

NATIONAL TRANSPORTATION SAFETY BOARD EVIDENCE CONTROL	ACCIDENT NUMBER: CEN18FA149
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For Use In All Modal Investigations

OFFICE <p style="text-align: center;">Aviation Safety</p>	DATE OF ACCIDENT <p style="text-align: center;">4/26/18</p>	ACCIDENT LOCATION (City & State) <p style="text-align: center;">Hazelhurst WI</p>
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EVIDENCE OBTAINED BY: E Malinowski		
<input checked="" type="checkbox"/> EVIDENCE OBTAINED FROM:	LOCATION OR PERSON INFORMATION E Malinowski, onscene	DATE <p style="text-align: center;">4/26/18</p>
<input type="checkbox"/> EVIDENCE RECEIVED FROM:		GROUP <p style="text-align: center;">Systems</p>
EVIDENCE CONTROL NUMBER CEN18FA149 - SYS - 1		
DESCRIPTION (<input type="checkbox"/> BIN ITEM - HAS BEEN SEPARATED <input type="checkbox"/> Hydraulic actuators (4)		

OWNER OR OWNER'S REPRESENTATIVE

FIRST NAME: <p style="text-align: center;">Steve</p>	LAST NAME: <p style="text-align: center;">Myers</p>
ADDRESS: [REDACTED] Oshkosh, WI 54902	
PHONE: [REDACTED]	PHONE [REDACTED]
EMAIL: [REDACTED]	EMAIL: [REDACTED]
RETURNED <input checked="" type="checkbox"/>	DATE: 7/8/19
CONTACT: Mr. Myers	

CHAIN OF CUSTODY

RELEASED BY: E Malinowski	RELEASED TO: Varex Imaging Corporation	DATE: 5/2/18
PURPOSE: For examination via hand delivery		
RELEASED BY: B. Smith	RELEASED TO: Airbus Helicopter, M. Figlia	DATE: 5/21/18
PURPOSE: For detailed examination via UPS # [REDACTED]		
RELEASED BY: Airbus/BEA	RELEASED TO: Myers Aviation	DATE: 7/8/19
PURPOSE: Return to recovery company via DHL # [REDACTED] at 1357		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		

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<input checked="" type="checkbox"/> EVIDENCE OBTAINED FROM:	LOCATION OR PERSON INFORMATION E Malinowski, onscene	DATE <p style="text-align: center;">4/26/18</p>
<input type="checkbox"/> EVIDENCE RECEIVED FROM:		GROUP <p style="text-align: center;">Systems</p>
EVIDENCE CONTROL NUMBER CEN18FA149 - SYS - 3		
DESCRIPTION (<input type="checkbox"/> BIN ITEM - HAS BEEN SEPARATED <input type="checkbox"/> Hydraulic Filter		

OWNER OR OWNER'S REPRESENTATIVE

FIRST NAME: <p style="text-align: center;">Steve</p>	LAST NAME: <p style="text-align: center;">Myers</p>
ADDRESS: [REDACTED] Oshkosh, WI 54902	
PHONE: [REDACTED]	PHONE [REDACTED]
PHONE: [REDACTED]	EMAIL: [REDACTED]
RETURNED <input checked="" type="checkbox"/>	DATE: 6/14/14
CONTACT: Mr. Myers	

CHAIN OF CUSTODY

RELEASED BY: E Malinowski	RELEASED TO: SGS North America Inc	DATE: 5/9/18
PURPOSE: For examination via UPS # [REDACTED]		
RELEASED BY: SGS	RELEASED TO: Myers Aviation	DATE: 6/14/18
PURPOSE: Return to recovery Company via FedEx # [REDACTED]		
RELEASED BY: *****	RELEASED TO: *****	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		

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For Use In All Modal Investigations

OFFICE Aviation Safety	DATE OF ACCIDENT 4/26/18	ACCIDENT LOCATION (City & State) Hazelhurst WI
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EVIDENCE OBTAINED BY: E Malinowski		
<input checked="" type="checkbox"/> EVIDENCE OBTAINED FROM:	LOCATION OR PERSON INFORMATION E Malinowski, onscene	DATE 4/26/18
<input type="checkbox"/> EVIDENCE RECEIVED FROM:		GROUP Systems
EVIDENCE CONTROL NUMBER CEN18FA149 - SYS - 2		
DESCRIPTION (<input type="checkbox"/> BIN ITEM - HAS BEEN SEPARATED <input type="checkbox"/> Hydraulic Pump		

OWNER OR OWNER'S REPRESENTATIVE

FIRST NAME: Steve	LAST NAME: Myers
ADDRESS: [REDACTED] Oshkosh, WI 54902	
PHONE: [REDACTED]	PHONE [REDACTED]
EMAIL: [REDACTED]	
RETURNED <input checked="" type="checkbox"/>	DATE: 7/8/19
CONTACT: Mr. Myers	

CHAIN OF CUSTODY

RELEASED BY: E Malinowski	RELEASED TO: Airbus Helicopter, M. Figlia	DATE: 5/2/18
PURPOSE: For examination via UPS # [REDACTED] 05/09/2018 at 1021		
RELEASED BY: Airbus/BEA	RELEASED TO: Myers Aviation	DATE: 7/8/19
PURPOSE: Return to recovery company via DHL # [REDACTED] at 1357		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		

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OFFICE Aviation Safety	DATE OF ACCIDENT 4/26/18	ACCIDENT LOCATION (City & State) Hazelhurst WI
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EVIDENCE OBTAINED BY: E Malinowski		
<input checked="" type="checkbox"/> EVIDENCE OBTAINED FROM:	LOCATION OR PERSON INFORMATION E Malinowski, onscene	DATE 4/26/18
<input type="checkbox"/> EVIDENCE RECEIVED FROM:		GROUP Materials
EVIDENCE CONTROL NUMBER CEN18FA149 - MAT - 1		
DESCRIPTION (<input type="checkbox"/> BIN ITEM - HAS BEEN SEPARATED <input type="checkbox"/> Magnetic plug from hydraulic system		

OWNER OR OWNER'S REPRESENTATIVE

FIRST NAME: Steve	LAST NAME: Myers
ADDRESS: [REDACTED] Oshkosh, WI 54902	
PHONE: [REDACTED]	PHONE [REDACTED]
PHONE: [REDACTED]	EMAIL: [REDACTED]
RETURNED <input checked="" type="checkbox"/>	DATE: 3/13/19
CONTACT: Mr. Myers	

CHAIN OF CUSTODY

RELEASED BY: E Malinowski	RELEASED TO: Materials Lab	DATE: 5/2/18
PURPOSE: For examination via UPS # [REDACTED]		
RELEASED BY: Mat Lab, N. McAtee	RELEASED TO: Myers Aviation	DATE: 3/13/19
PURPOSE: Return to recovery Company via UPS # [REDACTED]		
RELEASED BY: *****	RELEASED TO: *****	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		

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<input type="checkbox"/> EVIDENCE RECEIVED FROM:		GROUP <p style="text-align: center;">Recorder</p>
EVIDENCE CONTROL NUMBER CEN18FA149 - RCD - 1		
DESCRIPTION (<input type="checkbox"/> BIN ITEM - HAS BEEN SEPARATED <input type="checkbox"/> EGPWS		

OWNER OR OWNER'S REPRESENTATIVE

FIRST NAME: <p style="text-align: center;">Steve</p>	LAST NAME: <p style="text-align: center;">Myers</p>
ADDRESS: [REDACTED] Oshkosh, WI 54902	
PHONE: [REDACTED]	EMAIL: [REDACTED]
RETURNED <input checked="" type="checkbox"/>	DATE: 6/18/18
CONTACT: Mr. Myers	

CHAIN OF CUSTODY

RELEASED BY: E Malinowski	RELEASED TO: Honeywell, M. Wintermute	DATE: 5/2/18
PURPOSE: For examination via UPS # [REDACTED] 05/09/2018 at 10:14		
RELEASED BY: Honeywell	RELEASED TO: Myers Aviation	DATE: 6/18/18
PURPOSE: Return to recovery company via UPS # [REDACTED]		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		