Safety Regulation Group
Safety Investigation and Data Department

Follow-up Action on Occurrence Report

ACCIDENT TO PIPER PA30, G-ASMA, NEAR WOLVERHAMPTON BUSINESS AIRPORT ON 8 MARCH 2002

(AIRCRAFT CRASHED OFF AIRFIELD AFTER STARBOARD ENGINE FAILURE IN CIRCUIT)

CAA FACTOR NUMBER	:	F12/2003
FACTOR PUBLICATION DATE	:	14 May 2003
OPERATOR	:	Private
CAA OCCURRENCE NUMBER	:	2002/01469
AAIB REPORT	:	Bulletin 4/2003

SYNOPSIS

(From the AAIB Report)

Following a comprehensive pre-flight inspection by the prospective owner, which included a thorough fuel drain check, the aircraft was taxied to the refuelling pumps where 103 litres per side were uplifted; 75 litres per side into the main tanks and 28 litres per side into the auxiliary tanks. G-ASMA was the eighteenth aircraft to be replenished with Avgas that day and there had been no bulk fuel deliveries. After refuelling, the aircraft was taxied to the runway holding point where power and pre-departure checks were carried out. Both engines performed satisfactorily, including the idle check. The fuel selectors were set to the MAIN tank positions where they remained for the duration of the flight. After a normal takeoff and climb the aircraft was levelled at about 3,000 feet altitude where the prospective owner carried out some gentle handling exercises. These exercises took place over a period of about 30 minutes and both pilots noted how 'smooth' the engines were. Following the handling exercises, the aircraft was flown back towards the departure airfield to join the circuit and land.

On joining the downwind leg, the instructor noticed that the sound from the propellers indicated that they had gone out of synchronisation. Thinking that the prospective owner, who was the handling pilot, had moved the power levers disproportionately, the instructor moved them both forward but there appeared to be no response from the right engine. The prospective owner stated that the right engine had totally lost power by the end of the downwind leg and that at that time, the engine power levers were not at their fully retarded (idle) positions. Moreover, the right propeller control lever was not selected to feather.

The instructor assisted the handling pilot to turn the aircraft onto the final approach. The landing gear was selected DOWN when the aircraft was at approximately 500 feet, but the green 'DOWN AND LOCKED' indicator light in the cockpit did not illuminate. A request for the Tower to observe if the landing gear was down was considered but the RTF frequency was in use by another aircraft. The landing gear was cycled twice but on neither occasion did the green 'DOWN AND LOCKED' light illuminate. The landing gear lever was left in the DOWN position. By this time the instructor had taken control of the aircraft and, at a height of about 300 feet, "pushed everything forward" to initiate a go-around. The left engine appeared to respond fully but the aircraft did not climb or maintain height. Because there was not enough runway distance remaining in which to land, the instructor initiated a left turn and landed in a nearby ploughed field. Towards the end of the landing roll, the instructor turned the aircraft sharply to the left to avoid colliding with a hedgerow; during this manoeuvre the left landing gear collapsed.

This publication provides the initial CAA response to each Safety Recommendation made by the Air Accidents Investigation Branch, Department of Transport.

Status 'CLOSED' or 'OPEN' indicates completion or not of all actions judged appropriate by the CAA in response to the Recommendation.

The current status and the final responses to all Safety Recommendations are contained in an annual CAA report entitled PROGRESS REPORT - CAA RESPONSES TO AIR ACCIDENTS INVESTIGATION BRANCH (AAIB) SAFETY RECOMMENDATIONS. The absence of errors and omissions cannot be guaranteed.

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FOLLOW UP ACTION

The two Safety Recommendations, made by the AAIB following their investigation, are reproduced below, together with the CAA's responses.

Recommendation 2003-10

It is recommended to the New Piper Aircraft Corporation that Part B of Service Letter No 851 should be re-issued to include a warning of the possibility of bladder tank distortion and the consequent retention of water in the bladder tanks when aircraft are parked for extended periods of time with part-filled fuel tanks.

CAA Response

This Recommendation is not addressed to the CAA.

CAA Status - Closed

Recommendation 2003-11

It is recommended to the Civil Aviation Authority that an article be published warning owners and operators of all aircraft that have flexible bladder fuel tanks of the potential problems associated with parking aircraft for extended periods of time with part-filled fuel tanks.

CAA Response

The CAA accepts this Recommendation. The CAA will publish articles in the issue of General Aviation Safety Information Leaflet to be published in June 2003, and in a Flight Operations Department Communication to be published in May 2003, warning owners and operators of all aircraft that have flexible bladder fuel tanks of the potential problems associated with parking aircraft for extended period of time with part-filled fuel tanks.

CAA Status - Open