

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

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Perry</u> State: <u>FL</u> ZIP: <u>32347</u> Country: <u>USA</u> Latitude: <u>30 3.30N</u> (dd:mm:ss N/S) Longitude: <u>83 39.1W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>3/21/2013</u> Local Time: <u>08:40</u> mm/dd/yyyy Time Zone: <u>Eastern</u>	
Phase of Operation ☐ Standing ☐ 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 <u>4,000</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Piper</u> Model: <u>PA 23-250</u> Serial Number: <u>27-7654067</u> Registration Number: <u>N625SR</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>5,200</u> lbs Weight at Time of Accident/Incident: <u>4,146</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>93</u> inches from ☐ nose or ☒ datum -or- <u> </u> 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>6</u> If Large Aircraft, how many seats for: Flight Crew: <u> </u> Cabin Crew: <u> </u> Passengers: <u> </u>	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: <u> </u>	Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown	Date Last Inspection: <u>12/20/2012</u> mm/dd/yyyy Airframe Total Time: <u>5,219</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident/Incident
IFR Equipped ☒ Yes ☐ No ☐ Unknown	Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown	Type of Fire Extinguishing System ☒ None ☐ Specify <u> </u>
ELT Installed ☒ Yes ☐ No ELT Activated ☒ Yes ☐ No	ELT Manufacturer: <u>Dorne Margolin</u> Model/Series: <u>ELT 6</u> Serial Number: <u>unknown</u> Battery Type: <u>BP 1020</u> Battery Exp. Date: <u>01/2015</u>	
ELT Aided in Locating Accident/Incident ☒ Yes ☐ No		

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>Hartzell</u> Model: <u>HC-E2YR--2RBSF</u>
---	---	--

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Lycoming	IO 540 C4B5	L-13941-4BA	original	250	5,237	32	1,171
Eng. 2	Lycoming	IO 540 C4B5	L-25129-4BA	unknown	250	4,310	32	127
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Consolidated Citrus Limited PartnershipFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: Fort MyersState: FL ZIP: 33912

Country: _____

Operator of Aircraft☒ Same As Registered Owner

Name: _____

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

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

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____

Manufacturer: _____

Model: _____

Damage to Other Aircraft☐ Destroyed ☐ Minor
☐ Substantial ☒ None**Registered Owner of Other Aircraft**

First Name: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

First Name: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☒ Substantial
☐ Minor ☐ Destroyed

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ 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)

A FORCED LANDING RESULTED IN SUBSTANTIAL AIRCRAFT DAMAGE,
THE PINE FOREST LOST TREES.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: _____

Distance From Airport Center: _____ SM

Airport Name: _____

Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Airport Elevation: _____ 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
☐ ADF/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: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

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

FLIGHT ITINERARY INFORMATION**Last Departure Point**Airport ID: KORLCity: OrlandoState: FLCountry: USA**Time of Departure**Time: 07:35Time Zone: Eastern**Destination**Airport ID: KTLHCity: TallahasseeState: FLCountry: USA**Type Flight Plan Filed**

☐ None ☐ VFR/IFR
☐ Company VFR ☒ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☒ Yes ☐ No

Type of ATC Clearance/Service (Check all that apply)

☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☒ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

☐ Class A ☒ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**
(convert from pounds, as necessary)

_____ 141 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

THE PILOT WAS THE ONLY OCCUPANT, THE MAIN CABIN DOOR
WAS THE EVACUATION ROUTE,**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: KTLHObservation Time: 07:55Time Zone: EasternDistance from Accident Site: 42 NMDirection from Accident Site: 304 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 | | |

Visibility10 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

ft AGL

Ceiling Height

ft AGL

Wind Direction

- ☒
- Indicated:
-
- 310
- degrees MAG

- ☒
- Variable

Wind SpeedVelocity: 8 KTS

-or-

- ☐
- Calm
-
- ☐
- Light and Variable

Wind Gusts

Velocity: _____ 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/incident

DISNEY TFR

Temperature: 60(C)
or _____(F)Altimeter Setting: 30.10 in. HG
or _____ MBDensity Altitude: 1,100 ftDew Point: _____(C)
or 55(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 |
|--------------------------------|-----------------------------------|--------------------------------|

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: Gary City: Fort Myers
 Middle Initial: V State: FL ZIP: 33912
 Last Name: Brown Country: USA
 Age at time of Accident/Incident: 62 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

Degree of Injury

☐ None ☐ Fatal
☒ Minor ☐ Unknown
☐ Serious

Seat Occupied

☒ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☒ Yes ☐ No
 Available ☐ Yes ☐ No

Shoulder Harness

Used ☒ Yes ☐ No
 Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☒ Commercial ☒ Flight Engineer ☐ Foreign
☐ Private ☒ Flight Instructor ☐ Sport ☒ Airline Transport ☐ U.S. Military

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☒ Class 2 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☒ With limitations/waivers
☐ Unknown

Date of Last Medical

04/05/2012
 mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

Medical Certificate Waivers

NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

12/13/2012
 mm/dd/yyyy

Flight Review Aircraft

Make: King Air
 Model: E 90

Airplane Rating(s) (Check all that apply)

☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☒ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☐ None ☒ Instrument Airplane
☒ Airplane Single-Engine ☐ Instrument Helicopter
☒ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

B727, B737, B777 and SA227

Student Endorsements (Include dates)

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	29,125	236	3,573	25,552	3,808	1,892	336			
Pilot in Command (PIC)	24,657	226	3,530	23,700	3,500	1,150	168			
Time as Instructor	3,359	13	3,059	500	125	200				
This Make/Model					21	24	1			
Last 90 Days	111	42	41	70	4	9				
Last 30 Days	31	14	5	28		2				
Last 24 Hours	2	2		2						

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

☒ Pilot ☒ Co-Pilot ☒ Student Pilot ☒ Flight Instructor ☒ Check Pilot ☒ Flight Engineer ☒ Other Flight Crew

Pilot "B" Identification

First Name: _____
Middle Initial: _____
Last Name: _____

City: _____
State: _____ ZIP: _____
Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury

☒ None ☒ Fatal
☒ Minor ☒ Unknown
☒ Serious

Seat Occupied

☒ Left	☒ Front	☒ Unknown
☒ Right	☒ Rear	
☒ Center	☒ Single	

Seat Belt

Used	☒ Yes	☒ No
Available	☒ Yes	☒ No

Shoulder Harness

Used	☒ Yes	☒ No
Available	☒ Yes	☒ No

Pilot Certificate(s) *(Check all that apply)*

☐ None ☒ Student ☒ Recreational ☒ Commercial ☒ Flight Engineer ☒ Foreign
☒ Private ☒ Flight Instructor ☒ Sport ☒ Airline Transport ☒ U.S. Military

Principal Occupation

☒ Pilot
☒ Other
☒ Unknown

Medical Certificate

☒ None	☒ Class 3
☒ Class 1	☒ Driver's License (Sport Pilot only)
☒ Class 2	☒ Unknown

Medical Certificate Validity

☒	Without limitations/waivers
☒	With limitations/waivers
☒	Unknown

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

**Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks:**

mm/dd/yyyy

Flight Review Aircraft

Make: _____
Model: _____

Airplane Rating(s)
(Check all that apply)

☒ None
☒ Single-Engine Land
☒ Single-Engine Sea
☒ Multiengine Land
☒ Multiengine Sea

Other Aircraft Rating(s)
(Check all that apply)

☒ None
☒ Airship
☒ Free Balloon
☒ Glider
☒ Gyroplane
☒ Helicopter
☒ Powered Lift

Instrument Rating(s)
(Check all that apply)

☒ None
☒ Airplane
☒ Helicopter
☒ Powered Lift

Instructor Rating(s)
(Check all that apply)

☒ None	☒ Instrument Airplane
☒ Airplane Single-Engine	☒ Instrument Helicopter
☒ Airplane Multi-Engine	☒ Helicopter
☒ Gyroplane	☒ Glider
☒ Powered Lift	☒ Sport

Type Ratings

Student Endorsements *(Include dates)*

[illegible]

- THIS PAGE IS N/A -

[illegible]

ADDITIONAL INFORMATION (Please type or print in ink)

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

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**Date of this Report**03/23/2013
mm/dd/yyyy**Signature and Name of Pilot/Operator**

Signature: [Redacted]

Type or Print Name:

GARY V. BROWN

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

Signature:

N/A

Type or Print Name:

Title:

FOR NTSB USE ONLY**NTSB Accident/Incident No.**
ERA13LA179**Reviewed by NTSB Regional Office**
ERA-Ashburn**Name of Investigator**
T. Duprie**Date Report Received**
3/27/2013

NARRATIVE HISTORY OF FLIGHT N625SR

On 3/21/2013 I received a weather brief and filed my IFR flight plans on FLTPLAN.com. During my drive to the airport using hands free Bluetooth; I called flight service for an abbreviated brief and current weather update. The weather was great as a cold front had passed and the skies were clear.

During my preflight, I confirmed that the aircraft fuel was full at 176 gallons and oil was still at 11 quarts the level I filled the aircraft to on 3/19/2013. I met my passenger at our hangar and departed on schedule at 06:15 Eastern IFR for KORL.

We arrived on schedule in Orlando at 07:15 I dropped off my passenger and I departed at 07:35 for KTLH Tallahassee on an IFR flight plan.

During cruise at 8000ft MSL, I had fluctuating left fuel flow. I turned on the electric fuel pump, and the fuel flow was stable. After a few minutes, I selected the electric pump off and the fuel flow remained stable.

I received the KTLH ATIS loaded my approach and started my descent early for better ground speed. I switched to the outboard fuel tanks. Jacksonville center called and told me to call Tallahassee approach. I entered the frequency, but before I had a chance to call the right engine began to lose power.

I turned on the electric fuel pump confirmed that I was on the full outboard fuel tanks and adjusted the mixture. No help, I was still losing the right engine. I took my time and double checked which engine was failing since the initial fuel flow fluctuation was on the left engine.

I feathered the right prop and selected the right mixture to idle cut off. Then I called Tallahassee approach.

I informed them that I had lost my right engine, they told me the position of Perry Foley airport I ask them the runway length. I looked but could not see the airport.

The aircraft was flying level with plenty of airspeed. I told Tallahassee that I was considering continuing to the destination since the aircraft was performing so well while holding altitude.

Then the left engine began to fail! I immediately requested a heading for Perry and again ran the engine out procedure. The left engine failed. I feathered the left prop. While heading toward Perry I tried to restart the right engine but it would not start. I had lost altitude and realized this was going to be a forced landing in the massive forest below. I declared an emergency but Tallahassee could not receive my radio call due to my altitude. An aircraft on the frequency relayed my call to Tallahassee.

I turned off the master switch and fuel pumps to avoid a fire hazard on impact. I avoided the scattered large oak trees in the Pine Forest and placed my right hand on the dash to protect my head and face. When the aircraft came to a stop, I evacuated via the main cabin door. After I was sure of no fire hazard I returned to find my glasses, cell phone and iPad to call for rescue with coordinates.

RECOMMENDATION

This accident may have been prevented if I would have requested a radar vector for Perry airport when Tallahassee approach control told me to look for Perry airport.