

AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE

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| FROM (Office of origin): AKRON CANTON (CAK) | | TO: ROC | DATE (UTC): 11/10/15 | TIME (UTC): 1958 Z |
| CODE (First words of text) AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE-Part 1 | | | | |
| A | 1. INFORMATION FROM: JASON EDWARDS Chief Pilot of Flight School | | | |
| B | 1. REGISTRATION NO: EFT1526/UNKNOWN | 2. MAKE AND MODEL: H25B/L Hawker | 3. OPERATOR OF AIRCRAFT: UNKNOWN | |
| | 4. TYPE OF ACTIVITY (Air taxi, instruction, pleasure, aerial appl., business, executive, sightseeing, etc.) IF KNOWN: Air Taxi | | | |
| | 5. BRIEF DESCRIPTION OF CIRCUMSTANCES SURROUNDING OCCURRENCE: EFT1526 WAS VECTORED FOR THE LOCALIZER RWY 25 AT AKR. EFT1526 WAS DESCENDED TO 4300 TURNED TO a 280 TO INTERCEPT THE LOCALIZER AND CHANGED TO ADVISORY FREQUENCY. Controller NOTICED HIM DRIPPING OFF RADAR SCOPE ABOUT 2 MI FROM THE RWY | | | |
| | 6. WEATHER DATA: 2013 Z 270 @ 13 1 3/4 - RA BR 004 OVC 11/09 2995 RmkS Ceiling VR 3-7 | | | |
| 7. AIRCRAFT DAMAGE: A <input checked="" type="checkbox"/> DESTROYED B <input type="checkbox"/> SUBSTANTIAL C <input type="checkbox"/> MINOR D <input type="checkbox"/> FIRE E <input type="checkbox"/> NONE | | | | |
| C | OCCUPANTS INDICATE INJURIES: FATAL, SERIOUS, MINOR, NONE | | | |
| 1. NAME AND ADDRESS OF PILOT/INJURY: UNKNOWN | | 2. NAMES OF CREW/INJURIES: UNKNOWN | | 3. NO. OF PASSENGERS/INJURIES: UNKNOWN |
| D | 1. LOCATION OF OCCURRENCE (Nearest city, town, and state) (Give route if overdue or missing): 3 MI EAST OF AKR | | | |
| E | 1. UTC DATE AND UTC TIME OF OCCURRENCE: 11-10-15 1953 Z | | | |
| F | 1. INFORMATION ON COVERAGE OF OCCURRENCE BY FAA, NTSB, OTHER: | | | |
| G | FAA AIR TRAFFIC SERVICES SUMMARY OF FLIGHT HANDLING | | | |
| 1A. LAST DEPARTURE POINT: MGY | | 1B. UTC DATE AND UTC TIME: | | 1C. INTENDED DESTINATION: AKR |
| 2. LAST RADIO CONTACT/POSITION AND/OR RADAR POSITION: 10MI OUT ON FINAL FOR L/25 AKR | | | | |
| 3. LAST ATC CONTROL CLEARANCE: 4MI FROM OM CLEAR LOCALIZER 25 AKR | | | | |
| 4. FLIGHT PLAN: A <input checked="" type="checkbox"/> IFR B <input type="checkbox"/> VFR C <input type="checkbox"/> NONE D <input type="checkbox"/> UNKNOWN | | | | |
| 5. PILOT BRIEFING: A <input type="checkbox"/> YES B <input type="checkbox"/> NO C <input checked="" type="checkbox"/> UNKNOWN | | | | |
| 6. OTHER: | | | | |
| RECEIVED AT: | | DELIVERED TO: | | TIME: |
| RECEIVED VIA: A <input type="checkbox"/> IN PERSON B <input type="checkbox"/> RADIO C <input type="checkbox"/> TELEPHONE | | | RECEIVED BY (Signature and Title): | |
| NOTE: Part 2 A <input type="checkbox"/> ON OTHER SIDE B <input type="checkbox"/> ON SEPARATE FORM C <input type="checkbox"/> NOT REQUIRED | | | | |

AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE

FROM (Office of origin): **Akron Canton (CAK)** TO: **ROC** DATE (UTC): **11-10-15** TIME (UTC): **1958 Z**

CODE: **H** (First words of text) **AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE-Part 2**

1. REGISTRATION NO: **EFT 1526** 2. MAKE AND MODEL: **HAWKER H25B/L** 3. UTC DATE OF ACCIDENT/INCIDENT: **11-10-15**

I STATUS OF POTENTIALLY INVOLVED AIRWAY FACILITIES (CHECK [✓] MARK STATUS AS INDICATED BY MONITOR OR REPORTED BY A.F. TECHNICIAN)

| 1. FACILITY TYPE: | 2. LOCATION RUNWAY IDENTIFIER: | 3. JUST PRIOR TO OCCURRENCE: | | 4. AT TIME OF OCCURRENCE: | | 5. FLIGHT INSPECTION: | | | |
|-------------------|--------------------------------|------------------------------|------------------------------|---------------------------|------------------------------|-----------------------|------|---------------|------|
| | | A NORMAL | B ABNORMAL OR OUT OF SERVICE | A NORMAL | B ABNORMAL OR OUT OF SERVICE | CON-DUCTED | | SATIS-FACTORY | |
| | | | | | | A YES | B NO | C YES | D NO |
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6. REMARKS (Explain briefly any entry above that is check marked as abnormal, or out of service):

J STATUS REPORT RECEIVED FROM PILOTS OR OTHERS

List below any facilities reported by pilots or other persons as either operating normally, abnormally, or out of service just prior to, at the time of, or immediately following the time of the accident.

| 1. FACILITY TYPE: | 2. LOCATION/ RUNWAY IDENTIFIER: | 3. IDENTIFICATION NO. OF AIRCRAFT AND NAME OF PERSON FROM WHOM REPORT WAS RECEIVED: | 4. STATUS REPORT (Normal, abnormal, out of service, etc.): | 5. TIME OBSERVATION (UTC): |
|-------------------|---------------------------------|---|--|----------------------------|
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6. REMARKS (Briefly describe the nature of any reported abnormally, reason for being out of service, etc.):

RECEIVED AT: _____ DELIVERED TO: _____ TIME: _____

RECEIVED VIA: IN PERSON RADIO TELEPHONE RECEIVED BY (Signature and Title): _____

NOTE: Part 1 ON OTHER SIDE ON SEPARATE FORM

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|-------------------|--------------------------------|------------------------------|---------------------------------|---------------------------|---------------------------------|-----------------------|---------|---------------|---------|
| | | A NORMAL | B ABNORMAL OR OUT OF SERVICE | A NORMAL | B ABNORMAL OR OUT OF SERVICE | CON-DUCTED | | SATIS-FACTORY | |
| | | | | | | A YES | B NO | C YES | D NO |
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NOTE: Part 1 A ON OTHER SIDE B ON SEPARATE FORM

