

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Pittstown State: N.J.
 ZIP: 08867 Country: USA
 Latitude: 40-33-57.760 Longitude: 0740-58-45.5090
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 8/20/14 Local Time: 8 PM
 mm/dd/yyyy Time Zone: EST

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N2466J

Manufacturer: Cessna

Model: 150B

Serial Number: 15065566

Year of Manufacture: 1966

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Make: ☐ Original Design

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 1600 lbs

Weight at Time of Accident/Incident: 1500 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: 2 Passenger Seats: 1

Number of Engines: 1

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard ☒ Normal ☐ Restricted
☐ Aerobatic ☐ Limited
☐ Balloon ☐ Provisional
☐ Commuter ☐ Special Flight
☐ Transport ☐ Experimental
☐ Utility ☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear (Check all that apply)

☐ Retractable
☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System
☒ None ☐ Unknown

Engine Type (Select one)

☒ Reciprocating ☐ Liquid Rocket
☐ Turbo Shaft ☐ Solid Rocket
☐ Turbo Prop ☐ Hybrid Rocket
☐ Turbo Jet ☐ None
☐ Turbo Fan ☐ Unknown
☐ Electric

Fuel System Type (Reciprocating)

☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Continental	O200A	5433-7-A-R		100	380	1.7	380
Eng. 2						42287		
Eng. 3								
Eng. 4								

Last Inspection Type

☐ 100-Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: 7/24/14
 mm/dd/yyyy

Airframe Total Time: 2009.1 hrs
 hours measured at (Select one)

☒ Last Inspection ☐ Time of Accident/Incident

Type of Maintenance Program (Select one)

☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Description of Fire Extinguishing System

☒ None
☐ Specify: _____

Propeller 1

☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

Propeller 2

☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☐ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

Indicate Reason: ☐ Impact Damage
☐ Fire Damage
☐ Battery Expired/Damaged
☐ Unknown

Additional Equipment (Check all that apply)

☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☒ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☒ Stall Warning System
☐ Video Recording Device
☐ Other, Specify: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Frederick Obermuelle</u>		City: <u>Milford</u> State: <u>N.S.</u> ZIP: <u>08848</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No			
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ FAR 103 ☐ FAR 133 ☐ FAR 431 ☐ FAR 121 ☐ FAR 135 ☐ FAR 435 ☐ FAR 125 ☐ FAR 137 ☐ FAR 437 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi ☐ Domestic ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Sky Manor</u> Airport Identifier: <u>N40</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>1.5</u> mi Direction From Airport: <u>90°</u> degrees true Airport Elevation: <u>548</u> ft. msl	
Runway Information Runway ID: <u>05</u> (L/R/C) Length: <u>2900</u> ft Width: <u>50</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i>	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown		☒ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Slush-Covered ☐ Vegetation ☐ Unknown	
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ Takeoff ☐ Initial Climb ☐ VFR Departure ☐ IFR Departure Procedure/Clearance ☐ On Instrument Approach ☒ Landing ☐ Downwind ☐ Base ☒ Final ☐ Crosswind ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ GPS ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☒ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
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"Flight Crewmember 1" Identification First Name: <u>Frederick</u> City of Residence: <u>MILFORD</u> Middle Initial: <u>J</u> State: <u>NJ</u> ZIP: <u>08848</u> Last Name: <u>Obermuelle R</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>61</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Available ☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> <td style="width: 50%; vertical-align: top;"> Used ☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table>			Available ☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																											
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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 ☐ 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 ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
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"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																				
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ 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 cabin crew; continue on separate sheet if necessary)						
Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>39N</u> City: <u>Princeton</u> State: <u>N.J.</u> Country: <u>USA</u>		Time of Departure Time: <u>7:40PM</u> Time Zone: <u>EST</u>	
Destination Airport ID: <u>N40</u> City: <u>Pittstown</u> State: <u>NJ</u> Country: <u>USA</u>		Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown	
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 G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☒ Class E ☐ Restricted Area ☐ FAR 93			
Altitude of In-Flight Occurrence: <u>1100</u> ft msl			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☒ Internet ☐ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather		Weather Observation Facility Facility ID: <u>KTTN</u> Observation Time: <u>1500hrs</u> Time Zone: <u>EST</u> Distance from Accident Site: <u>19 miles</u> nm Direction from Accident Site: <u>360</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☒ Dusk ☐ Dark Night ☐ Unknown ☐ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	
Lowest Cloud Condition Height <u> </u> ft agl		Ceiling Height <u> </u> ft agl	
Wind Direction ☒ Variable -or- Direction: <u> </u> degrees true		Wind Speed ☐ Calm ☒ Light and Variable -or- Speed: <u> </u> kts	
Wind Gusts ☒ Not Gusting -or- Speed: <u> </u> kts		Visibility <u>10</u> miles RVR: <u> </u> feet RVV: <u> </u> miles Density Altitude: <u> </u> ft	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals	
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		Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	
Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence (Check all that apply) ☒ None ☐ Light ☐ Clear Air ☐ Moderate ☐ Terrain-Induced ☐ Severe ☐ Convective Turbulence ☐ Extreme	
NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident: 			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY					
Aircraft Damage ☐ None ☐ Substantial ☒ Minor ☐ Destroyed ☐ Unknown		Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Fire at Unknown Time ☐ On-Ground ☐ Unknown		Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Explosion at Unknown Time ☐ On-Ground ☐ Unknown	
Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) Propellar bent. Engine mount broken. Right wing dented. crop damage					
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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.					
Departed 39N at 1940 EST. Arrived at N40 at 20:00 EST. Entered downwind to 25. Deployed carb heat and 10 degree flaps. Turned base noticed unusually low air speed. Engine did not respond to throttle or turning off carb heat. Turned final propellar stopped observed high tension lines pulled back yoke and barely cleared lines To low and to Slow For runway landed in cornfield in direction of corn rows. Called 911 walked through field to road. Airport personnel secured airplane					

RECOMMENDATION (How could this accident/incident have been prevented?)														
Operator/Owner Safety Recommendation <i>In cases where there is an obstruction to landing and the possibility of fuel contamination due to observed water in fuel draining the pattern should be flown tighter if possible. I believe that there was water in carburetor that was not sumped out during the fuel draining and was sucked up by fuel jets when the plane banked while turning base.</i>														
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)														
Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) <i>Unable to sump all water from system</i>		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours												
FUEL & SERVICES INFORMATION														
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) <i>15</i> Gallons	Fuel Type <table style="width: 100%; border: none;"> <tr> <td>☐ 80/87</td> <td>☐ 115/145</td> <td>☐ Jet B</td> <td>☐ Other, specify _____</td> </tr> <tr> <td>☒ 100 Low Lead</td> <td>☐ Jet A</td> <td>☐ JP8</td> <td></td> </tr> <tr> <td>☐ 100/130</td> <td>☐ Jet A-1</td> <td>☐ Automotive</td> <td></td> </tr> </table>		☐ 80/87	☐ 115/145	☐ Jet B	☐ Other, specify _____	☒ 100 Low Lead	☐ Jet A	☐ JP8		☐ 100/130	☐ Jet A-1	☐ Automotive	
☐ 80/87	☐ 115/145	☐ Jet B	☐ Other, specify _____											
☒ 100 Low Lead	☐ Jet A	☐ JP8												
☐ 100/130	☐ Jet A-1	☐ Automotive												
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 <i>got out of door opened it and got out</i>														
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)														
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <table style="width: 100%; border: none;"> <tr> <td>☐ Destroyed</td> <td>☐ Minor</td> </tr> <tr> <td>☐ Substantial</td> <td>☐ None</td> </tr> </table>	☐ Destroyed	☐ Minor	☐ Substantial	☐ None								
☐ Destroyed	☐ Minor													
☐ Substantial	☐ None													
Registered Owner of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____												

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

9/25/14
mm/dd/yyyyName of Pilot/Operator: Frederick ObermullerSignature: [REDACTED]

-- or --

☐ Check here to electronically sign this document**If a Person Other than Pilot/Operator is Filing Report**

Name: _____

Title: _____

Signature: _____

-- or --

☐ Check here to electronically sign this document**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ERA14LA401

Reviewed by NTSB Regional Office

ERA

Name of Investigator

COX

Date Report Received

10-9-14