

FACTUAL REPORT AVIATION

NYC99MA178

Supplement A

—Wreckage Documentation, Single and Twin Reciprocating Engine and Unpowered Aircraft

1 Engine #1 Serial No. <u>L-25552-48A</u> A Other _____	2 Engine #2 Serial No. _____ A Other <u>NA</u>	3 Supercharger Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other _____	4 Turbocharger Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other _____	5 Propeller Manufacturer <u>HARTZELL</u> A Other _____	6 Propeller Model/Serial <u>HC13YR-2RFIE</u> A Other <u>7663DR</u>
7 Propeller Type (Multiple entry) 1 <input type="checkbox"/> Wood 2 <input checked="" type="checkbox"/> Metal 3 <input type="checkbox"/> Composite 4 <input checked="" type="checkbox"/> Constant speed-controllable pitch A Other _____		5 <input type="checkbox"/> Ground Adjustable/variable pitch 6 <input type="checkbox"/> Reversible 7 <input type="checkbox"/> Full automatic feathering 8 <input type="checkbox"/> Full manual feathering A Other _____		8 Aircraft STOL Modification Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other _____	
Landing Gear Positions <i>(If fixed gear, go to block 12)</i>	9 Nose/Tail 1 <input checked="" type="checkbox"/> Up 2 <input type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A Other _____	10 Left Main 1 <input checked="" type="checkbox"/> Up 2 <input type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A Other _____	11 Right Main 1 <input checked="" type="checkbox"/> Up 2 <input type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A Other _____	<i>For Rotorcraft or Balloon accidents, go to block 20.</i>	
Control Surface Positions	12 Left Trailing Edge Flap 1 <input checked="" type="checkbox"/> Up A Extended _____ deg. B Other _____	13 Right Trailing Edge Flap 1 <input checked="" type="checkbox"/> Up A Extended _____ deg. B Other _____	14 Speed Brake 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Stowed 3 <input type="checkbox"/> Deployed A Other _____	15 Spoiler 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Stowed 3 <input type="checkbox"/> Deployed 4 <input type="checkbox"/> Deployed Asymmetrically A Other _____	
Trim Tab Positions (Multiple entry)	16 Left Aileron 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Up 4 <input type="checkbox"/> Down A _____ deg. B Other _____	17 Right Aileron 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Up 4 <input type="checkbox"/> Down A _____ deg. B Other _____	18 Rudder 1 <input type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Left 4 <input type="checkbox"/> Right A _____ deg. B Other <u>DESTROYED</u>	19 Elevator/Stabilator/Ruddervator 1 <input type="checkbox"/> Neutral 2 <input type="checkbox"/> Up 3 <input checked="" type="checkbox"/> Down A _____ deg. B Other _____	
Cargo Restraint System	20 Cargo Restraint Installed (Multiple entry) 1 <input checked="" type="checkbox"/> None (Go to block 26) 2 <input type="checkbox"/> Cargo net 3 <input type="checkbox"/> Straps/tie down A Other _____	21 Cargo Restraint Used (Multiple entry) 1 <input type="checkbox"/> None (Go to block 26) 2 <input type="checkbox"/> Cargo net 3 <input type="checkbox"/> Straps/tie down A Other _____	22 Cargo Restraint Failed (Multiple entry) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Cargo net 3 <input type="checkbox"/> Straps/tie down A Other _____		
Computed Weight and Balance Information—			<i>Complete when weight and/or center of gravity limitations are exceeded on accident flight. (Otherwise go to block 32)</i>		
Takeoff					
26 Weight _____ Lbs.	27 Center of Gravity A _____ % MAC or B _____ Inches	28 CG Range (Multiple entry) 1 <input type="checkbox"/> At takeoff weight 2 <input type="checkbox"/> At max gross weight A _____ % MAC to _____ % MAC or B _____ Inches to _____ Inches			
Accident					32 Fuel On Board At Accident 1 <input checked="" type="checkbox"/> Estimated 2 <input type="checkbox"/> Verified A Total gallons <u>50</u> B Other _____
29 Weight _____ Lbs.	30 Center of Gravity A _____ % MAC or B _____ Inches	31 CG Range (Multiple entry) 1 <input type="checkbox"/> At takeoff weight 2 <input type="checkbox"/> At max gross weight A _____ % MAC to _____ % MAC or B _____ Inches to _____ Inches			

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

N19191MA1178

Supplement A—Wreckage Documentation, Single and Twin Reciprocating Engine and Unpowered Aircraft (continued)

Fuel Tanks	Fuel on Board at Accident			D Tank Construction				F Spillsafe Fittings			H Fuel Leakage/Rupture				
	A Gallons Estimated	B Gallons Verified	C Other	1 Wet Wing	2 Bladder	3 Metal	E Other	1 Yes	2 No	G Other	1 None	2 Line	3 Fitting	4 Tank	I Other
33 Left Wing	25				X	X									DESTROYED
34 Right Wing	25				X	X									DESTROYED
35 Left Tip															
36 Right Tip															
37 Fuselage															
38 (Specify)															

41 Fuel Found In #1 Engine (Multiple entry) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lines 3 <input type="checkbox"/> Gascolator/strainer 4 <input type="checkbox"/> Carburetor/fuel injector 5 <input type="checkbox"/> Engine driven pump 6 <input type="checkbox"/> Auxiliary fuel pump 7 <input type="checkbox"/> Filter(s) 8 <input checked="" type="checkbox"/> Selector valve 9 <input type="checkbox"/> Fuel manifold/spider 10 <input type="checkbox"/> Accumulator tank A Other						42 Fuel Found In #2 Engine (Multiple entry) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lines 3 <input type="checkbox"/> Gascolator/strainer 4 <input type="checkbox"/> Carburetor/fuel injector 5 <input type="checkbox"/> Engine driven pump 6 <input type="checkbox"/> Auxiliary fuel pump 7 <input type="checkbox"/> Filter(s) 8 <input type="checkbox"/> Selector valve 9 <input type="checkbox"/> Fuel manifold/spider 10 <input type="checkbox"/> Accumulator tank A Other <i>NA</i>					
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43 Flight Controls, Evidence or Operational Failure or Malfunction (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Pitch control 3 <input type="checkbox"/> Roll control 4 <input type="checkbox"/> Yaw control A Other		44 Airframe/Structure, Evidence of In-Flight Separation/Failure (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Helicopter (Complete Supp. G) 3 <input type="checkbox"/> General disintegration 4 <input type="checkbox"/> Left wing 5 <input type="checkbox"/> Right wing 6 <input type="checkbox"/> Left stab/elevator 7 <input type="checkbox"/> Right stab/elevator 8 <input type="checkbox"/> Vertical fin/rudder 9 <input type="checkbox"/> Canard 10 <input type="checkbox"/> Powerplant 11 <input type="checkbox"/> Cabin/cargo door A Other				45 Propeller, Evidence of In-Flight Separation/Failure 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other		46 Powerplant, Evidence of In-Flight Mechanical Malfunction 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other	
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47 Fuel, Evidence of Improper Grade or Contamination (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Improper grade 3 <input type="checkbox"/> Contamination A Other		48 Oil, Evidence of Improper Grade or Contamination (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Improper grade 3 <input type="checkbox"/> Contamination A Other	
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Emergency Locator Transmitter (ELT) Information

51 ELT Manufacturer ARTEX A Other		52 ELT Model No. ELT-110-4 A Other		55 Preimpact ELT Location(s) (Multiple entry) 1 <input type="checkbox"/> Cockpit 2 <input type="checkbox"/> Cabin 3 <input type="checkbox"/> Tailcone 4 <input checked="" type="checkbox"/> Empennage 5 <input type="checkbox"/> Raft 6 <input type="checkbox"/> Survival Kit A Other	
53 ELT Battery Type 1 <input type="checkbox"/> Alkaline 2 <input type="checkbox"/> Cadmium 3 <input type="checkbox"/> Nicad 4 <input type="checkbox"/> Nickel 5 <input type="checkbox"/> Lithium A Other <i>UNK</i>		54 ELT Battery Expiration Date (Nos. for M, D, Y) 6/01 A Other			

56 ELT-Reason for Noneffectiveness/Failure (Multiple entry) 1 <input type="checkbox"/> Operated effectively 2 <input type="checkbox"/> Insufficient G's 3 <input type="checkbox"/> Improper installation 4 <input type="checkbox"/> Battery dead 5 <input type="checkbox"/> Battery corroded 6 <input type="checkbox"/> Battery installation incorrect 7 <input type="checkbox"/> Incorrect battery 8 <input type="checkbox"/> Fire damage 9 <input checked="" type="checkbox"/> Impact damage 10 <input checked="" type="checkbox"/> Antenna broken/disconnected 11 <input checked="" type="checkbox"/> Water submersion 12 <input type="checkbox"/> Unit not armed 13 <input type="checkbox"/> Shielded by wreckage 14 <input type="checkbox"/> Shielded by terrain 15 <input type="checkbox"/> Internal failure 16 <input type="checkbox"/> Test satisfactorily after accident 17 <input type="checkbox"/> Signal direction altered by terrain 18 <input type="checkbox"/> Packing device still installed 19 <input type="checkbox"/> Remote switch off A Other					
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