

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: BAYPORT State: NY
 ZIP: 11705 Country: UNITED STATES U.S.A.
 Latitude: N40° 45' 9.6" Longitude: W73° 3' 13.1"
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: APRIL 10, 2016 Local Time: 7 PM
mm/dd/yyyy Time Zone: EDST

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

AIRCRAFT INFORMATION

Registration Number: N95118

Manufacturer: PIPER

Model: PA 28-140

Serial Number: 28-25812

Year of Manufacture: 1969

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 2150 lbs

Weight at Time of Accident/Incident: 2002 lbs

Number of Seats: 4 Flight Crew Seats:

Cabin Crew Seats: Passenger Seats:

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
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☐ Utility

Special

- ☐ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ 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
- ☐ Turbo Shaft
- ☐ Turbo Prop
- ☐ Turbo Jet
- ☐ Turbo Fan
- ☐ Electric
- ☐ Liquid Rocket
- ☐ Solid Rocket
- ☐ Hybrid Rocket
- ☐ None
- ☐ Unknown

Fuel System Type (Reciprocating)

☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	LYCOMING	O-320-D2A	L-19133-29A	?	160	2020	1989.4	2020
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 11/9/2015
mm/dd/yyyy

Airframe Total Time: 12031.4 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: HAND HELD

Propeller 1

- ☒ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: SENSENBACH

Model: M74DM-60

Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: n/a

Model:

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: AMERI-KING

Model or Part No.: AK450

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: SCOTT CLIFFORD

City: WALL KILL

State: N.Y.

ZIP: 12589

Fractional Ownership Aircraft: ☒ Yes ☐ No

Country: U.S.A.

Operator of Aircraft

☐ Same As Registered Owner

☒ Same Address as Registered Owner

Name: SCOTT CLIFFORD

City: _____

Doing Business As: N/A

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): N/A

Country: _____

Operating Certificates Held

(Check all that apply)

- ☒ 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 (Select one)
- ☐ Armed Forces
- ☐ Federal
- ☐ State
- ☐ Local
- ☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group) N/A

- ☐ Scheduled or Commuter ☐ Domestic
- ☐ Non-Scheduled or Air Taxi ☐ International
- ☐ Passenger
- ☐ Cargo
- ☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown
- ☐ Aerial Observation ☐ Flight Test
- ☐ Air Drop ☐ Glider Tow
- ☐ Air Race/Show ☐ Instructional
- ☐ Banner Tow ☐ Other Work Use
- ☐ Business ☒ Personal
- ☐ Executive/Corporate ☐ Positioning
- ☐ External Load ☐ Skydiving
- ☐ Ferry

Revenue Sightseeing Flight

☐ Yes ☒ No

Air Medical Flight

☐ Yes ☒ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: BAYPORT AERODROME

Distance From Airport Center: 1/3 sm

Airport Identifier: 23N

Direction From Airport: SOUTH degrees true

Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Airport Elevation: 42 ft. msl

Runway Information

Runway ID: 36-18 (L/R/C) Length: 2700 ft Width: 75 ft

Runway/Landing Surface (Check all that apply)

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

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
- ☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

- ☐ Taxi ☒ VFR Departure ☐ On Instrument Approach ☐ Downwind
- ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base
- ☐ Initial Climb ☐ Final ☐ Low Approach
- ☐ Crosswind ☐ Go Around
- ☐ Aborted Landing (after touchdown)
- ☐ Unknown

IFR Approach (Check all that apply) N/A

- ☐ None
- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
- ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
- ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual
- ☐ VOR/DME ☐ Localizer Only ☐ Contact
- ☐ TACAN ☐ LOC-back course ☐ Circling
- ☐ RNAV ☐ Unknown

VFR Approach (Check all that apply) N/A

- ☐ None
- ☐ Traffic Pattern ☐ Stop and Go
- ☐ Straight-In ☐ Touch and Go
- ☐ Valley/Terrain Following ☐ Simulated Forced Landing
- ☐ Go Around ☐ Forced Landing
- ☐ Full Stop ☐ Precautionary Landing
- ☐ Unknown

FLIGHT CREWMEMBER 1 INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: SCOTT
Middle Initial: P
Last Name: CLIFFORD

City of Residence: WALKILL
State: N.Y. ZIP: 12589
Country: USA

Age at time of Accident/Incident: 34 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

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

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military
☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

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 ☐ Unknown
☐ With limitations/waivers ☐ N/A
☐ Special Issuance

Date of Last Medical

04-30-2012
mm/dd/yyyy

Medical Certificate Limitations

N/A - NONE

Medical Certificate Special Issuance

N/A

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

02-17-2016
mm/dd/yyyy

Flight Review Aircraft

Make: PA-28-161
Model: WARRIOR III

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

Type Ratings

NONE

Student Endorsements (Include dates)

N/A

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	85	25	85	0	3.2	3.4	3.2	0	0	0
Pilot in Command (PIC)	27	25								
Time as Instructor	0	0								
This Make/Model										
Last 90 Days	35.4	35.4								
Last 30 Days	10.5	10.5								
Last 24 Hours	.8	.8								

N/A

FLIGHT CREWMEMBER 2: INFORMATION																																																																																																				
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																				
"Flight Crewmember 2" Identification First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
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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N/A

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)			
Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left	☐ Front
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Rear
Last Name: _____	Country: _____	☐ Right	☐ Single
		☐ Unknown	☐ None
			☐ Minor
			☐ Serious
			☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
	☐ Commercial	☐ 3-point	☐ 3-point
	☐ Airline Transport	☐ 4-point	☐ 4-point
	☐ Flight Engineer	☐ 5-point	☐ 5-point
	☐ US Military	☐ Unknown	☐ Unknown
	☐ Foreign		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left	☐ Front
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Rear
Last Name: _____	Country: _____	☐ Right	☐ Single
		☐ Unknown	☐ None
			☐ Minor
			☐ Serious
			☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
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	☐ Airline Transport	☐ 4-point	☐ 4-point
	☐ Flight Engineer	☐ 5-point	☐ 5-point
	☐ US Military	☐ Unknown	☐ Unknown
	☐ Foreign		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

(1)

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew, continue on separate sheet if necessary)							
Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age		
First Name: <u>MICHAEL</u> City: <u>GREENWOOD LAKE</u>	☐ Left	☐ None	Available	Used	☒ Not Installed	☐ Under 5 years	
Middle Initial: <u>M</u> State: <u>N.Y.</u> ZIP: <u>10925</u>	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed		
Last Name: <u>ROME</u> Country: <u>U.S.A.</u>	☒ Right	☒ Serious	☒ 3-point	☒ 3-point	☐ Not Deployed	☐ If Under 5,	
☐ Crew ☒ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Child Restraint	
	Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Lap-Held	
			☐ Unknown	☐ Unknown		☐ Unknown	
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years	
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed		
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	☐ If Under 5,	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Child Restraint	
	Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Lap-Held	
			☐ Unknown	☐ Unknown		☐ Unknown	
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years	
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed		
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	☐ If Under 5,	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Child Restraint	
	Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Lap-Held	
			☐ Unknown	☐ Unknown		☐ Unknown	
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years	
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed		
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	☐ If Under 5,	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Child Restraint	
	Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Lap-Held	
			☐ Unknown	☐ Unknown		☐ Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: 23N

City: BAYPORT

State: NY

Country: USA

Time of Departure

Time: 7:00 PM

Time Zone: EDST

Destination

Airport ID: N45

City: WALKILL NY

State: NY

Country: USA

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 ☐ Altitude of In-Flight Occurrence: ~ 300-350 ft msl
☐ 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

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: LOCKHEED MARTIN FLIGHT SERVICES

Observation Time: 22:45 Z

Time Zone: EDST

Distance from Accident Site: N/A nm

Direction from Accident Site: _____ 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

Temperature: _____ (C) or 55 (F)

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

Altimeter Setting: _____ in. Hg ?
or _____ MB

42ft.

Lowest Cloud Condition Height

_____ ft agl

Ceiling Height

_____ ft agl

Wind Direction

☐ Variable

-or-
Direction: 180 degrees true

Wind Speed

☐ Calm
☐ Light and Variable

-or-
Speed: 11 kts

Wind Gusts

☐ Not Gusting

-or-
Speed: 15 kts

Visibility 10 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ 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 ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Icing Actual

Amount ☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Turbulence

Type (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:

NONE

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- ☐ None
☒ Substantial
☐ Minor
☐ Destroyed
☐ Unknown

Aircraft Fire

- ☐ None
☐ In-Flight
☒ On-Ground
☐ Both Ground and In-Flight
☐ Fire at Unknown Time
☐ Unknown

Aircraft Explosion

- ☒ None
☐ In-Flight
☐ On-Ground
☐ Both Ground and In-Flight
☐ Explosion at Unknown Time
☐ Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

AIRCRAFT HIT ELECTRICAL CABLE WITH LEFT WING CAUSING IT TO NOSE DIVE TO PAVEMENT, SMASHING PROPELLER AND ENGINE, AND RIGHT WING BREAKING IT IN A DOWNWARD DIRECTION. INSTRUMENT PANEL CAME CRASHING INWARD + DOWN ON TO PILOT'S LEGS.

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.

I left N45 at approximately 4:30pm & flew with flight following to 23N to visit my father. The trip is 72 n.m., and we flew without incident. Changed to right fuel tank for landing. After a short visit, we added 5 gal of 100LL to left tank and did a pre-flight & sumped the tanks. At this point we had 37 gals of fuel on board. My passenger and I boarded the plane intending to return to N45. I used my checklist to start warm-up and taxi. After about 15 minutes of warm up, I did a run-up and all seemed fine & normal. All temps and pressure were in the green and all controls were in t.o. position. With my boost pump on, I taxied out and took off to the south, using soft field technique for a grass field. Runway is 2700 ft. I lifted off at 65 mph and then accelerated in ground effect to 75mph, which is VX & climbed to about 300 MSL, when I heard a sputter and a "pop", and the engine stopped. I immediately checked fuel valve mag switch and carb heat & mixture. They were all in the proper positions. I lowered the nose to best glide at 80 mph and looked for a clear spot. I turned toward the street, as my main concern was to avoid the dense cluster of houses surrounding the area below. I attempted to glide onto said street, but unfortunately the nearby power lines and utility poles were very unforgiving. The left wing caught a power line, causing the plane to spin around and downward, impacting nose and wing into the ground. The instrument panel crushed down on my legs, and the ignition key bent, penetrating my leg. Both legs were stuck under the instrument panel, and I was unable to extract myself or my unconscious passenger. At that point I became aware that the plane was on fire, and attempted to reach the fire extinguisher behind passenger seat, but I was completely pinned. I yelled for help and soon after, the cabin was somehow ripped open and neighbors and firefighters pulled us out of the plane, which was very much then on fire. I was extracted/dragged out upward and to the right. As both legs had been pinned, they scraped the bulkhead and bottom of panel on the way out.

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

Operator/Owner Safety Recommendation

A ENGINE STOPPAGE AT 300 FEET ~~to~~ OVER A RESIDENTIAL AREA DOES NOT GIVE A PILOT MANY OPTIONS.

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.)

ENGINE STOPPED ON DEPARTURE. WE DON'T KNOW WHY.

Total Time/Cycles
On Part2020 SFOH
Hours

Cycles

Time Since This Part
Inspected/Overhauled

Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

37

Gallons

Fuel Type

☐ 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

NONE

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

NEIGHBORS AND VOLUNTEER FIREFIGHTERS RESCUED THE PILOT AND PASSENGER

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

Aircraft Registration Number

N/A

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ 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

05/18/2016
mm/dd/yyyy

Name of Pilot/Operator:

SCOTT P. CLIFFORD

Signature

-- 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.
ERA16LA152

Reviewed by NTSB Regional Office
ERA

Name of Investigator
L. Read

Date Report Received
5/18/2016