

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

DESCRIPTION OF ACCIDENT**Accident/Incident Location**

Nearest City/Place: Dodge City State: Ks
 ZIP: 67801 County: USA
 Latitude: 37.7631 N (00:00:00 N/S) Longitude: 99.9656 W (000:00:00 E/W)

Date/Time

Date: 01-14-2015 Local Time: 0915
 mm/dd/yyyy Time Zone: Central

Phase of Operation

☐ Starting ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☒ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

3000 ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE**Weather Observation Facility**

Facility ID: DDC
 Observation Time: 0910
 Time Zone: Central
 Distance from Accident Site: .5 NM
 Direction from Accident Site: 180° degrees MAG

Source of Weather Information

(Check all that apply)

☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☒ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS)

Method of Briefing

(Check all that apply)

☐ In Person
☐ Teletype
☒ Telephone/Computer
☒ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

☐ Full ☐ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☒ Not Pertinent

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night
☒ Day ☐ Night ☐ Bright Night
☐ Not Reported

Visibility

210 miles

Sky/Lowest Cloud Condition

☐ Clear ☐ Thin Broken
☐ Few ☒ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Ceiling

☐ None (clear) ☐ Obscured
☐ Broken ☐ Indefinite
☒ Overcast ☐ Unknown

Restriction to Visibility (Check all that apply)

☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Lowest Cloud Condition Height

4000 ft AGL

Ceiling Height

4000 ft AGL

Wind Direction

☐ Indicated:
280 degrees MAG

☐ Variable

Wind Speed

Velocity: 5 KTS

or

☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: 5-6 KTS

☐ Gusting
☒ Not Gusting

Type of Turbulence (Check all that apply)

☒ None ☐ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence

☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☐ Moderate Chop

NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident

Temperature: _____ (C)
 or 30 (F)

Altimeter Setting: _____ in. HG
 or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
 or 20 (F)

Icing Forecast

Amount

☒ None ☐ Moderate
☐ Trace ☐ Severe
☐ Light

Type

☐ Rime
☐ Clear
☐ Mixed

Icing Actual

Amount

☒ None ☐ Moderate
☐ Trace ☐ Severe
☐ Light

Type

☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

☒ None ☐ Drizzle
☐ Rain ☐ Ice Pellets
☐ Snow ☐ Snow Pellets
☐ Hail ☐ Snow Grains
☐ Rain Showers ☐ Ice Crystals
☐ Freezing Rain ☐ Ice Pellets Shower
☐ Snow Shower ☐ Freezing Drizzle

Intensity of Precipitation

☐ Light ☐ Moderate ☐ Heavy

Manufacturer: <u>Cessna</u> Model: <u>210</u> Serial Number: <u>21059120</u> Registration Number: <u>N33205</u>		Max Gross Weight: <u>3400</u> lbs Weight at Time of Accident: <u>2600</u> lbs Location of Center of Gravity at Time of Accident: <u>108 Load Moment 16</u> inches from ☐ nose or ☒ datum -or- Percent Mean Aerodynamic Cord (% MAC)	
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Landing Gear ☒ Retractable Check any additional landing gear configuration that applies: ☒ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown
Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____		Last Inspection Type ☒ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown	
Date Last Inspection: <u>11-26-2014</u> mm/dd/yyyy		Airframe Total Time: <u>3689</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident	
IFR Equipped ☒ Yes ☐ No ☐ Unknown		Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown	
ELT Installed ☒ Yes ☐ No ELT Activated ☒ Yes ☐ No		ELT Manufacturer: <u>Artex</u> Model/Series: _____ Serial Number: _____ Battery Type: <u>Alkaline D</u> Battery Exp. Date: _____	
ELT Aided in Locating Accident / Incident ☐ Yes ☒ No		Unknown at this time - will submit later	
Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown	Reciprocating Fuel System Type ☐ Carburetor ☒ Fuel Injected	Propeller ☐ Fixed Pitch ☒ Controllable Pitch	Manufacturer: <u>McCulloch</u> Model: <u>D3A32C88-MR/82NC-2</u>
Engine Eng. 1 Eng. 2 Eng. 3 Eng. 4	Engine Manufacturer <u>Continental</u>	Engine Model/Series <u>R-10520J1B</u>	Manufacturing Serial Number <u>216547-R</u>
Date of Mfg. <u>12/05/2008</u>	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust <u>285</u>	Total Time (hours) <u>397</u>	Time Since Inspection (hours) <u>397</u>
Registered Aircraft Owner Name: <u>Joseph Michael Baker</u> Fractional Ownership Aircraft: ☐ Yes ☒ No Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____			
Owner Address City: <u>Wellington</u> State: <u>KS</u> ZIP: <u>67152</u> Country: <u>USA</u> Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____			
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No	

Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☒ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail		Type of Commercial Operating Certificate Held (Check all that apply) ☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) ☐ - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft	
Aircraft Registration Number _____ Manufacturer: _____ Model: _____					
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					
Airport Identifier: <u>DDC</u> Distance From Airport Center: <u>0.5</u> SM Airport Name: <u>Dodge City Regional</u> Direction From Airport: <u>180°</u> degrees MAG Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: <u>2586</u> ft. MSL					
Approach Segment (Select one) ☐ On Instrument Approach ☐ Landing ☐ Base leg ☒ Final ☐ Go Around ☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)					
IFR Approach (Check all that apply) ☒ None ☐ PAR ☐ MLS ☐ Practice ☐ ADP/NDB ☐ Sidestep ☐ LDA ☐ GPS ☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ TACAN ☐ RNAV ☐ Circling			VFR Approach (Check all that apply) ☐ None ☐ Stop and Go ☒ Traffic Pattern ☐ Touch and Go ☐ Straight-In ☐ Simulated Forced Landing ☐ Valley/Terrain Following ☐ Forced Landing ☐ Go Around ☐ Precautionary Landing ☐ Full Stop ☐ Unknown		
Runway Information Runway ID: <u>32</u> (L/R/C) Length: <u>6099</u> ft Width: <u>100</u> ft			Condition of Runway/Landing Surface (Check all that apply) ☒ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Unknown ☐ Slush Covered ☐ Vegetation		
Runway/Landing Surface (Check all that apply) ☒ Asphalt ☐ Grass/Turf ☐ Manmade ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow					
Flight Information					
Last Departure Point Airport ID: <u>EGT</u> City: <u>Wellington</u> State: <u>KS</u> Country: <u>USA</u>		Time of Departure Time: <u>0820</u> Time Zone: <u>Central</u>		Destination Airport ID: <u>DDC</u> City: <u>Dodge City</u> State: <u>KS</u> Country: <u>USA</u>	
Type of ATC Clearance/Service (Check all that apply) ☐ None ☐ Special VFR ☐ Special IFR ☒ VFR Flight Following ☒ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Cruise ☐ Unknown / NA					

Airspace where the accident occurred (Check all that apply)			
☐ Class A	☒ Class E	☐ Prohibited Area	☐ Jet Training Area
☐ Class B	☐ Class G	☐ Restricted Area	☐ TRSA
☐ Class C	☐ Demo Area	☐ Military Operations Area (MOA)	☐ FAR 93
☐ Class D	☐ Warning Area	☐ Airport Advisory Area	☐ Special
			☐ Air Traffic Control Area
			☐ Unknown
Aircraft Load Description (Check all that apply)			
☐ None	☐ Towing Glider	☐ Parachutists	☐ Livestock
☒ Passengers	☐ Towing Banner	☐ Water	☐ Unknown
☐ Cargo	☐ Other External	☐ Chemical/Fertilizer/Seeds	
Fuel on Board at Last Takeoff (convert from pounds, as necessary)		Fuel Type	
2.3 Gallons		☐ 80/87	☐ 115/145
		☒ 100 Low Lead	☐ Jet A
		☐ 100/130	☐ Automotive
		☐ JP3	☐ JP4
		☐ JP5	☐ Other, specify _____
Other Services, if Any, Prior to Departure			
None			
Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☒ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)			
			Total Time/Cycles On Part
			_____ Hours
			_____ Cycles
			Time Since This Part Inspected/Overhauled
			_____ Hours
OTHER PROPERTY			
Aircraft Damage		Aircraft Fire	
☐ None	☒ Substantial	☒ None	☐ Both Ground and In-Flight
☐ Minor	☐ Destroyed	☐ In-Flight	☐ Unknown Origin
		☐ On-Ground	
		Aircraft Explosion	
		☒ None	☐ Both Ground and In-Flight
		☐ In-Flight	☐ Unknown Origin
		☐ On-Ground	
Description of Damage to Aircraft and Other Property (use additional sheet if necessary)			
L wing torn off by hitting the ground. Engine broke loose from the motor mounts with propeller damage. Substantial damage to cabin and tail of plane. Landing gear intact. Only property damage was a small section of fence.			
Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No			
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location			
Exit was through the front of the plane. The windshield popped out allowing passage of the two passengers and myself.			

Pilot "A" Responsibilities at the Time of Accident																																																																																																				
☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "A" Identification																																																																																																				
First Name: <u>Joseph</u>					City: <u>[REDACTED]</u>																																																																																															
Middle Initial: <u>M</u>					State: <u>KS</u> ZIP: <u>[REDACTED]</u>																																																																																															
Last Name: <u>Baker</u>					Country: <u>USA</u>																																																																																															
Age at time of Accident: <u>[REDACTED]</u>			Date of Birth: <u>[REDACTED]</u> mm/dd/yyyy			Certificate Number: <u>[REDACTED]</u>																																																																																														
Degree of Injury			Seat Occupied			Seat Belt			Shoulder Harness																																																																																											
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☒ Serious			☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Used ☒ Yes ☐ No Available ☒ Yes ☐ No			Used ☐ Yes ☐ No Available ☐ Yes ☒ No																																																																																											
Pilot Certificate(s) (Check all that apply)																																																																																																				
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Principal Occupation		Medical Certificate				Medical Certificate Validity			Date of Last Medical																																																																																											
☐ Pilot ☒ Other ☐ Unknown		☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown				☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown			<u>07/11/2014</u> mm/dd/yyyy																																																																																											
Medical Certificate Limitations																																																																																																				
<u>Must wear corrective lens</u>																																																																																																				
Medical Certificate Waivers																																																																																																				
<u>NONE</u>																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 119/135 Checks:			Flight Review Aircraft																																																																																																	
<u>09/19/2014</u> mm/dd/yyyy			Make: <u>Boeing</u> Model: <u>PA-32 R</u>																																																																																																	
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)																																																																																														
☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		☒ None ☐ Airplane Single-Engine ☐ Instrument Airplane ☐ Airplane Multi-Engine ☐ Instrument Helicopter ☐ Gyroplane ☐ Glider ☐ Powered Lift ☐ Sport																																																																																														
Type Ratings						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> <tr> <td>Total Time</td> <td>1595</td> <td>915</td> <td>1595</td> <td>—</td> <td>100</td> <td>40</td> <td>150</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>1537</td> <td>908</td> <td>1537</td> <td>—</td> <td>100</td> <td>38</td> <td>150</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>Time as Instructor</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>This Make/Model</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>Last 90 Days</td> <td>15</td> <td>9.4</td> <td>15</td> <td>—</td> <td>45</td> <td>20</td> <td>37</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>Last 30 Days</td> <td>6</td> <td>6</td> <td>6</td> <td>—</td> <td>1.1</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>Last 24 Hours</td> <td>.8</td> <td>.8</td> <td>.8</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> </table>											Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	1595	915	1595	—	100	40	150	—	—	—	Pilot in Command (PIC)	1537	908	1537	—	100	38	150	—	—	—	Time as Instructor	—	—	—	—	—	—	—	—	—	—	This Make/Model	—	—	—	—	—	—	—	—	—	—	Last 90 Days	15	9.4	15	—	45	20	37	—	—	—	Last 30 Days	6	6	6	—	1.1	—	—	—	—	—	Last 24 Hours	.8	.8	.8	—	—	—	—	—	—	—
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<u>(prior to accident)</u>																																																																																																				

PILOT (Exclusive of cabin attendants, complete the following for each)		
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
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Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs

CABIN PERSONNEL (Include flight attendants, continue on separate sheet)			Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
Name and Address First Name: <u>Stephanie</u> City: <u>Wichita</u> Middle Initial: _____ State: <u>KS</u> ZIP: <u>67205</u> Last Name: <u>JOHNSON</u> Country: <u>USA</u>			2										
First Name: <u>CLARENCE</u> City: <u>HAYSVILLE</u> Middle Initial: <u>J</u> State: <u>KS</u> ZIP: <u>67060</u> Last Name: <u>SPONSEL</u> Country: <u>USA</u>			4										
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____													
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____													
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First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____													
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Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

Departed Wellington, Ks. airport (KEGT) at 0820 on 1-14-2015. Destination airport was Dodge City Regional (KDDC). No services prior to departure. Fuel gauges showed 1/4 tank each. Cruise altitude 4520' MSL. Burned on L tank to 8-10 miles east of Pratt, Ks. (20 minutes into flight) then switched to R tank. Between Pratt Ks and Dodge City, Ks the right fuel gauge dropped unusually rapid and was touching empty approx 8-10 miles from KDDC. Fuel selector was switched to (L) tank. Flown over south end of runway 32 at KDDC and entered Left downwind for 32. After turning to base leg engine lost power and failed to restart. Fuel boost pump turned on without success of restarting engine. Fuel selector switched back to right tank for last attempt to restart engine - without success, altitude was approximately 2000 feet AGL at this time so began planning for forced landing. Attempted to reach a county road to land but did not have altitude to clear power lines so had to land short of the road.

Operator/Owner Safety Recommendation

~~See next page~~

More accurate fuel management and awareness would have prevented this accident. With this situation, the hours I had logged in my Flight Log indicated I should have had enough fuel based on hours flown since the tanks were ~~type~~. I feel I most likely had flown the plane 20-30 minutes more than actually logged - or could have had a richer fuel burn - therefore burning more gallons/hr than I calculated - in my head. Fuel tanks should be visually inspected prior to flight - I now "stick" my tanks to know!

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HAVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

02/19/2015

mdd/ply

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

Joseph M. Baker

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

Title:

FOR NTSB USE ONLY

NTSB Accident/Incident No.

Reviewed by NTSB Regional Office

Name of Investigator

Date Report Received