

		NTSB ID: IAD97WA047		Aircraft Registration Number: 9HABU	
		Occurrence Date: 12/03/1995		Most Critical Injury: Fatal	
		Occurrence Type: Accident		Investigated By: NTSB	
Location/Time					
Nearest City/Place LUQUA		State	Zip Code	Local Time 0000	Time Zone
Airport Proximity: Unknown		Distance From Landing Facility:			
Aircraft Information Summary					
Aircraft Manufacturer Piper		Model/Series PA-32R-300 /PA-32R-300		Type of Aircraft Airplane	
Revenue Sightseeing Flight: No			Air Medical Transport Flight: No		
Narrative					
Brief narrative statement of facts, conditions and circumstances pertinent to the accident/incident: The National Transportation Safety Board was notified of this accident in early February, 1997. The Chairman of the Aircraft Investigating Board of Inquiry is Dr. Phillip Sciberas. His address is Luqua Airport, Luqua Cmr 02, Malta. A letter was sent to the Chairman on February 5, 1997.					
FACTUAL REPORT - AVIATION					

 National Transportation Safety Board FACTUAL REPORT AVIATION		NTSB ID: IAD97WA047			
		Occurrence Date: 12/03/1995			
		Occurrence Type: Accident			
Landing Facility/Approach Information					
Airport Name	Airport ID:	Airport Elevation Ft. MSL	Runway Used 0	Runway Length	Runway Width
Runway Surface Type:					
Runway Surface Condition:					
Approach/Arrival Flown:					
VFR Approach/Landing:					
Aircraft Information					
Aircraft Manufacturer Piper		Model/Series PA-32R-300 /PA-32R-300		Serial Number	
Airworthiness Certificate(s):					
Landing Gear Type:					
Amateur Built Acft? No	Number of Seats:	Certified Max Gross Wt. LBS		Number of Engines:	
Engine Type: Unknown	Engine Manufacturer:	Model/Series:	Rated Power:		
- Aircraft Inspection Information					
Type of Last Inspection Unknown	Date of Last Inspection	Time Since Last Inspection Hours	Airframe Total Time Hours		
- Emergency Locator Transmitter (ELT) Information					
ELT Installed?/Type	ELT Operated?	ELT Aided in Locating Accident Site?			
Owner/Operator Information					
Registered Aircraft Owner		Street Address			
		City	State	Zip Code	
Operator of Aircraft		Street Address			
		City	State	Zip Code	
Operator Does Business As:			Operator Designator Code:		
- Type of U.S. Certificate(s) Held: None					
Air Carrier Operating Certificate(s):					
Operating Certificate:			Operator Certificate:		
Regulation Flight Conducted Under: Non-U.S., Non-Commercial					
Type of Flight Operation Conducted: Unknown;Unknown; Unknown; Unknown					
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 National Transportation Safety Board FACTUAL REPORT AVIATION		NTSB ID: IAD97WA047								
		Occurrence Date: 12/03/1995								
		Occurrence Type: Accident								
First Pilot Information										
Name			City		State					
Sex: U	Seat Occupied: Unknown	Occupational Pilot? Unknown		Certificate Number:						
Certificate(s):										
Airplane Rating(s):										
Rotorcraft/Glider/LTA:										
Instrument Rating(s):										
Instructor Rating(s):										
Current Biennial Flight Review?										
Medical Cert.: Unknown		Medical Cert. Status: Unknown		Date of Last Medical Exam:						
- Flight Time Matrix	All A/C	This Make and Model	Airplane Single Engine	Airplane Multi-Engine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot In Command(PIC)										
Instructor										
Instruction Received										
Last 90 Days										
Last 30 Days										
Last 24 Hours										
Seatbelt Used? Unknown		Shoulder Harness Used? Unknown		Toxicology Performed?		Second Pilot?				
Flight Plan/Itinerary										
Type of Flight Plan Filed: Unknown										
Departure Point					State	Airport Identifier	Departure Time	Time Zone		
							0000			
Destination					State	Airport Identifier				
Local Flight										
Type of Clearance:										
Type of Airspace:										
Weather Information										
Source of Wx Information:										
FACTUAL REPORT - AVIATION Page 3										

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Weather Information																																																																																			
WOF ID	Observation Time	Time Zone	WOF Elevation	WOF Distance From Accident Site	Direction From Accident Site																																																																														
	0000		0 Ft. MSL	0 NM	0 Deg. Mag.																																																																														
Sky/Lowest Cloud Condition: Unknown				0 Ft. AGL	Condition of Light: Not Reported																																																																														
Lowest Ceiling: Unknown			0 Ft. AGL	Visibility: 0 SM	Altimeter: "Hg																																																																														
Temperature: °C	Dew Point: °C	Weather Conditions at Accident Site:																																																																																	
Wind Direction:	Wind Speed:	Wind Gusts:																																																																																	
Visibility (RVR): 0 Ft.	Visibility (RVV) 0 SM																																																																																		
Precip and/or Obscuration:																																																																																			
Accident Information																																																																																			
Aircraft Damage: Destroyed		Aircraft Fire: Unknown		Aircraft Explosion: Unknown																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">- Injury Summary Matrix</th> <th style="width: 10%;">Fatal</th> <th style="width: 10%;">Serious</th> <th style="width: 10%;">Minor</th> <th style="width: 10%;">None</th> <th style="width: 10%;">TOTAL</th> </tr> </thead> <tbody> <tr><td>First Pilot</td><td style="text-align: center;">1</td><td></td><td></td><td></td><td></td></tr> <tr><td>Second Pilot</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Student Pilot</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Flight Instructor</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Check Pilot</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Flight Engineer</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Cabin Attendants</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Other Crew</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Passengers</td><td style="text-align: center;">4</td><td></td><td></td><td></td><td style="text-align: center;">4</td></tr> <tr><td>- TOTAL ABOARD -</td><td style="text-align: center;">5</td><td></td><td></td><td></td><td style="text-align: center;">5</td></tr> <tr><td>Other Ground</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td></td><td style="text-align: center;">0</td></tr> <tr><td>- GRAND TOTAL -</td><td style="text-align: center;">5</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td></td><td style="text-align: center;">5</td></tr> </tbody> </table>						- Injury Summary Matrix	Fatal	Serious	Minor	None	TOTAL	First Pilot	1					Second Pilot						Student Pilot						Flight Instructor						Check Pilot						Flight Engineer						Cabin Attendants						Other Crew						Passengers	4				4	- TOTAL ABOARD -	5				5	Other Ground	0	0	0		0	- GRAND TOTAL -	5	0	0		5
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	Occurrence Date: 12/03/1995	
	Occurrence Type: Accident	
Administrative Information		
Investigator-In-Charge (IIC) JIM CAIN		
Additional Persons Participating in This Accident/Incident Investigation:		
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