

# 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

|                                                                                                                                                                                                               |  |                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Bronx/Deegan Expressway</u> State: <u>NY</u><br>ZIP: _____ Country: <u>USA</u><br>Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W) |  | <b>Date/Time</b><br>Date: <u>01/04/2014</u> Local Time: <u>3:35pm</u><br>mm/dd/yyyy Time Zone: <u>EST</u> |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                           |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Phase of Operation</b><br><input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover<br><input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other<br><input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown |  | <b>Collision with Other Aircraft</b><br><input type="checkbox"/> Midair<br><input type="checkbox"/> On-ground<br><input checked="" type="checkbox"/> None | <b>Altitude of In-Flight Occurrence</b><br>_____ ft MSL |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|

### AIRCRAFT INFORMATION

|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Manufacturer:</b> <u>Piper</u><br><b>Model:</b> <u>PA28-180</u><br><b>Serial Number:</b> <u>28-3516</u><br><b>Registration Number:</b> <u>N9409J</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <b>Max Gross Weight:</b> <u>2500</u> lbs<br><b>Weight at Time of Accident/Incident:</b> <u>2088</u> lbs<br><b>Location of Center of Gravity at Time of Accident/Incident:</b><br><u>87.8</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum<br>-or- _____ Percent Mean Aerodynamic Cord (% MAC) |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Category of Aircraft</b><br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyrocraft<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><b>Standard</b><br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Utility<br><input type="checkbox"/> Acrobatic<br><input type="checkbox"/> Transport<br><b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Light Sport | <b>Number of Seats:</b> <u>4</u><br>If Large Aircraft, how many seats for:<br>Flight Crew: <u>1</u><br>Cabin Crew: _____<br>Passengers: <u>2</u> | <b>Landing Gear</b> <input type="checkbox"/> Retractable<br>Check any additional landing gear configuration that applies:<br><input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Unknown |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of Maintenance Program</b><br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Conditional (Amateur-built only)<br><input type="checkbox"/> Manufacturer's Inspection Program<br><input type="checkbox"/> Other Approved Inspection Program (AAIP)<br><input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> Other, specify: _____ | <b>Last Inspection Type</b><br><input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown | <b>Date Last Inspection:</b> <u>04/15/2013</u><br>mm/dd/yyyy<br><b>Airframe Total Time:</b> <u>2515.71</u> hrs<br>hours measured at (check one)<br><input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                             |                                                                                                                                               |                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>IFR Equipped</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Stall Warning System Installed</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Type of Fire Extinguishing System</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Specify _____ |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                   |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>ELT Activated</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>ELT Manufacturer:</b> <u>EBC</u><br><b>Model/Series:</b> <u>102</u><br><b>Serial Number:</b> <u>ON ELT IN AIRPLANE</u><br><b>Battery Type:</b> <u>P/N BP1045</u> <b>Battery Exp. Date:</b> <u>06/30/2014</u> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Engine Type</b><br><input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet<br><input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan<br><input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | <b>Reciprocating Fuel System Type</b><br><input checked="" type="checkbox"/> Carburetor<br><input type="checkbox"/> Fuel Injected | <b>Propeller</b><br><input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch<br>Manufacturer: <u>Sensenich</u><br>Model: <u>76EM8S5-0-60</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Engine Rated Power Measured as (check one)<br><input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | Lycoming            | O-360-A3A           | 10085-36a                    | 08/09/1966                 | 180                                                                                                                                    | 2635.71            | 120                           | 236.71                      |
| Eng. 2 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Michael SchwartzFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: South SalemState: NY ZIP: 10590Country: USA**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**

- |                                            |                                  |                                                 |                                                                                                |
|--------------------------------------------|----------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> FAR 91 | <input type="checkbox"/> FAR 129 | <input type="checkbox"/> FAR 91 Special Flight  | <input type="checkbox"/> Public Use (select type)                                              |
| <input type="checkbox"/> FAR 103           | <input type="checkbox"/> FAR 133 | <input type="checkbox"/> Non-US, Commercial     | <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local |
| <input type="checkbox"/> FAR 121           | <input type="checkbox"/> FAR 135 | <input type="checkbox"/> Non-US, Non-commercial | <input type="checkbox"/> Unknown                                                               |
| <input type="checkbox"/> FAR 125           | <input type="checkbox"/> FAR 137 | <input type="checkbox"/> 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: \_\_\_\_\_

City: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last Name: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

First Name: \_\_\_\_\_

City: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last Name: \_\_\_\_\_

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.)

Engine Failure**Total Time/Cycles On Part**

\_\_\_\_\_ Hours  
2635.71 Cycles

**Time Since This Part Inspected/Overhauled**

236.71 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)*

Buckled landing gear, Firewall from buckled gear, wings from transport, fuel tanks destroyed by fire department

**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: DXRCity: DanburyState: CTCountry: USA**Time of Departure**Time: 2:45pmTime Zone: EST**Destination**Airport ID: DXRCity: DanburyState: CTCountry: 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)*50 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 AIRCRAFT**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

Front seat passenger, rear right passenger, Pilot - all exited aircraft and moved quickly away from the plane and off the roadway

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: Standard BriefingObservation Time: 2:00pmTime Zone: EST

Distance from Accident Site: \_\_\_\_\_ NM

Direction from Accident Site: \_\_\_\_\_ degrees MAG

**Source of Weather Information**

(Check all that apply)

☐ National Weather Service☒ Flight Service Station☐ TV/Radio☐ Automated Report☐ Commercial Weather Service (DUATS)☐ Company☐ Military☐ Internet☐ Unknown**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**10 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**10000 ft AGL**Ceiling Height**10000 ft AGL**Wind Direction**☐ Indicated:  
\_\_\_\_\_ degrees MAG☐ Variable**Wind Speed**Velocity: 7 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**

None

Temperature: n't recall (C)  
or \_\_\_\_\_ (F)Altimeter Setting: \_\_\_\_\_ in. HG  
or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ ft

Dew Point: \_\_\_\_\_ (C)  
or \_\_\_\_\_ (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: Michael City: South Salem  
Middle Initial: \_\_\_\_\_ State: NY ZIP: 10590  
Last Name: Schwartz Country: USA  
Age at time of Accident/Incident: 53 Date of Birth:                      Certificate Number: Pending  
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**

04/11/2013  
mm/dd/yyyy

**Medical Certificate Limitations**

None

**Medical Certificate Waivers**

None

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

11/30/2013  
mm/dd/yyyy

**Flight Review Aircraft**

Make: Piper  
Model: PA28-180

**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)**Flight Time** (enter appropriate  
number of hours in each box)

|                        | All<br>Aircraft | This Make<br>& Model | Airplane<br>Single<br>Engine | Airplane<br>Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter<br>Than Air |
|------------------------|-----------------|----------------------|------------------------------|-------------------------|-------|------------|-----------|------------|--------|---------------------|
|                        |                 |                      |                              |                         |       | Actual     | Simulated |            |        |                     |
| Total Time             | 124.7           | 110.1                | 124.7                        |                         | 3.1   | 3.3        |           |            |        |                     |
| Pilot in Command (PIC) | 25.4            | 25.4                 | 25.4                         |                         |       |            |           |            |        |                     |
| Time as Instructor     |                 |                      |                              |                         |       |            |           |            |        |                     |
| This Make/Model        |                 |                      |                              |                         |       |            |           |            |        |                     |
| Last 90 Days           | 25.6            | 25.6                 | 25.6                         |                         |       |            |           |            |        |                     |
| Last 30 Days           | 8.6             | 8.6                  | 8.6                          |                         |       |            |           |            |        |                     |
| Last 24 Hours          | .7              | .7                   | .7                           |                         |       |            |           |            |        |                     |

## 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: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ 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)

### 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             |              |                   |                        |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC) |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor     |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model        |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days           |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days           |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours          |              |                   |                        |                      |       |            |           |            |        |                  |

# **ADDITIONAL FLIGHT CREW MEMBERS** (Exclusive of cabin attendants, complete the following information)

## **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

## **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

## **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

# **PASSENGER(S) / OTHER PERSONNEL** (Include flight attendants; continue on separate sheet if necessary)

## **Name and Address**

First Name: Kristina City: New Milford  
 Middle Initial: \_\_\_\_\_ State: CT ZIP: 06776  
 Last Name: Terrill Country: US

## **Seat**

RR

## **Crew**

☐

## **Non-Revenue**

☐

## **Revenue**

☐

## **Non-Occupant**

☐

## **FAA**

☐

## **Fatal**

☐

## **Serious Injury**

☐

## **Minor Injury**

☐

## **No Injury**

☒

## **Unknown**

☐

First Name: Monica City: Milton  
 Middle Initial: Castello State: DE ZIP: 19968  
 Last Name: \_\_\_\_\_ Country: USA

RF

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

**NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)**

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

On the accident date prior to my arrival to DXR, I called and obtained a standard preflight weather briefing. I also performed weight and balance calculations. After arrival at DXR because of the cold my passengers got into the airplane while I performed a preflight inspection using the airplane's checklist. During the preflight inspection I visually checked the fuel tanks which had been previously filled (typically filled at the end of a day in which the airplane was flown) and reported everything was in order as a result of my inspection.

The purpose of the flight was to fly the Manhattan Corridor to the Statue of Liberty and return to DXR; it was a 14 CFR Part 91 personal flight. Ms. Monica Castello (non-pilot) was in the co-pilot's seat and sustained a scratch to her forehead because of eyewear, and Ms. Kristina Terrill was in the right rear seat and was not injured. Both passengers were wearing lap belts, and I both had flown with me before.

Following my preflight inspection I boarded the airplane and verified that the cabin door was closed and locked. Once inside I performed a passenger safety briefing which included the use of the restraints, how to open and close the cabin entry door, instruction on when conversation was permitted, and not to assume that I see an aircraft let me know if spotted. I started the engine using the checklist which included using the primer, and taxied to the FBO to let the engine warm up. During that time I obtained the automated terminal information service (ATIS), then went to the ramp area and contacted ground obtaining my taxi clearance. I taxied to the run-up area near the runway and using the checklist checked that the flight controls were free and clear, raised and lowered the flaps, checked the gauges, fuel, vacuum, and amp meter. I ran the engine to 2,000 rpm and checked the right magneto first then returned to both followed by the left magneto and back to both; both magnetos dropped about 100 rpm during the check. The engine rpm returned to 2,000 when the magneto switch was returned each time to the both position. I then applied (pulled) the carburetor heat control and noted rpm drop, then pushed in the carburetor heat control. I also turned off the auxiliary fuel pump and noted the fuel pressure then turned it back on. I verified the trim was neutral, adjusted the altimeter and DG, and taxied to the hold short line where I contacted tower and stated that I was departing to the southwest.

The flight departed between 1435 and 1440 EST, and when the flight was about 3 miles from DXR, I was told to switch to New York Approach Control. At the beginning of the flight when above 3,500 feet, I leaned the mixture about 1/4 inch based on the JP Instrument and continued. While in contact with New York Approach I was told to maintain 2,500 feet at the Governor Malcolm Wilson Tappan Zee Bridge (Tappan Zee Bridge). At Tappan Zee Bridge I requested with ATC to descend to 1,500 feet and was approved. When the flight was below 2,000 feet the mixture was full rich and while descending to 1,500 feet, and air traffic control communications were transferred to Newark. At the Statue of Liberty I requested to descend, and was told to descend below 1,300 feet for 2 orbits. After the 2 orbits I climbed and while at 1,500 feet the alarm of my GPS went off (30 minutes since takeoff) which was my cue to switch fuel tanks. I turned on the auxiliary fuel pump and switched tanks and then turned off the auxiliary fuel pump while monitoring the fuel pressure. The flight proceeded in a northeasterly direction while climbing to 2,000 feet and in contact with Newark. When the flight was near mid-town Manhattan I was switched to La Guardia and first noticed the engine was not developing power. I began troubleshooting by turning on the auxiliary fuel pump and switching back to the previous tank, but it did not restore engine power. I also verified that the mixture was full rich, pushed the throttle full in, but did not apply carburetor heat; all with no affect. While descending at Best Glide airspeed (85 mph) I declared Mayday with ATC, and they provided a vector to La Guardia but I was unable to visually see the runway and knew that I was too far away (5.5 miles) to reach it. I advised ATC I was unable, and asked for other options. At 1,000 feet I saw the Major Deegan Expressway had 2 of the 3 lanes closed and a very large gap with no traffic and opted to land on it. I maintained best glide, and cracked the cabin entry door in anticipation of the forced landing, and actually had to extend the glide to clear cars behind and avoid cars ahead and attempted to slow to car traffic speed. While descending on approach I banked to avoid street light poles, and touched down with no flaps between 40 and 45 mph. After coming to rest I turned off the magneto switch, fuel selector, and master switch, and all occupants exited the airplane. I estimated the total flight duration to be about 40 minutes.

I estimated that 2 minutes elapsed between the first power loss and the touchdown on the road. I had Garmin Virb facing out the passenger windscreen and noted it took about 6 minutes for the nearby road workers to respond to the accident site.

The landing was "hard but not really hard." After touchdown it felt like it was skidding on metal after about 30-40 yards. I also felt the landing gear slowly collapse.

**RECOMMENDATION (How could this accident/incident have been prevented?)**

Operator/Owner Safety Recommendation

**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  THE BEST OF MY KNOWLEDGE

Date of this Report

01/21/2014

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name: MICHAEL SCARF

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.  
ERA14LA085Reviewed by NTSB Regional Office  
Ashburn, VirginiaName of Investigator  
MonvilleDate Report Received  
3/12/2014