



National Transportation Safety Board
NTSB Accident Number: HWY18MH005
Accident Location: Crozet, VA
Accident Date: 1/31/2018
Witness: Robert Shawn Young

I, Witness Name, have read the foregoing pages of a copy of my testimony given during the accident investigation of the Description of accident on date, about time near location and these pages constitute a true and accurate transcription of same with the exception of the following amendments, additions, deletions, or corrections:

PAGE NO:	LINE NO:	CHANGE AND REASON FOR CHANGE:
Cover Page	_____	Correct spelling of middle name is Shawn_____
3	_____	Correct spelling of middle name is Shawn_____
4	10 and 16	Correct spelling of middle name is Shawn_____
5	19	Correct spelling of middle name is Shawn_____
6	2	Correct spelling of middle name is Shawn_____
6	18	Correct spelling of middle name is Shawn_____
7	4 and 6	Correct spelling of middle name is Shawn_____
9	14	Correct spelling of middle name is Shawn_____
16	21	Correct spelling of middle name is Shawn_____
20	2	Correct spelling of middle name is Shawn_____
24	17	Correct spelling of middle name is Shawn_____
33	22	Correct spelling of middle name is Shawn_____
38	10	Correct spelling of middle name is Shawn_____
42	25	Correct spelling of middle name is Shawn_____
45	8	Correct spelling of middle name is Shawn_____
47	19	Correct spelling of middle name is Shawn_____

Certificate

Correct spelling of middle name is Shawn _____

I declare that I have read my statement and that it is true and correct subject to any changes in the form or substance entered here.

DATE: 03-29-2018

SIGNATURE: 