Gulfstream AA-5B, G-BGPH

AAIB Bulletin No: 5/99 Ref: EW/G99/03/22 Category: 1.3

Aircraft Type and Registration:	Gulfstream AA-5B, G-BGPH
No & Type of Engines:	1 Lycoming O-360-A4K piston engine
Year of Manufacture:	1979
Date & Time (UTC):	14 March 1999 at 1525 hrs
Location:	Rochester Airport, Kent
Type of Flight:	Private
Persons on Board:	Crew - 2 - Passengers - 1
Injuries:	Crew - None - Passengers - None
Nature of Damage:	Substantial to nose landing gear and propeller
Commander's Licence:	Private Pilot's Licence
Commander's Age:	42 years
Commander's Flying Experience:	92 hours (of which 2 were on type) Last 90 days - 6 hours Last 28 days - 2 hours
Information Source:	Aircraft Accident Report Form submitted by the pilot

The pilot was undertaking a familiarisation flight on type with a qualified instructor in the right-hand seat. The aircraft took off from Biggin Hill and flew to Rochester to practice touch-and-go landings. The first circuit and landing were uneventful but on the second the aircraft experienced a slight bounce an subsequently landed on all three wheels. Both the pilot and the instructor considered that neither landing was sufficiently heavy to cause concern and the pilot applied power for a further circuit and landing. However, the aircraft failed to accelerate as expected and the pilot closed the throttle. After a short time the nose of the aircraft dipped and the propeller struck the grass runway before the aircraft came to a halt on the edge of the runway. Subsequent examination revealed that the nose landing gear had collapsed.

Since neither pilot considered that the landing was sufficiently heavy to cause any damage they suspected that there must have been some pre-existing weakness in the nose landing gear structure. The nose landing gear had been examined by X-ray some six months previously during a routine maintenance schedule and was found to be serviceable. The engineer who examined the aircraft subsequent to the accident considered that the failure of the nose landing gear was consistent with an overload and could find no pre-existing failure.