

# Pierre Robin R1180TD, G-CRAN, 15 June 1996

## AAIB Bulletin No: 4/97 Ref: EW/C96/6/4 Category: 1.3

<b>Aircraft Type and Registration:</b>	Pierre Robin R1180TD, G-CRAN
<b>No &amp; Type of Engines:</b>	1 Lycoming O-360-A3A piston engine
<b>Year of Manufacture:</b>	1980
<b>Date &amp; Time (UTC):</b>	15 June 1996 at 0955 hrs
<b>Location:</b>	Staden Industrial Estate, Buxton, Derbyshire
<b>Type of Flight:</b>	Private
<b>Persons on Board:</b>	Crew - 1 - Passengers - 3
<b>Injuries:</b>	Crew - 1 (Fatal) - Passengers - 3 (Fatal)
<b>Nature of Damage:</b>	Aircraft destroyed
<b>Commander's Licence:</b>	Private Pilot's Licence
<b>Commander's Age:</b>	45 years
<b>Commander's Flying Experience:</b>	865 hours (of which 4 hours were on type) Last 90 days - 34 hours Last 28 days - 4 hours
<b>Information Source:</b>	AAIB Field Investigation

The day of the accident was the eleventh birthday of one of the pilot's daughters and as a birthday treat he organised to take her, together with her twelve-year-old sister and an eleven year-old girl friend on a flight around the local area. The Robin aircraft was booked for 0900 hrs, but when the party arrived at Tatenhill Airfield they found that it was airborne for a short familiarisation flight for another pilot, this lasted approximately 15 minutes.

By observation of photographs taken by the girls during the flight and some correlation with radar track evidence, it has been possible to reconstruct the route flown by the aircraft. The pilot and his passengers took-off from Tatenhill at approximately 0930 hrs and flew first to Alton Towers Adventure Playground, 12 nm to the north. The aircraft flew past Alton Towers on the western side at a height above the ground of approximately 500 to 1,000 feet and turned north-east. It then flew 16 nm on that track towards Riber Castle where it turned and flew past Matlock on the southern side on a westerly track, keeping to the same approximate height throughout. From Matlock it flew 8 nm

to the ancient stonecircle at Arbor Low, around which it made a right-hand orbit before setting off north-westerly to the village of King Sterndale in Derbyshire, six miles away.

After completing an orbit to the right around King Sterndale, the aircraft then made another orbit around the village of Cowdale which is 1 nm further to the north-west. The aircraft was observed completing this second orbit at a somewhat lower height and then continuing north-west towards Buxton where the pilot and his family lived. It then flew over Slade Hill Farm at a very low height, of the order of two hundred feet or less. Slade Hill Farm was well known to the pilot and his daughters and a young friend of the girls waved to them as the aircraft flew past, dipping a wing towards him as it did so.

Slade Hill Farm is situated on the 350 metre contour line of a ridge running north to south, one mile to the south-east of Buxton. Beyond the farm to the north-west, the ground falls away in a valley which at its lowest point is at a height of approximately 290 metres above sea level before the ground begins to rise again towards Buxton. A line of trees marks the road which leads to the farm and the aircraft was seen to pass low over these before descending into the valley. Two eyewitnesses in particular, one in the garden of his house further along the lane from Slade Hill Farm, and another whose garden looks out across the valley from the west, were able to provide a clear picture of the flight of the aircraft from the time that it left Cowdale until its conclusion.

At about the time the aircraft entered the valley, its engine was heard to misfire and lose power and the aircraft was seen to turn to the left through 180° onto a heading of approximately 150°M to line up with a service road on an industrial estate. As the aircraft descended towards this service road, and having reached a height of considerably less than 100 feet, the engine was heard to pick up and fire normally once again.

With power restored, the aircraft was then seen to climb steeply away. However, before it had reached sufficient height to clear the ridge the engine was heard to cut out once again and the aircraft entered a tight descending spiral to the left before crashing onto an area of waste ground in the industrial estate. The pilot and his passengers were killed instantly when the aircraft hit the ground. There was no fire and the rescue services arrived at the scene shortly afterwards.

### **Examination of the Wreckage**

The aircraft examination commenced in the afternoon following the accident. It lay in Staden Industrial Estate which comprised a number of widely spaced industrial units situated on otherwise fairly rough, unprepared ground. The aircraft had not struck any buildings, being about 20 metres from one of the installations. It was quite evident that it had struck the ground in a steep (approximately 60°) nose-down attitude with a moderately high rate of descent but with little forward speed, consistent with a stalled condition. It was also apparent that it was rotating to the left at impact. There were no signs of fire but the impact was non-survivable.

Detailed examination did not reveal any signs of pre-impact structural failure nor any anomalies with the flying controls. The condition of the propeller suggested that the engine was delivering low to moderate power at impact and this was reinforced by the tachometer, which was found with the needle jammed at 1,600 RPM. Although the disruption to the airframe precluded rapid estimation of the flap position, subsequent inspection of the actuator after the aircraft had been recovered to the AAIB hangar at Farnborough, showed conclusively that the flaps had been close to the fully extended stop.

On the Aiglon and many other low-winged light aircraft, the fuel tanks are in the wings and therefore lower than the carburettors such that, in the absence of any other pump, the mechanical diaphragm fuel pump has to suck fuel under negative pressure from the tanks. The Aiglon also, as is commonplace, has an electric boost pump which, when switched on, supplies fuel under positive pressure to the mechanical pump. The Flight Manual only requires operation of the electric pump during take off and landing, as the mechanical pump is quite capable of supplying the required amount of fuel on its own and the former becomes a 'back-up' at critical phases of flight. It was not possible to tell if the electric pump on G-CRAN had been selected on prior to impact, although it did function during testing after the accident despite being damaged.

A strip of the engine was undertaken in the AAIB hangar with a representative of Textron Lycoming present. The engine itself was an overhauled unit fitted to G-CRAN in March 1995 when the aircraft had been acquired by its present owner. The overhaul had been carried out by Lycoming themselves in the USA and the engine had run some 120 hours since then. The strip inspection revealed no abnormalities and the engine condition was consistent with such a recently overhauled unit, although an anomaly was noted in the fuel supply system.

The anomaly concerned the flexible hoses connecting the electric boost pump to the mechanical pump and the mechanical pump to the carburettor. During strip of the mechanical pump (with which no defects were found) it was noticed that the pump-carburettor hose union (outlet) was lacking the 'O' ring and washer which are intended to be part of such a union (see photograph). In their place the joint had been made with a sticky green sealant which is not specified in any technical reference. The mechanical pump to electrical boost pump (inlet) union possessed both a washer and 'O' ring. Moreover, both fittings were of a type which were not advocated by Lycoming for use in connections to the mechanical pump.

Lycoming do not supply these fittings either on new or overhauled engines as it is the responsibility of the airframe manufacturer to specify and supply them. However, a Lycoming Service Bulletin (SB) No 374 entitled 'Fuel Pump Inlet Inspection' dated 15 March 1974 was cited as relevant. This SB commences with the following justification for issue:-

*"Loss of fuel pressure may be due to leakage at the inlet port of the diaphragm fuel pump. Leakage at this location may be caused by ageing of the 'O' ring seal or improper installation of the adapter fitting that connects the fuel line to the pump".*

The SB essentially continues with an inspection procedure followed by installation of a new 'O' ring seal *"anytime fuel pressure fluctuates or deteriorates with increase in altitude"*.

A further note appears on the SB diagram which shows a typical 37° angle 9/16 in x 18 UNF fitting which has one plain end and one tapered end. The note refers to the tapered end and states:-

*Note. This end of fitting is designed to attach flared tube fitting. Do not install this end in fuel pump*

Both ends of both fittings from G-CRAN were tapered. As already noted, the outlet fitting lacked both the 'O' ring and washer but, even though present on the inlet, the 'O' ring appeared badly deformed and scored, an appearance not consistent with it having been renewed when the engine was installed about 15 months before (see Photograph). It was decided to test the integrity of sealing of the inlet connection using the original parts but the outlet fitting had been broken during impact and had to be substituted for a similar component, omitting the washer, the 'O' ring and the sealant. To do this it was necessary to re-assemble the fittings in the knowledge that it would be

impossible to re-create with confidence the exact state of the seals as it existed prior to the accident. A vacuum rig was used to apply negative pressure roughly equivalent to that expected across the inlet fitting assuming no boost pump was running. It was found that the assembly failed to hold the vacuum, but only indicated a small leak. In order to see where this leak originated, both unions were sprayed with red penetrating dye whilst still under vacuum and then disassembled. The dye had penetrated into the pump only through the inlet fitting, showing that this was the source of the leak.

### **Additional Information**

The aircraft technical records were examined and the only entries considered potentially relevant to the power loss were the engine replacement already mentioned and the replacement of the fuel pressure transmitter the day before the accident, following a forced landing the week before.

The aircraft had its newly overhauled engine fitted in March, 1995, at which time the company that fitted the engine also took over responsibility for maintenance of the aircraft. When questioned, their Chief Engineer said that, to the best of his recall, the new engine was fitted using new fuel hoses but using the unions from the original installation. He said that, although he had personally not performed much of the work, as the Licensed Engineer responsible he had done a complete check of the installation including a particularly thorough leak check of the fuel system before signing for it. He acknowledged (correctly) that it would be difficult to spot the missing 'O' ring and washer from the outlet of the pump but was at a loss to explain the green sealant applied in its place. He said he had no knowledge of any such material being used in his workplace. He was not aware of the Lycoming SB 374, although the company had a copy in their technical library.

In addition, he gave details of the events which led to the replacement of the fuel pressure transmitter which took place the day before the accident as recorded in the aircraft log book. It transpired that, following an engine off landing about a week before, it was found that the fuel pressure gauge was registering a reading even though no pumps were running. Diagnosed as a faulty pressure transmitter, this had no connection with the engine failure, which was due to fuel mishandling and the faulty part had merely been found as a result of the diagnostic process. It had taken about a week to obtain a kit of parts which not only included a new transmitter but also a new gauge and wiring. The transmitter is located on what is effectively a TEE fitting between the outlet side of the mechanical pump and the hose to the carburettor but there was no requirement to breakdown the fuel union into the pump because the transmitter is designed to be fitted into the TEE without the need to disturb the direct fuel flow path. Again, the Licensed Engineer said that he had checked thoroughly for leaks and the aircraft was test flown for about 1 hour 15 minutes because some radio replacement work had been done concurrently which required this. The engine and fuel system were apparently performing faultlessly throughout.

Contact was made with Avions Pierre Robin concerning their drawing specifications for the subject unions. They confirmed that they appeared to be correct to their drawing and were also not aware of Lycoming SB 374, which they were, like the maintenance organisation, able to subsequently locate in their technical library. They refuted that use of tapered fittings was inappropriate and said that such fittings had been used by them for decades without any known problems such as those inferred in the SB.

### **Conclusions**

It has not been possible to positively identify the cause of the loss of engine power which was heard by the eye-witnesses. Although the leak at the inlet to the mechanical fuel pump

demonstrated in testing appeared not to be of such a magnitude as to have caused a problem in the fuel supply, the pre-accident condition of the inlet fitting could not be accurately reproduced with confidence. Lycoming said that they knew of several cases from their experience where air induction into fuel lines had caused engine problems and stated that this was the reason for issuing SB 374. However, they were unable to provide any documented cases from their service records. Analysis also suggested that, were this a cause of an engine loss of power, it could become a function of aircraft attitude since a nose-high attitude would increase the depression on the inlet side of the pump (and hence increase the tendency to draw air) whilst a nose-low attitude would decrease such tendency. In either case, switching-on the boost pump should rapidly clear any such problems.

It would appear that the pilot decided to carry out an emergency landing when the power loss occurred and had selected the service road on the industrial estate for this purpose, making best use of the local terrain. Unfortunately, a restoration of engine power shortly before his planned touchdown probably persuaded him that whatever fault there had been with the engine had cleared itself. It would seem that a further loss of power occurred while he was carrying out a missed approach from the forced landing when the aircraft had reached a height of the order of 100 feet and was still climbing at a steep angle to clear the approaching high ground. The aircraft would have had very little margin of speed above the stall at this stage and this combined with the aircraft configuration of landing flap down would cause the aircraft to stall unless immediate corrective action were taken. However, due to the nature of the terrain there were now few or no options remaining to the pilot.

Owing to the low height at which the latter stage of the flight was conducted, little safety margin existed to enable the pilot to select a suitable emergency landing area in the event of an engine failure.