

**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> Nearest City/Place: <u>Thomasville</u> State: <u>PA</u> ZIP: <u>17405</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>08/30/2009</u> Local Time: <u>1600</u> <i>mm/dd/yyyy</i> Time Zone: _____	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b> _____ ft MSL

**AIRCRAFT INFORMATION**

<b>Manufacturer:</b> <u>Beechcraft</u> <b>Model:</b> <u>Sport B19</u> <b>Serial Number:</b> <u>MB 752</u> <b>Registration Number:</b> <u>M6982R</u> <b>Amateur-built:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Max Gross Weight:</b> _____ lbs <b>Weight at Time of Accident/Incident:</b> _____ lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
--	--	--

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

<b>Type of Maintenance Program</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	<b>Last Inspection Type</b> <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown	<b>Date Last Inspection:</b> <u>05/28/2009</u> <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>4,597</u> hrs hours measured at <i>(check one)</i> <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
---	--	---

<b>IFR Equipped</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input checked="" type="checkbox"/> None <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 type="checkbox"/> No	<b>ELT Manufacturer:</b> <u>Pointer ELT (AF) (AP)</u> <b>Model/Series:</b> <u>3000/AEDCO 1033</u> <b>Serial Number:</b> <u>327326</u> <b>Battery Type:</b> <u>Alkaline P/N BP-1030 (Merl, Inc)</u> <b>Battery Exp. Date:</b> <u>Aug 2011</u>
--	---

<b>Engine Type</b> <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	<b>Reciprocating Fuel System Type</b> <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: <u>SENSENICH</u> Model: <u>74DM685-0-54</u>
---	---	---

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> <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-320-E2D	L-37442-27A	11/21/2003	150	61	14	61
Eng. 2								
Eng. 3								
Eng. 4								



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

The location that I landed had field corn planted in it. I clipped the top of one of the trees along side the field. The right fuel tank was empty so 20-22 gals of fuel in the field.

The aircraft received substantial damage. The left wing tip clipped a tree; the right wing twisted slightly as did the hull of the aircraft on impact. The tail section was also damaged. The right landing gear and nose gear came off during impact (fixed gear). Windshield broke and popped out due to the stress of the airframe. Prop was bent and engine mount was broken twisting engine to the left.

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

**Airport Identifier:** KTHV **Distance From Airport Center:** 2 SM  
**Airport Name:** York Airport **Direction From Airport:** 180 degrees MAG  
**Proximity to Airport**  Off Airport/Airstrip  On Airport  On Airstrip **Airport Elevation:** 495 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: 35 (L/R/C) Length: 5,188 ft Width: 100 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**

<b>Last Departure Point</b> Airport ID: <u>THV</u> City: <u>York</u> State: <u>PA</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>1550</u> Time Zone: _____	<b>Destination</b> Airport ID: <u>THV</u> City: <u>York</u> State: <u>PA</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> 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  
 The right door opened on impact. Once the aircraft stopped, I unbuckled my seat belt and climbed out onto the right wing. The right landing gear and nose gear broke off during impact so the wing was resting on the ground.

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Weather Observation Facility</b> Facility ID: <u>KTHV</u> Observation Time: <u>1550</u> Time Zone: _____ Distance from Accident Site: _____ <u>2</u> NM Direction from Accident Site: _____ <u>360</u> degrees MAG	<b>Source of Weather Information</b> (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	<b>Method of Briefing</b> (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
--	--	---

<b>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input checked="" type="checkbox"/> Not Pertinent	<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	<b>Visibility</b> _____ <u>10</u> miles
--	--	--

<b>Sky/Lowest Cloud Condition</b> <input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Scattered	<b>Ceiling</b> <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	<b>Restriction to Visibility</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
---	---	---

<b>Lowest Cloud Condition Height</b> _____ ft AGL	<b>Ceiling Height</b> _____ ft AGL	<b>Wind Direction</b> <input checked="" type="checkbox"/> Indicated: _____ <u>280</u> degrees MAG  <input checked="" type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: _____ <u>8</u> KTS -or- <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: _____ <u>0</u> KTS  <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	<b>Type of Turbulence</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> In Clouds <input checked="" type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm  <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop
--	---------------------------------------	--	--	--	---

**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident**  
 None

<b>Temperature:</b> _____ (C) or _____ <u>77</u> (F)  <b>Altimeter Setting:</b> <u>29.93</u> in. HG or _____ MB  <b>Density Altitude:</b> _____ ft  <b>Dew Point:</b> _____ (C) or _____ <u>55</u> (F)	<b>Icing Forecast</b> <table style="width: 100%;"> <tr> <th style="text-align: center;">Amount</th> <th style="text-align: center;">Type</th> </tr> <tr> <td><input checked="" type="checkbox"/> None    <input type="checkbox"/> Moderate</td> <td><input type="checkbox"/> Rime</td> </tr> <tr> <td><input type="checkbox"/> Trace    <input type="checkbox"/> Severe</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Mixed</td> </tr> </table>	Amount	Type	<input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate	<input type="checkbox"/> Rime	<input type="checkbox"/> Trace <input type="checkbox"/> Severe	<input type="checkbox"/> Clear	<input type="checkbox"/> Light	<input type="checkbox"/> Mixed	<b>Type of Precipitation</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input checked="" type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle
Amount	Type									
<input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate	<input type="checkbox"/> Rime									
<input type="checkbox"/> Trace <input type="checkbox"/> Severe	<input type="checkbox"/> Clear									
<input type="checkbox"/> Light	<input type="checkbox"/> Mixed									
		<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> 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: Herbert City: Hanover  
 Middle Initial: L State: PA ZIP: 17331  
 Last Name: Harris Country: USA  
 Age at time of Accident/Incident: 58 Date of Birth:            Certificate Number:           

### 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

03/11/2009  
*mm/dd/yyyy*

## Medical Certificate Limitations

Must have available glasses for near vision.

## Medical Certificate Waivers

None

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

10/09/2007  
*mm/dd/yyyy*

## Flight Review Aircraft

Make: Beech  
 Model: Sport B-19 (N6982R)

### 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  
 Airplane Single-Engine  
 Airplane Multi-Engine  
 Gyroplane  
 Powered Lift  
 Instrument Airplane  
 Instrument Helicopter  
 Helicopter  
 Glider  
 Sport

## Type Ratings

SEL (Private)

## 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	293	147	293	0	5	0	3	0	0	0
Pilot in Command (PIC)	243	145	243	0		0	0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					2	0	0			
Last 90 Days	12	12	12	0	0	0	0	0	0	0
Last 30 Days	3	3	3	0	0	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

# 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

<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	<b>Seat Belt</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	--

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

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

<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> _____ <span style="margin-left: 100px;">mm/dd/yyyy</span>
---	--	--	---

## 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: \_\_\_\_\_

<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> 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										

**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 Sunday, 30 August 2009, at approximately 1530hrs, I arrived at York Airport (KTHV) and pre flighted my aircraft (N6982R) for a flight to Cecil County Airport (58M) in order to practice short field landings. The weather seemed to be perfect VFR conditions when I listened to ASOS prior to my taxi to runway 35; with the winds coming out of the west at 5 -10 kts., visibility 10 miles and with just a few clouds. During the preflight, I verified that there was no water in the fuel from the three strainers, as I had been getting some water in my left tank but had corrected the problem with new O-rings. The engine started with no problems and ran smoothly while it warmed up. I taxied down to the run up area for runway 35 and completed the run up with no problems or indication of any problems. I departed runway 35 for an eastern departure and began to climb thru 1,500 ft. when I pulled the power back and lowered the nose to check for traffic. Once I pulled the power back, I noticed that the engine began to stumble so I first added carburetor heat and then checked to make sure that the boost pump was on. Since the engine didn't seem to respond as expected, I switched to the right tank and added power. The engine smoothed out slightly and I began to continue the climb to 2,000 ft.. As I was climbing I was also turning back to the airfield as I wanted to land and check out what was causing this problem. While heading back to the airport, the aircraft continued to lack power whenever the engine fell below 2,500 rpms. I overflew the airport at 2,000 ft. with full power and made a call setting me up for the downwind to runway 35. I do remember seeing an aircraft getting ready to depart as I was over flying the airfield. I made the call announcing my turn downwind and reduced the power to approximately 1500 rpms. By the time the airplane was abeam the numbers for runway 35, I was finally at 1,500 ft (pattern altitude) and still going over 100 mph. I reduced power more and when the airspeed fell below 90 mph indicated, I added one notch of flaps and trimmed for 80 mph. (90 mph is best glide but I thought that the engine was still running and producing power so opted for my typical approach speed). By the time this has occurred, I glanced back and saw the runway so made my left hand turn to base. Once level, I tried to add power to slow the sink rate but the engine failed to respond. The engine appeared to have quit running so I went through the restart procedures with no change felt in the engine. I then realized that I would not be able to land at the airport especially with the loss of power. This caused me to remember that there were many houses off to my right, and high tension power lines running along my left. With this in mind, I looked ahead and decided to head for the small corn field. Once that decision was made, I remember pulling in the flaps and began to aim for the field. I continued to jockey the airspeed to 5 -10 knots above stall as every time the stall horn would sound, I would push the nose of the aircraft over to gain airspeed. The events happened so fast on base that I just looked for the best possible place to put down the airplane and remained focused on that decision. I didn't realize that I had hit the tree tops until I was on the ground and saw the plane facing 90 degrees to the left of my direction of travel along with a dent in the left wing tip.

**RECOMMENDATION (How could this accident/incident have been prevented?)****Operator/Owner Safety Recommendation**

I am not sure what caused the loss of power in the engine. The engine had less than 100 hours since remanufactured to zero time by Penn Yan Aero. Fuel was checked for water prior to the engine start from all three (3) fuel strainers. No water was found and the engine ran smoothly during the taxi and the run up. I had selected the left tank on start up as this was the tank that would tend to get water in the tank. Both tanks were full as I had gone to KDMW two weeks prior and topped off the tanks with 100ll. The engine seemed to have nice power on take off and I only noticed a problem once I leveled at 1,500 feet and pulled the power back to 2,500 rpms. The engine only stumbled then and I quickly checked the boost pump and added carburetor heat but the engine only smoothed out once I maintained full power. The engine would run when the power was reduced but it would stumble and seemed to lack power. I remember switching tanks but that didn't change the situation to anything noticeable.

The prop must have been wind milling whenever I reduced the power over the airfield as it continued to spin during the flight or else the engine was running but had little or no power. Events really seemed to happen so quickly but I tried to restart the engine after I found that no power was available on the base leg. I rechecked the fuel selector position, boost pump switch and the ignition switch but could still not restart the engine or get a response from it.

After a lot of thought and consideration, I should have probably flown a tight pattern and not worried about the increased airspeed until I was on final approach. I remember that there is a knoll on the pilot side of the airfield for rwy 35 making the threshold not visible until about one mile past the numbers. I should have practiced this type of approach prior to this situation but to add concern to that is a set of high tension power lines that run perpendicular to the runway (it seems to be 1/4 mile from the edge). If I was short, then the results may have been worst for me.

The statement that I remembered during this incident was to fly the aircraft first; fly until everything stops and any landing that I can walk away from is still OK.

**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**

<b>Date of this Report</b> 09/27/2009 <i>mm/dd/yyyy</i>	<b>Signature and Name of Pilot/Operator</b> Signature: _____ Type or Print Name: Herbert L. Harris Jr
---	---

**Signature and Name of Person Filing Report if Other than Pilot/Operator**  
Signature: \_\_\_\_\_  
Type or Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b> ERA09LA	<b>Reviewed by NTSB Regional Office</b> ERA	<b>Name of Investigator</b> COX	<b>Date Report Received</b> 10-01-09
--	--	------------------------------------	---