat	1.		2.		3.		4.		5.		6.		<table border="1"> <thead> <tr> <th>Address (City & State)</th> <th>Crew</th> <th>Non-Revenue</th> <th>Revenue</th> <th>Non-Occupant</th> <th>FAA</th> <th>Fatal</th> <th>Serious</th> <th>Minor</th> <th>None</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>				Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor	None																																																		
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Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor	None																																																																						
Flight Itinerary Information Last Departure Point 1. Airport ID 909 2. City/Place HASTINGS 3. State MI		Date Of Departure Time 11:00 Time Zone EOT		Destination 1. Airport ID 909 2. City/Place HASTINGS 3. State MI																																																																											
Flight Plan Filed 1. ☒ None 2. ☐ VFR 3. ☐ IFR 4. ☐ VFR/IFR 5. ☐ Company (VFR) 6. ☐ Military (VFR)		Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished NO																																																																													
Fuel On Board At Last Takeoff APPROX 20 Gallons or Pounds		Fuel Type 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: Source Of Weather Information (Pilot/Operator, Weather Observation) STUDENT PILOT VISUAL OBSERVATION																																																																															
Light Condition 1. ☐ Dawn 2. ☒ Daylight 3. ☐ Dusk 4. ☐ Bright Night 5. ☐ Dark Night		Visibility UNLIMITED Miles		Temp (°F) 70																																																																											

Weather Information At The Accident Site (cont.)	
Dew Point (°F)	Altitude Setting "Hg
Lowest Cloud Condition 1. ☒ Clear 2. ☐ Scattered _____ Feet AGL 3. ☐ Broken _____ Feet AGL 4. ☐ Overcast _____ Feet AGL 5. ☐ Partial Obscuration 6. ☐ Obscured	
Wind Information 1. Direction _____ 2. Velocity _____ Kts 3. Gusts _____ Kts	Restriction To Visibility Type Precipitation Intensity Of Precipitation 1. ☐ Light 2. ☐ Moderate 3. ☐ Heavy 4. Specify _____
Turbulence (Multiple Entry) 1. ☒ None 2. ☐ Light 3. ☐ Moderate 4. ☐ Severe 5. ☐ Extreme 6. ☐ Clear Air 7. ☐ In Clouds	
Damage To Aircraft And Other Property	
Degree Of Aircraft Damage 1. ☐ None 2. ☐ Minor 3. ☒ Substantial 4. ☐ Destroyed	Fire 1. ☐ Yes 2. ☒ No 3. ☐ In-Flight 4. ☐ On Ground
Description Of Damage To Aircraft And Other Property 3 RUNWAY LEGHS AND RUNWAY SIGN DESTROYED NOSE WHEEL DESTROYED, PROP BENT, HOLE IN LEADING EDGE OF LEFT WING, HOLE IN BOTTOM OF FUSALAGE, HOLE NEAR TAIL ON LEFT SIDE, FLAPS BENT, FUSALAGE CRUMPLED IN SEVERAL PLACES A.I. TUMBLED.	
Mechanical Malfunction Failure	
1. ☐ No 2. ☒ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure	Total Time On Part _____ Hours At Overhaul _____ Hours
Collision Accident	
If Collision Accident Occurred, Complete Registration Mark Aircraft Registered Aircraft Owner Pilot Name	The Information For Other Aircraft Manufacturer Aircraft Type/Model Degree Of Aircraft Damage 1. ☐ Destroyed 2. ☐ Substantial 3. ☐ Minor 4. ☐ None Address Pilot Certificate No.
Evacuation Of Aircraft	
Assistance Received 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 ☒ 2. Auxiliary Door _____ 3. Emergency Exit _____	
Recommendation (How Could This Accident Have Been Prevented?) Operator/Owner Safety Recommendation (Optional Entry)	

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 Wreck Site Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

See ATTACHED SHEET

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

Date Of This Report

5-13-02

Signature Of Pilot/Operator

Signature Of Person Filing Report

Signature Of Pilot/Operator

1. Signature

2. Type Or Print Name

Date Gree

3. Title

STUDENT PILOT

For NTSB Use Only

NTSB Accident No.

CHI02LA122

Reviewed By NTSB Office Located At

WEST CHICAGO, IL

Name Of Investigator

Andrew Todd Fox

Date Report Received

5/13/2002

The incident happened on May 4, 2002 at a approximately 11:00 AM, after returning from the practice area. I made a standard insertion to the traffic pattern at the Hastings Airport (9D9). My goal was to land in runway 12. After lining up with the runway and keeping the stated best rate of descent, I found I was too high to and decided to abort the landing. After applying full power the airplane hesitated to fly, but after a moment the plane started to climb. After returning to traffic pattern altitude, I lined up for another landing. Once again I was too high and crooked. At that moment I applied full power to abort the landing, as my CFI stated the landing was to be aborted. With full power applied the plane started to sink. The instructor took control of the airplane. The plane refused to fly and went down to the left of runway 12. We hit runway lights and a runway sign. For most of the time as we went down I had my eyes closed and only saw the airplane hit a runway light and the ground was we came to a stop. Once we had come to complete stop we shut down the airplane even though the prop striking the ground had stopped the engine. After a quick check to see if my CFI was okay we exited the airplane with no outside assistance. Damage to the airplane is as follows: Nose wheel broken off, propeller bent, hole in leading edge of left wing, hole in bottom of fuselage and a hole near the tail of the airplane. The skin was wrinkled and bent near the cockpit and the attitude indicator had tumbled.

This plane had problems in the 60 days previous to the accident. A month or so prior, I called to schedule a lesson. The plane's owner, Brent Andrews, said that the plane was losing power and wouldn't maintain power. He said, "If you turn on the carburetor heat, the RPMs would go back up." While the plane was crashing, my CFI told me that two days previous, there had been a partial power loss upon takeoff.

Dale Gee



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>Hastings, MI</u>		Date of Accident <u>5-4-2002</u>	Local Time (24 HOUR CLOCK) <u>11:57 EST</u>	Zone <u>EST</u>	Elevation At Accident Site <u>801</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. ☒ On Approach		3. ☐ Within 1/2 Mile		5. ☐ Within 1 Mile	
2. ☐ Within 1/4 Mile		4. ☐ Within 3/4 Mile		6. ☐ Within 2 Miles	
7. ☐ Within 3 Miles		8. ☐ Beyond 3 Miles			
Airport Name <u>Hastings City / Barry Co. Airport</u>		Airport Ident <u>K909</u>		Runway/Landing Surface Conditions:	
		1. ☐ Direction: <u>12</u>		3. ☐ Width: _____	
		2. ☐ Length: <u>3900 ft</u>		4. ☐ Surface: <u>Paved</u>	
				5. ☐ Condition: <u>Org</u>	
Phase Of Operation:					
1. ☐ Standing		3. ☐ Takeoff		5. ☐ Cruise	
2. ☐ Taxi		4. ☒ Climb <u>Go-around</u>		6. ☐ Descent	
		7. ☐ Approach		8. ☐ Hover/Maneuver	
		9. ☐ Landing		10. ☐ Altitude Of In-Flight Occurrence <u>2820</u> Feet MSL	
Aircraft Information					
Registration Mark <u>N2494B</u>		Aircraft Manufacturer <u>Piper Aircraft</u>		Aircraft Type/Model <u>PA-38-112</u>	
				Serial Number <u>79-A-0092</u>	
				Cert Max Gross WT <u>1670</u>	
Type Of Aircraft		Type Of Airworthiness Certificate			Amateur Built
1. ☒ Airplane		1. ☒ Normal			1. ☐ Yes
2. ☐ Helicopter		2. ☐ Utility			2. ☒ No
3. ☐ Glider		3. ☐ Acrobatic			
4. ☐ Balloon		4. ☐ Transport			
5. ☐ Blimp/Dirigible		5. ☐ Restricted			
6. ☐ Ultralight		6. ☐ Limited			
7. ☐ Gyroplane		7. ☐ Experimental			
8. ☐ Specify _____		8. ☐ Specify _____			
Landing Gear					No. Of Seats Flight/Cabin Crew Pax
1. ☒ Tricycle—Fixed		4. ☐ Tailwheel—Retractable			<u>2</u>
2. ☐ Tricycle—Retractable		5. ☐ Tailwheel—Retractable Main			
3. ☐ Tailwheel—Fixed		6. ☐ Amphibian			
7. ☐ Skid		8. ☐ Limited			
8. ☐ Specify _____		9. ☐ Specify _____			
Stall Warning System Installed		IFR Equipped		Engine Type	
1. ☒ Yes		1. ☒ Yes		1. ☒ Reciprocating—Carburetor	
2. ☐ No		2. ☐ No		2. ☐ Reciprocating—Fuel Injected	
				3. ☐ Turbo Prop	
				4. ☐ Turbo Jet	
				5. ☐ Turbo Fan	
				6. ☐ Turbo Shaft	
Engine Manufacturer <u>Lycoming</u>		Engine Model/Serial <u>O235 L2E</u>		Engine Rated Power	
				1. <u>112</u> Horsepower	
				2. _____ Lbs Thrust	
				Type Of Fire Extinguishing System Used	
				1. ☒ None	
				2. ☐ Specify _____	
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	<u>Unknown</u>	<u>L-20710-15</u>	<u>8032.6</u> Hours	<u>27</u> Hours	<u>2400</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		
1. ☒ Annual			1. ☐ Annual		
2. ☐ Manufacturer's Inspection Program			2. ☒ 100 Hours		
3. ☐ Other Approved Inspection Program(AAIP)			3. ☐ AAIP		
4. ☐ Continuous Airworthiness			4. ☐ Continuous Airworthiness		
5. ☐ Specify _____					
			Date Last Inspection Performed <u>4-5-01</u> (M/D/Y)		
			Time Since Last Inspection <u>27</u> Hours		
			Airframe Total Time <u>8638.60</u> Hours		
Emergency Locator Transmitter (ELT)		ELT Manufacturer <u>Garco</u>		Model/Serial <u>10</u>	
		Switch 1. ☐ Off 2. ☐ On 3. ☒ Armed		Serial Number	
				Battery Date (M/D/Y) <u>Nov 30 2001</u>	
				Aided In Accident Location 1. ☐ Yes 2. ☐ No <u>N/A</u>	
Registered Aircraft Owner <u>Robert Anderson Aerodyne Aviation Inc</u>			Address <u>Hastings, MI 49058</u>		
Operator Of Aircraft 1. ☒ Same As Registered Owner 2. ☐ Name _____			Address 1. ☒ Same As Registered Owner 2. _____		

Owner / Operator Information (cont.)													
Operator (Certificate Number)				Operator Designator (4 Letter Designator)									
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				Operator Authority FAR121 1. ☐ Domestic 2. ☐ Flag 3. ☐ Supplemental FAR 135 4. ☐ On Demand 5. ☐ Commuter			FAR 133 5. ☐ 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 _____			
Purpose of Flight 1. ☐ Personal 8. ☐ Aerial Observation 2. ☐ Business 7. ☐ Other Work Use 3. ☒ Educational 8. ☐ Public Use 4. ☐ Executive/Corporate 9. ☐ Ferry 5. ☐ Aerial Application 10. ☐ Positioning													
Pilot Information													
Pilot Name <u>Noam I. Mergens</u>			Pilot Certificate No. [REDACTED]		Address <u>Batim Creek, 14E 49015</u>			Nationality <u>U.S.A.</u>					
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 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				Instrument Rating (s) 1. ☐ None 2. ☒ Airplane 3. ☐ Helicopter		Instructor Rating (s) 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 Rating/Student Endorsements <u>None</u>				Date Of Biennial Flight Review or Equivalent (M/D/Y) <u>01/10/2002</u>		SPR Aircraft 1. Make <u>Cessna</u> <u>Mooney</u> 2. Model <u>172 R</u> <u>M-20 B</u>							
Medical Certificate 1. ☐ None 3. ☒ Class 2 2. ☐ Class 1 4. ☐ Class 3			Date Of Last Medical (M/D/Y) <u>1-27-2000</u>		Limitations <u>None</u> Waivers <u>None</u>			Date Of Birth (M/D/Y) [REDACTED]					
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		Instrument		Rotorcraft		Glider		Lighter Than Air	
Total Time		35.2		14.8		339.2		14.2		30		12 36	
Pilot In Command (PIC)		261.4		14.8		259.9		12 1.8		24		0.8	
Instructor		19.1		14.8		19.1							
This Make & Model													
Last 90 Days				14.8									
Last 30 Days				14.8									
Last 24 Hours				2.2									
Second Pilot Information <u>No Data Given</u>													
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 <u>Dale Gies</u>				Pilot Certificate No.		Address				Nationality <u>U.S.A.</u>			
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 2. ☐ Single Engine Land 3. ☐ Single Engine Sea 4. ☐ Multiengine Land 5. ☐ Multiengine Sea			8. ☐ Helicopter 7. ☐ Glider 9. ☐ Free Balloon 10. ☐ Airship 11. ☐ Gyroplane			Instrument Rating (s) 1. ☐ None 2. ☐ Airplane 3. ☐ Helicopter		Instructor Rating (s) 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 Solo 7-20-01			Date Of Biennial Flight Review or Equivalent (M/D/Y)			BFR Aircraft 1. Make _____ 2. Model _____																	
Medical Certificate 1. ☐ None 2. ☐ Class 1 3. ☒ Class 2 4. ☐ Class 3		Date Of Last Medical (M/D/Y) 1-9-2001		Limitations Holder shall wear corrective lenses			Date Of Birth (M/D/Y) [REDACTED]																
Degree Of Injury 1. ☒ None 2. ☐ Minor 3. ☐ Serious 4. ☐ Fatal		Seat Occupied 1. ☒ Left 2. ☐ Right 3. ☐ Center 4. ☐ Front 5. ☐ Rear		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 2. ☐ Operators Estimate 3. ☐ FAA Records		4. ☐ Company 5. ☐ Specify _____															
Flight Time		All A/C		This Make & Model		Alone Single Engine		Alone Multiengine		Night		Instrument		Rotorcraft		Glider		Lighter Than Air					
Total Time		22.4		26.9		28.4		0		3.4		0		0		0		0					
Pilot In Command (PIC)		4.9		4.9		4.9		0		0		0		0		0		0					
Instructor		0		0		0		0		0		0		0		0		0					
This Make & Model																							
Last 90 Days		4		2.5		4																	
Last 30 Days		3.2		2.5		3.2																	
Last 24 Hours		0.5		0.5		0.5																	
Other Personnel																							
Name		Seat		Address (City & State)		Crew		Non-Revenue		Revenue		Non-Occupant		FAA		Fatal		Serious		Minor		None	
1.																							
2.																							
3.																							
4.																							
5.																							
6.																							
7.																							
Flight Itinerary Information																							
Last Departure Point				Time Of Departure				Destination				Flight Plan Filed											
1. Airport ID <u>K909</u>				1. Time <u>11:15 am</u>				1. Airport ID <u>K909</u>				1. ☒ None											
2. City/Place <u>Hastings</u>				2. Time Zone <u>EST</u>				2. City/Place <u>Hastings</u>				2. ☐ VFR											
3. State <u>ME</u>								3. State <u>ME</u>				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 Weather was not involved. Weather was checked thru the monitoring station at K909.																							
Fuel On Board At Last Takeoff								Fuel Type								7. Specify							
20 Gallons or Pounds								1. ☐ 80/87 2. ☒ 100 Low Lead 3. ☐ 100/130								4. ☐ 115/145 5. ☐ Jet A 6. ☐ Automotive							
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				1. ☐ Dawn 2. ☒ Daylight 3. ☐ Dusk 4. ☐ Bright Night 5. ☐ Dark Night				10 Miles															

Weather Information At The Accident Site (cont.)					
Dew Point	Altimeter Setting	Sky/Lowest Cloud Condition			
(°F)	"Hg	☒ Clear ☐ Scattered _____ Feet AGL ☐ Broken _____ Feet AGL		☐ Overcast _____ Feet AGL ☐ Partial Obscuration ☐ Obscured	
Wind Information		Restriction To Visibility	Type Precipitation	Intensity Of Precipitation	
1. Direction <u>160</u> Var <u>120</u> 2. Velocity <u>6-9</u> Kts 3. Gusts _____ Kts		<u>None</u>	<u>None</u>	☐ Light ☐ Moderate ☐ Heavy ☐ Specify <u>N/A</u>	
Turbulence (Multiple Entry)					
☐ None ☐ Light ☐ Moderate ☐ Severe ☐ Extreme ☐ Clean Air ☐ In Clouds					
Damage To Aircraft And Other Property					
Degree Of Aircraft Damage				Fire	
☐ None ☐ Minor ☐ Substantial ☒ Destroyed				☐ Yes ☒ No ☐ In-Flight ☐ On Ground	
Description Of Damage To Aircraft And Other Property					
<u>Nose wheel bent back under the fuselage, prop tips bent, hole in the underside of the empennage, dent in (1) wing near the tip. 3 runway lights and one sign, one yellow cone damaged as well.</u>					
Mechanical Malfunction Failure					
☐ No ☒ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure			Total Time		
<u>Loss of engine power during go around.</u>			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		
			☐ Destroyed ☐ Minor ☐ Substantial ☐ None		
Registered Aircraft Owner		Address			
Pilot Name		Address		Pilot Certificate No.	
Evacuation Of Aircraft					
Assistance Received					
☐ Outside Person (s) ☐ Slide ☐ Ladder ☐ Auxiliary Lighting ☐ Rope ☐ Specify _____					
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)					
1. Main Door <u>2</u> 2. Auxiliary Door _____ 3. Emergency Exit _____					
Recommendation (How Could This Accident Have Been Prevented)					
Operator/Owner Safety Recommendation (Optional Entry)					
<u>Take over control of the aircraft sooner.</u>					

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 2. ☐ Private	3. ☐ Commercial 4. ☐ Airline Transport	5. ☒ Flight Instructor 6. ☐ Flight Engineer	7. ☐ Foreign 8. Specify _____	
Ratings/Endorsements		Total Flight Time	Flight Time This Accident	
Name	FAA Certificate No.	Address		Title
Certificate(s) 1. ☐ Student 2. ☐ Private	3. ☐ Commercial 4. ☐ Airline Transport	5. ☐ Flight Instructor 6. ☐ Flight Engineer	7. ☐ Foreign 8. Specify _____	
Ratings/Endorsements		Total Flight Time	Flight Time This Accident	
Name	FAA Certificate No.	Address		Title
Certificate(s) 1. ☐ Student 2. ☐ Private	3. ☐ Commercial 4. ☐ Airline Transport	5. ☐ Flight Instructor 6. ☐ Flight Engineer	7. ☐ Foreign 8. Specify _____	
Ratings/Endorsements		Total Flight Time	Flight Time This Accident	

Accident report

May 4th, 2002

On May 4th Mr. Dale Gee and I departed K9D9 on a training flight at 11:15 am consisting of ground reference maneuvers (turns around a point and rectangular course), general aircraft handling and pattern work. On returning from the practice area we called for an airport advisory and received no reply. The first attempt to land on runway 12 was aborted in a go-around when the student flared high and drifted left of the runway. That go-around was performed without a problem and we flew a normal pattern for a second try. The go-around was initiated by the student without prompting from me. On the second approach, the student was maintaining the extended runway centerline on final, then over the numbers he flared ~15 – 20 ft AGL and drifted left of the runway. I called "Go around"; the student had already initiated it by applying full throttle and pitching for a climb attitude. At the time of the go-around, the airspeed indicator was showing 65 KIAS, all pre-landing checklists were completed, Carb heat was off, fuel pump was on, the fuel selector was on the right tank, and the mixture had been full rich. Upon performing the go-around procedure, we continued to sink towards the ground. I called "my airplane", and took over the controls. My first action was to verify throttle and mixture were both full forward-which they were. At this time the stall warning horn sounded so I immediately lowered the nose to gain airspeed. At this point we were ~ 5 feet off the ground parallel the runway over the left runway lights and still sinking. I was unable to maintain level flight in ground effect and I remember the right wing was lowered in an attempt to get back to the runway. I rolled wings level and raised the nose, then we struck a runway light and landed main wheels first on the grass to the left of the runway. The aircraft impacted a yellow cone (from runway 18-36), then the prop dug in and we spun to a stop nose down in the grass. I verified Mr. Gee was O.K., then I shut down the mixture, throttle, fuel selector and fuel pump, Mr. Gee shut down the master switch and we both exited the aircraft. Both Mr. Gee and I were uninjured, at the time of the crash both of us had seat belts and shoulder harnesses on and seats were verified latched in place (part of the before landing checklist).

Additional note: I have experienced power loss after takeoff in this aircraft within the last week. I had the aircraft checked by the mechanic who stated it was o.k.

--Noam I. Morgenstern