

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: MARLBORO State: NJ

ZIP: _____ Country: _____

Latitude: _____ Longitude: _____

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 08/13/2016 Local Time: 1:30 PM

mm/dd/yyyy

Time Zone: EDST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N71497

Manufacturer: LUSSOMBE

Model: 8A SILVIRE

Serial Number: 2924

Year of Manufacture: 1946

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: _____ Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: _____

Category of Aircraft

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

Type of Airworthiness Certificate

(Check all that apply)

☒ Standard ☐ Special
☒ 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 ☒ Tailwheel
☐ Tricycle
☐ 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/Series	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	<u>CONTI</u>	<u>65-8</u>	<u>5873878</u>		<u>65</u>			
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 04/08/2016

mm/dd/yyyy

Airframe Total Time: 3698.35 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: SENSENICH

Model: M74CK No 23760

Propeller 2

☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: Yes No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (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: _____

City: _____

Fractional Ownership Aircraft: Yes No

State: _____ ZIP: _____

Country: _____

Operator of Aircraft*Same As Registered Owner**Same Address as Registered Owner*

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

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 UnderFAR 91 FAR 129 FAR 415
FAR 103 FAR 133 FAR 431
FAR 121 FAR 135 FAR 435
FAR 125 FAR 137 FAR 437FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercialPublic Aircraft *(Select one)*

Armed Forces

Federal

State

Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135*(Select one for each group)*Scheduled or Commuter
Non-Scheduled or Air TaxiDomestic
InternationalPassenger
Cargo
Mail Contract Only**Purpose of Flight for FAR 91, 103, 133, 137***(Select one)*Aerial Application
Aerial Observation
Air Drop
Air Race/Show
Banner Tow
Business
Executive/Corporate
External Load
FerryFirefighting
Flight Test
Glider Tow
Instructional
Other Work Use
Personal
Positioning
Skydiving

Unknown

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: _____

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

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

Airport Elevation: _____ ft. msl

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
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 Low Approach
Takeoff IFR Departure Procedure/Clearance Landing Base Go Around
Initial Climb Final Aborted Landing (after touchdown)
Crosswind Unknown**IFR Approach (Check all that apply)**None
ADF/NDB PAR MLS Practice
SDF Sidestep LDA GPS
VOR/TWOR ILS ASR
VOR/DME Localizer Only Visual
TACAN LOC-back course Contact
RNAV Circling
Unknown**VFR Approach (Check all that apply)**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: <u>PAUL</u> Middle Initial: <u>F</u> Last Name: <u>ROBERTS JR</u>					City of Residence: <u>SPOTSWOOD</u> State: <u>NJ</u> ZIP: <u>08884</u> Country: <u>U.S.</u>																																																																																															
Age at time of Accident/Incident: <u>70</u>					Date of Birth: [REDACTED] mm/dd/yyyy			Certificate Number: _____																																																																																												
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 ☐ Private ☒ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign ☐					Medical Certificate Validity Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A ☐			Date of Last Medical _____ mm/dd/yyyy																																																																																												
Principal Occupation Pilot ☐ Other ☐ Unknown ☐		Medical Certificate None ☐ Class 1 ☐ Class 2 ☐ Class 3 ☒ Driver's License (Sport Pilot only) ☒ Unknown ☐			Medical Certificate Limitations <u>MUST WEAR CORRECTIVE LENS GLASSES</u>			Medical Certificate Special Issuance _____																																																																																												
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/25/2015</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>Luscombe</u> Model: <u>8A</u>																																																																																																	
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 ☐					Student Endorsements (Include dates) _____																																																																																									
Type Ratings																																																																																																				
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 15%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>531</td> <td>415</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>531</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td>16</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td>16</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td>.5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	531	415									Pilot in Command (PIC)	531										Time as Instructor											This Make/Model											Last 90 Days		16									Last 30 Days		16									Last 24 Hours		.5								
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	531	415																																																																																																		
Pilot in Command (PIC)	531																																																																																																			
Time as Instructor																																																																																																				
This Make/Model																																																																																																				
Last 90 Days		16																																																																																																		
Last 30 Days		16																																																																																																		
Last 24 Hours		.5																																																																																																		

"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: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ 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 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) <i>(Check all that apply)</i> None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign				Medical Certificate Validity Without limitations/waivers With limitations/waivers Special Issuance Unknown N/A			Date of Last Medical _____ mm/dd/yyyy				
Principal Occupation Pilot Other Unknown		Medical Certificate None Class 1 Class 2 Class 3 Driver's License (Sport Pilot only) Unknown		Medical Certificate Limitations 			Medical Certificate Special Issuance 				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____			Medical Certificate Special Issuance 				
Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift			Student Endorsements <i>(Include dates)</i> Instrument Airplane Instrument Helicopter Helicopter Glider Sport		
Type Ratings						Student Endorsements <i>(Include dates)</i>					
Flight Time <i>(Enter appropriate number of hours in each box)</i>		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated		Rotorcraft	Glider	Lighter Than Air
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

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	None
Middle Initial: _____	State: _____ ZIP: _____	Center	Rear	Minor
Last Name: _____	Country: _____	Right	Single	Serious
			Unknown	Fatal
				Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
None	Flight Instructor	Available	Used	
Private	Recreational	None	None	Not Installed
Student	Sport	Lap Only	Lap Only	Installed
	Commercial	3-point	3-point	Not Deployed
	Airline Transport	4-point	4-point	Deployed
	Flight Engineer	5-point	5-point	Unknown
	US Military	Unknown	Unknown	
	Foreign			
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs		
Yes	No			

Crew Name and Address		Seat Occupied		Injury
First Name: _____	City of Residence: _____	Left	Front	None
Middle Initial: _____	State: _____ ZIP: _____	Center	Rear	Minor
Last Name: _____	Country: _____	Right	Single	Serious
			Unknown	Fatal
				Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
None	Flight Instructor	Available	Used	
Private	Recreational	None	None	Not Installed
Student	Sport	Lap Only	Lap Only	Installed
	Commercial	3-point	3-point	Not Deployed
	Airline Transport	4-point	4-point	Deployed
	Flight Engineer	5-point	5-point	Unknown
	US Military	Unknown	Unknown	
	Foreign			
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs		
Yes	No			

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: _____	City: _____				Available	Used		
Middle Initial: _____	State: _____ ZIP: _____		Left	None	None	None	Not Installed	Under 5 years
Last Name: _____	Country: _____		Center	Minor	Lap Only	Lap Only	Installed	
			Right	Serious	3-point	3-point	Not Deployed	If Under 5,
			Unknown	Fatal	4-point	4-point	Deployed	Child Restraint
Crew	Passenger	Other	Row: _____	Unknown	5-point	5-point	Unknown	Lap-Held
					Unknown	Unknown		Unknown
First Name: _____	City: _____		Left	None	Available	Used		
Middle Initial: _____	State: _____ ZIP: _____		Center	Minor	None	None	Not Installed	Under 5 years
Last Name: _____	Country: _____		Right	Serious	Lap Only	Lap Only	Installed	
			Unknown	Fatal	3-point	3-point	Not Deployed	If Under 5,
				Unknown	4-point	4-point	Deployed	Child Restraint
Crew	Passenger	Other	Row: _____	Unknown	5-point	5-point	Unknown	Lap-Held
					Unknown	Unknown		Unknown
First Name: _____	City: _____		Left	None	Available	Used		
Middle Initial: _____	State: _____ ZIP: _____		Center	Minor	None	None	Not Installed	Under 5 years
Last Name: _____	Country: _____		Right	Serious	Lap Only	Lap Only	Installed	
			Unknown	Fatal	3-point	3-point	Not Deployed	If Under 5,
				Unknown	4-point	4-point	Deployed	Child Restraint
Crew	Passenger	Other	Row: _____	Unknown	5-point	5-point	Unknown	Lap-Held
					Unknown	Unknown		Unknown
First Name: _____	City: _____		Left	None	Available	Used		
Middle Initial: _____	State: _____ ZIP: _____		Center	Minor	None	None	Not Installed	Under 5 years
Last Name: _____	Country: _____		Right	Serious	Lap Only	Lap Only	Installed	
			Unknown	Fatal	3-point	3-point	Not Deployed	If Under 5,
				Unknown	4-point	4-point	Deployed	Child Restraint
Crew	Passenger	Other	Row: _____	Unknown	5-point	5-point	Unknown	Lap-Held
					Unknown	Unknown		Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____	Time of Departure Time: _____ Time Zone: _____	Destination Airport ID: _____ City: _____ State: _____ Country: _____	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 VFR Special VFR IFR Special IFR VFR On Top VFR Flight Following Traffic Advisory Cruise Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A Class G Military Operations Area (MOA) Class B Demo Area Airport Advisory Area Class C Warning Area Jet Training Area Class D Prohibited Area TRSA Class E Restricted Area FAR 93				Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather	Company Military Internet None Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
---	--	---

Basic Conditions VMC IMC Unknown	Light Condition Dawn Day Dusk Night Dark Night Bright Night Unknown	Sky/Lowest Cloud Condition Clear Thin Broken Few Thin Overcast Partial Obscuration Unknown Scattered Lowest Cloud Condition Height _____ ft agl	Ceiling None (Clear) Broken Overcast Obscured Indefinite Unknown Ceiling Height _____ ft agl	Temperature: 97 (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
--	---	---	--	--

Wind Direction Variable -or- Direction: _____ degrees true	Wind Speed Calm Light and Variable -or- Speed: _____ kts	Wind Gusts Not Gusting -or- Speed: _____ kts	Visibility _____ 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 Rain Snow Hail Rain Showers Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle	Restriction to Visibility (Check all that apply) None Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust Fog Ground Fog Haze Ice Fog Smoke Unknown
---	--	--

Icing Forecast Amount Type None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown	Icing Actual Amount Type None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown	Turbulence Type (Check all that apply) Severity 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
Minor
Substantial
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)

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 location, services obtained, and intended destination. Provide as much detail as possible.

Depart 3N6 ABOUT 12:00 FLOW TO SOUTH BRUNSWICK TO CHECK OUT A JOB I WAS DOING. THEN FLOW EAST TOWARD RARITAN BAY TO CHECK ONE MORE JOB. TURNED SOUTH TOWARDS ASHBURY PARK. TURNED WEST TOWARDS MARLBORO HALFWAY BETWEEN ASHBURY & OLD BRIDGE ENGINE JUST WENT SILENT. TRIED MAGS, CARB HEAT, PRIMER THROILS WITH NO RESPONSE. I SEEN A PRIVATE HORSE TRACK I JUST PASSED. TURNED LEFT TO MAKE APPROACH BUT TOO HIGH BECAUSE OF TREES. TURNED LEFT AND DESCENDED TO MAKE LANDING IN FIELD. RUNNING OUT OF GROUND AHEAD SO I SEEN FIELD TO LEFT. TURNED HARD LEFT TO MAKE FIELD. I THINK LEFT WING HIT GROUND BEFORE I COULD LEVEL OUT. THE CRAFT SPUN AND FUSLAGE BROKE IN TWO & NOISE CRUNCHED UP IN BALL. I WAS TRAPPED IN CABIN HERE BROKE FEMUR & CUT TO FOREHEAD MADE PHONE CALL TO 911 MARLBORO POLICE & RESCUE CAME

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

Operator/Owner Safety Recommendation

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.)

**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)

_____ Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

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**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

Substantial

Minor

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

Name of Pilot/Operator: _____

Signature: _____

mm/dd/yyyy

-- 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.
ERA16LA291

Reviewed by NTSB Regional Office
Ashburn, VA

Name of Investigator
Monville

Date Report Received
10/17/2016