	This form t		NATIONA T/OPERAT	OR All	RCR	AFT ACC	CID	ENT/INCI	DENT	REPO		incident	's
BASI	C INFORMA		-	-		-					5 and		
	nt/Incident Loca							e/Time					
	City/Place:		dale		State	TX			Jons	Local	Time	6:50?	•
ZIP:	Co	untry: t	ISA			·	Date	e: 05/2 mm/dd/yyy	y acres	T LOCAI	1 mie	<u> </u>	
	:((E/W)				Time	Zone:	Centra	
Collisio	n with Other Air	rcraft (🕽 Midair 🛛 O O	n-ground	01	None							
AIRCI	RAFT INFOR	MATIO	N			L							
	ation Number: _						I	Maximum Gr	oss Weigh	t: <u>360</u>	90	lbs	
Manuf	acturer: <u>Bo</u>	eechc	raft				1	Weight at Tin	ne of Accid	lent/Incie	dent:		lbs
Model:	A	36					r	Number of Se	ats:	2	Flight Cre	ew Seats:	
Serial I	Number:	8-14	.76	Amateur-	built:	OYes ON		Cabin Crew Seat			-		
Year of	Manufacture:	19-	19	OK	Cit/Plan			Number of En	gines:				
Year of Manufacture: 1979 O Kit/Plans Make:O Original Design													
Catego	ry of Aircraft	Type of	Airworthiness (Landing G	ar	□Non		Engine	Type		
Airpl	-		l that apply)		-	(Check all th					procating	Fuel Syster	n Type
O Ballo	on o/Dirigible	Standar	đ Spec				Retractable O Turbo Shaft (Recipi					(Reciproca	0,
O Blimj O Glide	Ų	Unkno		estricted						OCarbu: OFuel II			
OGyro	craft	∑ Norma □Utility		nited ovisional		□Tricycle				O Turb		••••••	
OHelic OPowe		Acrob	atic 🔲 Sp	ecial Flight		□Amphibi □Emergen		□Higl pat □Skid		OElect			
OUltra	light	🗖 Transp		perimental tht Sport		Float	., .	🗖 Ski		OUnkr	lown		
OUnm OUnkn				in sport		□Hull		□Ski/	Wheel				
												T	-
			Engine		Man	ufacturer's		Date of Mfg.	Rated Pow Ø Horser		Total Time	Inspection	Since: Overhaul
Engine	Engine Manufact		Model/Series	Serial Number				mm/dd/yyyy	O lbs of	Thrust	(hours)	(hours)	(hours)
Eng. 1	Continent	ral	10-520 BR	587	83	30195-1	2		285	5			1320.4
Eng. 2												ļ	
Eng. 3													
Eng. 4	(; m			ELT In	tallad		1 A of	tivated	A d ditti	mal Faui	inmont (L
	spection Type			Yes						frame Para	ichute	Check all tha	арріу)
O 100 H O AAIP		uous Airwo tional Inspe							☐ Ang	gle of Atta	ck Indicato	r .	
Annu				OYes		Locating Ac	ciue	nt/meiuent		o-Pilot a Recorder	r		
Date L	ast Inspection:	2/1/2	014	ELT Ma	yx NO nufacti	urer ACK	+	chnologie			, Itifunction	Display	
		mm/dd/yy	vy	Model/Se	eries:	<u> </u>		<u>a</u>			mary Fligh	t Display	
	ne Total Time: _		<u> </u>							ndheld GPS ads Up Dis			
	rs measured at <i>(che</i> ast Inspection (ccident/Incident	Battery 7	[ype: _					Equipmer			
•~				Battery I	exp. D	ate: 10/3		18		ooard Wea Il Warning			
Type of	Maintenance Pr	rogram		Propello	r								
Ø Annu		8		OFixed									
-	itional (Amateur-bu			Contro			· · · · · ·	A					
	facturer's Inspectio		(AAIP)			PHC-C							
O Conti	nuous Airworthines	ss		Model:		Hartz	21	A-3					
O Other	, specify: 100	Hrs_			い 逝 Fire E	xtinguishing	うつ (Svst	tem					
				Wone									
				⁻ OSpecif	ÿ				-				

OWNER/OPERATOR INFORMA	TION				
Registered Aircraft Owner	٤ '	Owner Address			
Name: Pilots Choice AU	water Inc	City: _	Georgetown		
Fractional Ownership Aircraft: O Yes 🕉	No	Country: <u>US</u>	ZIP: <u>18628</u>		
Operator of Aircraft As Re		Operator Address	ame As Registered Owner		
Name: Pilot's Choice Au Doing Business As: " Air Carrier/Operator Designator (4 Character	nation Inc	City:			
Doing Business As:			ZIP:		
		Country:			
Commercial Operating Certificate Held (Check all that apply)	Regulation Flight Conducted Un	for FAR 121, 125, 129, 135			
☐None ☐Flag Carrier Operating Certificate (121)	OFAR 91 OFAR 129 OFAR 103 OFAR 133	OScheduled or Commuter ODomestic ONon-Scheduled or Air Taxi OInternational			
□ Supplemental	OFAR 121 OFAR 135	Cargo Operation			
☐Air Cargo ☐Foreign Air Carriers (129)	OFAR 125 OFAR 137	OPassenger OCargo			
Commuter Air Carrier (135)	OFAR 91 Special Flight ONon-US, Commercial	OMail Contract Only			
Large Helicopter (127)	O Non-US, Non-commercial O Armed Forces	Purpose of Flight			
Rotorcraft External Load (133)	OPublic Use (select type)	for FAR 91, 103, 133, 137 (Select of			
Agricultural Aircraft (137)	OFederal	ØPersonal OBanner OBusiness OGlider	- 0		
□ Other Operator of Large Aircraft	OState OLocal	OExecutive/Corporate OSkydiv OOther Work Use OFirefig	0		
	OUnknown	OInstructional OExterna	0		
Revenue Sightseeing Flight	Air Medical Flight	OAir Drop OFlight Test	Observation		
OYes XNo	O Yes XNo	Urany Urany			
AIRPORT INFORMATION (If the	accident/incident occurred on app	reach takeoff or within 3 miles of an air	port complete this section)		
		reach, takeon of within 5 miles of an an	port, oumpiete and decidini		
Airport Name:		Distance From Airport Center:			
Airport Identifier:			SM		
		Distance From Airport Center:	SM degrees		
Airport Identifier:		Distance From Airport Center: Direction From Airport: Airport Elevation: Condition of Runway/Landing Surfac	SM degrees ft. MSL ce (Check all that apply)		
Airport Identifier: Proximity to Airport: O Off Airport/Airstrip	o O On Airport/Airstrip O NA	Distance From Airport Center: Direction From Airport: Airport Elevation: Condition of Runway/Landing Surface Dry Snow-Compacted	SM degrees ft. MSL ce (Check all that apply)		
Airport Identifier: Proximity to Airport: O Off Airport/Airstrip Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that of	p O On Airport/Airstrip O NA ft Width:ft ft	Distance From Airport Center: Direction From Airport: Airport Elevation: Condition of Runway/Landing Surface Dry Snow-Compacts Holes Snow-Crusted Ice Covered Snow-Dry	SM degrees ft. MSL ft. MSL SU Water-Calm Water-Choppy Water-Glassy		
Airport Identifier: Proximity to Airport: O Off Airport/Airstrip Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that a □ Asphalt □ Grass/Turf □ Maca	p O On Airport/Airstrip O NA ft Width:ft ft	Distance From Airport Center: Direction From Airport: Airport Elevation: Condition of Runway/Landing Surface Dry Snow-Compacte Holes Snow-Crusted	SM degrees ft. MSL ft. MSL SU Water-Calm Water-Choppy		
Airport Identifier: Proximity to Airport: O Off Airport/Airstrip Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that of	ft Width:ft pply) dam UWater	Distance From Airport Center: Direction From Airport: Airport Elevation: Condition of Runway/Landing Surface Dry Snow-Compacte Holes Snow-Crusted I ce Covered Snow-Dry Rough Snow-Wet	SM degrees ft. MSL ft. MSL SU Water-Calm Water-Choppy Water-Glassy		
Airport Identifier: Proximity to Airport: O Off Airport/Airstrip Runway Information Runway ID: (L/R/C) Length: Question (L/R/C) Length: Runway/Landing Surface (Check all that all t	ft Width:ft pply) dam	Distance From Airport Center: Direction From Airport: Airport Elevation: Condition of Runway/Landing Surface Dry Snow-Compacted Holes Snow-Crusted Ice Covered Snow-Crusted Rough Snow-Wet Rubber Deposits Soft Slush Covered Vegetation	SM degrees ft. MSL ft. MSL water-Calm Water-Choppy Water-Glassy Wet Unknown		
Airport Identifier: Proximity to Airport: O Off Airport/Airstrip Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that d Asphalt Grass/Turf Maca Concrete Gravel Meta Dirt Ice Snow	p O On Airport/Airstrip O NA ft Width:ft pply) dam	Distance From Airport Center: Direction From Airport: Airport Elevation: Condition of Runway/Landing Surfact Dry Snow-Compacts Holes Snow-Crusted Ice Covered Snow-Dry Rough Snow-Wet Rubber Deposits Soft	SM degrees ft. MSL ce (Check all that apply) ed Uwater-Calm Water-Choppy Water-Glassy Wet Unknown		
Airport Identifier: Proximity to Airport: O Off Airport/Airstrip Runway Information Runway ID: (L/R/C) Length: Question (L/R/C) Length: Runway/Landing Surface (Check all that all	p O On Airport/Airstrip O NA ft Width:ft pply) dam	Distance From Airport Center: Direction From Airport: Airport Elevation: Condition of Runway/Landing Surface Dry Snow-Compacted Holes Snow-Crusted I ce Covered Snow-Dry Rough Snow-Wet Rubber Deposits Soft Slush Covered Vegetation	SM degrees ft. MSL ce (Check all that apply) ed Uwater-Calm Water-Choppy Water-Glassy Wet Unknown		
Airport Identifier: Proximity to Airport: O Off Airport/Airstrip Runway Information Runway ID: (L/R/C) Length: Quantity (Landing Surface (Check all that all all all all all all all all all a	p O On Airport/Airstrip O NA ft Width:ft pply) dam	Distance From Airport Center: Direction From Airport: Airport Elevation: Condition of Runway/Landing Surface Dry Snow-Compacted Holes Snow-Crusted I ce Covered Snow-Crusted I ce Covered Snow-Ury Rough Snow-Wet Rubber Deposits Soft Slush Covered Vegetation O Final O Aborted Landing (after touch VFR Approach (Check all that apply) None	SM degrees ft. MSL ce (Check all that apply) ed Water-Calm Water-Choppy Water-Glassy Wet Unknown Unknown Soft of the set		
Airport Identifier: Proximity to Airport: O Off Airport/Airstrip Runway Information Runway ID: (L/R/C) Length: Question (L/R/C) Length: (L/R/C) Length: Runway/Landing Surface (Check all that at a	p O On Airport/Airstrip O NA ft Width:ft pply) dam	Distance From Airport Center: Direction From Airport: Airport Elevation: Condition of Runway/Landing Surface Dry Snow-Compacted Holes Snow-Crusted Ice Covered Snow-Crusted Ice Covered Snow-Dry Rough Snow-Wet Rubber Deposits Soft Slush Covered Vegetation O Final O Aborted Landing (after touch VFR Approach (Check all that apply) None E Traffic Pattern E Straight-In	SM degrees ft. MSL Water-Calm Water-Choppy Water-Glassy Wet Unknown Unknown Unknown Unknown Unknown		
Airport Identifier: Proximity to Airport: O Off Airport/Airstrip Runway Information Runway ID: (L/R/C) Length: Question (L/R/C) Length: Runway/Landing Surface (Check all that	p O On Airport/Airstrip O NA ft Width:ft pply) dam	Distance From Airport Center: Direction From Airport: Airport Elevation: Ondition of Runway/Landing Surface Dry Snow-Compacted Holes Snow-Crusted Ice Covered Snow-Dry Rough Snow-Vet Rubber Deposits Soft Slush Covered Vegetation OFinal OAborted Landing (after touch VFR Approach (Check all that apply) None E Traffic Pattern E Straight-In E	SM degrees ft. MSL ft. MSL Water-Calm Water-Choppy Water-Glassy Wet Unknown Unknown OGo Around down) O Unknown		
Airport Identifier: Proximity to Airport: O Off Airport/Airstrip Runway Information Runway ID: (L/R/C) Length: Question (L/R/C) Length: (L/R/C) Length: Runway/Landing Surface (Check all that all that all that all Grass/Turf) Asphalt Grass/Turf Maca Concrete Gravel Meta Dirt Ice Snow Approach Segment (Select one) Oon Instrument Approach Landin O crosswind O Downw IFR Approach (Check all that apply) None PAR ADF/NDB Sidestep SDF ILS VOR/TVOR Localizer Only	p O On Airport/Airstrip O NA ft Width:ft pply) dam	Distance From Airport Center: Direction From Airport: Airport Elevation: Condition of Runway/Landing Surface Dry Snow-Compacted Dry Snow-Compacted Holes Snow-Crusted Ice Covered Snow-Dry Rough Snow-Wet Rubber Deposits Soft Slush Covered Vegetation OFinal OAborted Landing (after touch VFR Approach (Check all that apply) None E Traffic Pattern E Straight-In E Valley/Terrain Following E	SM degrees ft. MSL ce (Check all that apply) ed Water-Calm Water-Choppy Water-Glassy Wet Unknown Unknown Unknown Unknown		
Airport Identifier: Proximity to Airport: O Off Airport/Airstrip Runway Information Runway ID: (L/R/C) Length: Runway/Landing Surface (Check all that at a	p O On Airport/Airstrip O NA ft Width:ft pply) dam	Distance From Airport Center: Direction From Airport: Airport Elevation: Condition of Runway/Landing Surface Dry Snow-Compacted Dry Snow-Compacted Dry Snow-Crusted Ice Covered Snow-Dry Rough Snow-Vet Rubber Deposits Soft Slush Covered Vegetation OFinal OAborted Landing (after touch VFR Approach (Check all that apply) None E Traffic Pattern E Straight-In E Valley/Terrain Following E	SM degrees ft. MSL RASL Water-Calm Water-Choppy Water-Glassy Wet Unknown Unknown Unknown Stop and Go Touch and Go Simulated Forced Landing Forced Landing Forced Landing Precautionary Landing		
Airport Identifier: Proximity to Airport: O Off Airport/Airstrip Runway Information Runway ID: (L/R/C) Length: Runway/Landing Surface (Check all that at a	p O On Airport/Airstrip O NA ft Width:ft pply) dam	Distance From Airport Center: Direction From Airport: Airport Elevation: Condition of Runway/Landing Surface Dry Snow-Compacted Dry Snow-Compacted Dry Snow-Crusted Ice Covered Snow-Dry Rough Snow-Vet Rubber Deposits Soft Slush Covered Vegetation OFinal OAborted Landing (after touch VFR Approach (Check all that apply) None E Traffic Pattern E Straight-In E Valley/Terrain Following E	SM degrees ft. MSL ce (Check all that apply) ed Water-Calm Water-Choppy Water-Glassy Wet Unknown Unknown Stop and Go Stop and Go Simulated Forced Landing Forced Landing Forced Landing Precautionary Landing		

PILOT "A" INFORM	ATION											
Pilot "A" Responsibilities												
O Pilot O Co-Pilot	O Stuc	lent Pilot	O Flight In	nstructor C	Check P	ilot	O Fligh	t Engineer	O Other	Flight Crew		
Pilot "A" Identification												
First Name:						City:	:					
Middle Initial:						State	»:	Z	IP:			
Last Name:												
Age at time of Accident/Inc	ident:		Date of Bi	rth: 		Cert	ificate N	lumber:				
Degree of Injury	Sea	t Occupi	ied		,,,,	Avai	ilable Re	estraint Ty	/De	Restraint	Used	
O None O Fatal	0	Left	O Front	O Unknow	wn	O None O 4-point			O None		4-point	
O Minor O Unknown O Serious	-	Right Center	O Rear O Single				O Lap only O 5-point O 3-point O Unknown			O Lap only		5-point Unknown
Pilot Certificate(s) (Check			O bingie		1	0 5-1		0 01	kilowii	O 3-point		Jnknown
\square None \square St		<i></i>	🗆 Recre	ational	Com	mercia	1	п	Flight Engi	neer	□ Foreign	
Private Flight Instructor Sport Airline Transport U.S. Military												
Principal Occupation Medical Certificate Medical Certificate Validity Date of Last Medical											al	
O Pilot	O None O Class		Class 3	nse (Sport Pilot				itations/wai				
O Other O Unknown	(only)	<u> </u>	ith limitat iknown	ions/waivers	3	mm/dd	////////					
Olikilowii	O ^{Class}	- 0	Unknown			Ŏ Sp	pecial Issu	lance				
Medical Certificate Limits	tiona				I	O N/	/A		<u>.</u>			.
Medical Cel inicale Linnia	100115											
Medical Certificate Specia	ıl İssuanc	e										
			·····	·····=• ··•• ·=····								
Date of Last Flight Review or Equivalent, Including	v		Flight	Review Airo	eraft							
FAR 121/135 Checks:			Make:							· · · · · · · · · · · · · · · · · · ·		<u>,</u>
		dd/yyyy	I	:								
Airplane Rating(s)			t Rating(s)	Instrum		U ()			r Rating(s)			
(Check all that apply) ☐ None	(Check	t all that ap	pply)	(Check al	l that app	ly)		(Check all i	that apply)	-	Instrument	Aimlana
Single-Engine Land				🗖 Airpla	ine				e Single-Eng		Instrument	1
Single-Engine Sea		e Balloon		Helico				Airplan	e Multi-Engi	ne 🗖	Helicopter	-
 Multiengine Land Multiengine Sea 	□ Gli □ Gy	der roplane		D Power	red Lift			Gyropla			Glider Sport	
- U	🗖 He	licopter										
Type Ratings	LI Pov	wered Lift		l	··········			Student T	ndorsemo	nts (Include d	lates)	
Type Rainigs								Student L	anuor seme	uts (menue i	uuesj	
								-		•••••		
Flight Time (enter appropria	ite	All	This Make	Airplane Single	Airpla	ane		Inst	rument	-		Lighter
number of hours in each box)		rcraft	& Model	Engine	Multien		Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time					ļ			-				<u> </u>
Pilot in Command (PIC)												
Time as Instructor												
This Make/Model											de gomes	
Last 90 Days				<u></u>								
Last 30 Days Last 24 Hours										<u> </u>	·····	+
10401 2 1 110 410	1				1			1	1	1		I

PILOT "B" INFORM	ATION									
Pilot "B" Responsibilities OPilot OCo-Pilot	at the Time of Acc O Student Pilot	cident/Incid OFlight In		Check Pilot	OFlig	zht Engineer	OOther	Flight Crew		
Pilot "B" Identification					•••••		• • • • • •			
				C						
First Name: Middle Initial:				Ci 	ιy: ate:	Z	ΩP·			
Last Name:				Co	ountry:					
Age at time of Accident/Inc			rth:	C						
Degree of Injumy	East Ossurial	u	mm/dd/yy					D	Ϋ́3	
Degree of Injury O None O Fatal	Seat Occupied	O Front	O Unknown		- · · · · · · · · · · · · · · · · · · ·			Restraint U O None		-point
O Minor O Unknown	O Right	O Rear	• enane	Ŏ	Lap only	O 5-p	oint	O Lap only	O 5-	-point
O Serious		O Single		0	3-point	O Unl	known	O 3-point	0 U	nknown
Pilot Certificate(s) (Check										
	udent ight Instructor	□ Recre □ Sport		Commer-			Flight Engi		🗖 Foreign	
	Medical Certifica						U.S. Milita	·		
Principal Occupation			rtificate Va	•	Date of L	ast Medica	1			
O Pilot O Other			mitations/wai ations/waiver							
O Unknown	Ŏ	Unknown			mm/dd/	עעע				
		Special Is N/A	suance							
Medical Certificate Limit	ations							. I		
·····										
Medical Certificate Waive	ers									
	·									
Date of Last Flight Review or Equivalent, Including	v	Flight	Review Airc	raft						
FAR 121/135 Checks:		Make:								
	mm/dd/yyyy	Model	:	····-	·····					
Airplane Rating(s)	Other Aircraft		Instrum	ent Rating(s	5)	Instructor	Rating(s)			
(Check all that apply)	(Check all that ap	pply)		that apply)		(Check all th	at apply)			
 None Single-Engine Land 	☐ None ☐ Airship		☐ None ☐ Airpla	ne		□ None □ Airplane	Single Engi		Instrument A Instrument H	
Single-Engine Sea	Free Balloon					Airplane Airplane			Helicopter	
☐ Multiengine Land	Glider		D Power			🗖 Gyroplar	ie		Glider	
Multiengine Sea	Gyroplane 🖸 Helicopter					Powered	Lift		Sport	
	Powered Lift									
Type Ratings						Student Er	ndorsemen	ts (Include de	ates)	
		r	Airplane	[T	I	1
Flight Time (enter appropri		This Make	Single	Airplane			rument	-		Lighter
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor This Make/Model	CONTRACTOR OF STREET									
Last 90 Days										
Last 30 Days										
Last 24 Hours								1		
					1			1		1

ADDITIONAL FLIG	SHT CREW MEME	BERS (Excl	lusive of cal	oin attendant	s, complete f	he following inform	ation)	
Pilot Name and Addre							Degree of In	
First Name:		······································	City:				O None	O Fatal
Middle Initial: Last Name:			State:	ZIP:		<u> </u>	O Minor O Serious	O Unknown
Pilot Certificate(s) (Ch	· · · · · · · · · · · · · · · · · · ·			·····			Seat Occupi	ied
□ None □ Student		ional 🔲 C	ommercial	🗖 FI	ight Engineer	Foreign	O Left	O Front
🗖 Private 🔲 Flight I	Instructor 🔲 Sport		irline Transpo		S. Military		O Right	O Rear
Type Rating/Endorsen Accident/Incident Airc	craft? 🛛 Yes 🗌] No	of this Ac	ht Time at th cident/Incide	nt:	hrs	O Center	O Single O Unknown
Pilot Name and Addre							Degree of Ir	njury
First Name:			City:				O None	O Fatal
Middle Initial:			State:	ZIP:			O Minor O Serious	O Unknown
Last Name:			Country:			·····		
Pilot Certificate(s) (Ch □ None □ Student					isht Ensineen	D Familar	Seat Occupi	O Front
□ Private □ Flight I			ommercial irline Transpo		ight Engineer S. Military	Foreign	O Right	O Rear
Type Rating/Endorsen			<u> </u>	ht Time at tl	· · · · · · · · · · · · · · · · · · ·		O Center	O Single
Accident/Incident Airo] No			nt:	hrs		O Unknown
Pilot Name and Addre	:55						Degree of Ir	ıjury
First Name:			City:				O None	O Fatal
Middle Initial:			State:	ZIP:			O Minor O Serious	O Unknown
Last Name:			Country:		•			· · · · · · · · · · · · · · · · · · ·
Pilot Certificate(s) (Ch							Seat Occupi	
☐ None ☐ Student ☐ Private ☐ Flight I	t 🛛 Recreat	ional ∐C □ A	ommercial irline Transpo	urt ⊓⊔	ight Engineer S. Military	🗖 Foreign	O Left O Right	O Front O Rear
Type Rating/Endorsen		<u>^</u>		ht Time at th			O Center	O Single
Accident/Incident Airc] No			nt:	hrs		O Unknown
PASSENGER(S) /	OTHER PERSON	NEL (Inclu	de flight atte	endants; con	tinue on sep	arate sheet if neces	sary)	
	OTHER PERSON	NEL (Inclu	de flight atto				sary) Inflatable	
PASSENGER(S) / (OTHER PERSON	NEL (Inclu	de flight atte	Seat	Injury	Restraint Type	Inflatable Restraints	Age
Name and Address	City:	· · · · · · · · · · · · · · · · · · ·		Seat OLeft	Injury O None	Restraint Type ONone	Inflatable Restraints	Age
Name and Address	City: State:	ZIP:		Seat	Injury	Restraint Type	Inflatable Restraints	Age
Name and Address First Name: Middle Initial: Last Name:	City: State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	Injury O None O Minor O Serious O Fatal	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable	Inflatable Restraints Not Installed Installed Not Deployed Deployed	Age Under 5 years If Under 5, O Child Restraint O Lap-Held
Name and Address	City: State:	ZIP:		Seat OLeft OCenter ORight OUnknown Row:	Injury O None O Minor O Serious O Fatal O Unknown	Restraint Type ONone OLap Belt OShoulder Harness OInflatable OUnknown	Inflatable Restraints Not Installed Installed Deployed Unknown	Age Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name: O Crew First Name:	City: State: Country: OPassenger City:	ZIP: O Other		Seat OLeft OCenter ORight OUnknown Row: OLeft	Injury O None O Minor O Serious O Fatal O Unknown O None	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None	Inflatable Restraints Not Installed Installed Not Deployed Deployed	Age Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years
Name and Address First Name: Middle Initial: Last Name: O Crew First Name: Middle Initial:	City:	ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness	Inflatable Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed	Age Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint
Name and Address First Name: Middle Initial: Last Name: O Crew First Name: Middle Initial: Last Name:	City:	ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed	Age Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held
Name and Address First Name: Middle Initial: Last Name: O Crew First Name: Middle Initial: Last Name: O Crew First Name: Middle Initial: Last Name: O Crew	City:	ZIP: O Other ZIP: O Other		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Not Deployed	Age Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name: O Crew First Name: Middle Initial: Last Name: O Crew First Name: Pirst Name: O Crew	City:	ZIP: O Other ZIP: O Other		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OLeft OCenter	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O None O Minor	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Deployed Unknown Not Deployed Deployed Unknown Installed Installed Installed	Age ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5 years If Under 5,
Name and Address First Name: Middle Initial: Last Name: O Crew First Name: Middle Initial: Last Name: O Crew First Name: Middle Initial: Last Name: O Crew First Name: Middle Initial: Middle Initial:	City: State: Country: OPassenger City: State: OPassenger City: State:	ZIP: O Other ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter OLeft OCenter OLeft OCenter	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness	Inflatable Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown Not Deployed Unknown Not Installed Installed Installed Not Installed Installed Installed Installed Installed	Age Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
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Name and Address First Name: Middle Initial: Last Name: O Crew First Name: Middle Initial: Last Name: O Crew First Name: P Crew First Name: O Crew	City: State: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: City: City:	ZIP: O Other ZIP: O Other ZIP: O Other		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OLeft OCenter ORight OLeft OCenter ORight OLeft	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Serious O Fatal O Inknown O Serious	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Inflatable O Unknown O None	Inflatable Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown Not Installed Installed Deployed Unknown Not Installed	Age Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years
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Name and Address First Name: Middle Initial: Last Name: O Crew First Name: Pirst Name: O Crew First Name:	City: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: City: Country: OPassenger City:	ZIP: O Other ZIP: O Other ZIP: O Other ZIP: O Other ZIP:		Seat OLeft OCenter ORight OLeft OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness	Inflatable Restraints INot Installed Installed Installed Unknown INot Installed	Age Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
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FLIGHT ITINER	ARY	NFORMAT	ION					
Last Departure Poir		The second se	Time of Depa				Type Flight Plan Filed	
Airport ID:			TP:		Airport ID:			VFR/IFR
City:			Time:		City:			IFR Unknown
State:		-	Time Zone:		State:		VFR VFR	
Country:					Country:		Activated? Yes	No
Type of ATC Clear: None VFR		Special VFR			ecial IFR	VFR Flight Follow		1274
		IFR			· · · · · · · · · · · · · · · · · · ·	Traffic Advisory	Unknown	/ NA
Airspace where the		Class E	rred (Check a		<i>apply)</i> rohibited Area	🗌 Jet Trainin		
Class B Class C		Class G Demo Area			estricted Area filitary Operations Area (MOA	$\square TRSA$ $\square FAR 93$	Air Traffi Unknown	c Control Area
Class D		Warning Area			Airport Advisory Area			
WEATHER INF	ORMA		HF ACCII	DEN.	T/INCIDENT SITE			
Source of Weather 1				1	ther Observation Facility			
(Check all that apply)					ity ID:			
National Weather Se			Company Military		rvation Time:			
TV/Radio			Internet		Zone:			
Automated Report	er Service (Unknown		nce from Accident Site:			
				Direc	ction from Accident Site:	degre	es	
Basic Conditions	l v	Condition		_		Temperature	: (C) or	(F)
□ VMC □ IMC	🗌 Dawr 🗌 Day	n □Du: □Nig			rk Night ght Night		(C) or	
					t Reported	Animeter Se	ting: in. Hg or	MB
Sky/Lowest Cloud (Condition	a	Ceiling					
Clear Few		Thin Broken Thin Overcast	None Broke		Obscured Indefinite			
Partial Obscuration		Unknown						
Scattered Lowest Cloud Cond	dition Uo	vight	Ceiling	Haiah	+			
Lowest Cloud Cont	inton rie	ft AGL	Cening	rieign	ft AGL			
Wind Direction		Wind Speed			Wind Gusts	Visibility		
Variable					Not Gusting		miles	
		Light and V	Variable		Gusting	RV		
Indicated:		-or-	1470.0		X7.1 1. X776		V:miles	
	rees	Velocity:	KTS		Velocity:KTS		ide:ft	7
Intensity of Precipit	ation	Type of Prec	c ipitation (Che □ Drizz		hat apply)	None	Visibility (Check all that ap	oply)
∐Light □Moderate					Snow Shower	🗌 Blowing Du		
□Heavy □N/A		Snow Hail		v Pellet v Grain	all shares a	Blowing San		
		Rain Showe				Blowing Spi	ay 🔲 Smoke	
]	<u> </u>				Unknown	
Icing Forecast Amount T	Type		Icing Ac Amount		Туре	Turbulence	all that apply) Severity	v
🗌 None	Rime		🗌 Non	ie	Rime	None None		it
	Clear Mixed		Trac		Clear Mixed	Clear Air	☐ Mod ☐ Mod	lerate lerate Chop
Moderate			Mod	lerate	—		f Thunderstorm	
Severe	- J EDC				TDs in offset at the time	of the easident/		eme
NOTAMS (D, L at	ia rDC)	, AIRVIETS,	, SIGNIE I S,	PIRI	EPs in effect at the time	e of the accident/	incluent:	

DAMAGE	TO AIRCRAFT A	ND OTHER PRO	OPERTY		
Aircraft Dar		Aircraft Fire		Aircraft Explosion	
☐ None ☐ Minor	 Substantial Destroyed 	☐ None ☐ In-Flight ☐ On-Ground	☐ Both Ground and In-Flight ☐ Unknown Origin	□ None □ In-Flight □ On-Ground	Detrive Both Ground and In-Flight Unknown Origin
Phase of Ope	eration			Altitude of In-Fligh	t Occurrence
Standing	Takeoff (incl. initial clin	nb) 🔲 Cruise	Hover	0	
🔲 Taxi	Climb	Maneuvering	Other		ft MSL
Descent		Approach	Unknown		
Description	of Damage to Aircraft a	nd Other Property	(use additional sheet if necessary)		
	E HISTORY OF FLI				
Describe wł	nat occurred in chronolo	gical order, includin	g circumstances leading to and nat	ure of accident/incid	ent. Describe terrain and include
wreckage di	stribution sketch if pertin	ent. Attach extra she	ets if needed. State time and point o	f departure, intended d	lestination, and services obtained.
		x			
			10-00-00-00-00-00-00-00-00-00-00-00-00-0		
			dent have been prevented?)		
Operator/Ov	vner Safety Recommenda	tion			

RECOMMENDATION (How		accident/incident h	iave been pro	vented?)				
Operator/Owner Safety Recomm	hendation							
MECHANICAL MALFUN			angeo ia n	-adad enr	tinue on sana			
					Minue on separ	ate sneey	Total Tim	c/Cycles
Was there Mechanical Malfunc (If yes, list the name of the part, manu							On Part	le/Cycles
				,				TTaumo
								Hours
								Cycles
							Time Sinc	ce This Part
								/Overhauled
								Hours
							·····	110013
		~LI		-				
FUEL & SERVICES INF	ORMAIN							
Fuel on Board at Last Takeoff (convert from pounds, as necessary)		Fuel Type	115/145		☐ JP3	Other, specif	fv	
	Gallons	🔲 100 Low Lead	🗍 Jet A		JP4	O	.y	
		100/130	Automo	tive	JP5			
Other Services, if Any, Prior to	Departure							
EVACUATION OF AIRC	RAFT							
Was an emergency evacuation (∏ No				
					1 and location			
Method of Exit – Describe how	the occupant	s exited and now ma	any occupant	s evacuated	1 each location			
OTHER AIRCRAFT - CO	DLLISIO	N (If air or ground	collision occ	urred, con	nplete this sec	tion for other ai	rcraft)	
Aircraft Registration Number	Manufact	urer:				}	Damage to Oth	
e e e e							Destroyed Substantial	☐ Minor ☐ None
Registered Owner of Other Air			······		Other Aircraft			
Ť								
Name:				Citv				
State:ZIP: _				State:		ZIP:		
Country:				Country:			N	

Use this space if addit	tional space	is needed for any	answers.						
I HEREBY CERTIF	Y THAT TH	E ABOVE INF	ORMATION IS	COMPLE	TE AND A	ACCURATE TO	O THE BEST OF	MY KNOWLEDG	E
Date of this Report		and Name of Pi							
<u>OS/07 JON/</u> mm/dd/yyyy	Signature:	a free second of	The Com			<u>Presidé</u> 5	nt	<u></u>	
mm/dd/yyyy Signature and Name	L		<u>Ah</u> Ani Other than Pilo			\$			
-		rning Report n		operator					
Type or Print Name:			· ····						
Title:			FAR	NTOD	105 01				
NTSB Accident/Inci		Reviewed by N	FOR NTSB Regional (_Y Investigator		Date Report Re	ceived
CEN14LA		DENVE		Jine	ARN(SCOTT		
							~~~		/

ADDITIONAL INFORMATION (Please type or print in ink)

and the second DESCRIPTION OF WORK PERFORMED-TACH OR TOTAL SIGNATURE & CERTIFICATE NO. OF PERSON PERFORMING WORK RECORDING TIME Ε METER TIME SERVICE TOTAL brought forward from previous page Installed new Left Tire PIN 072-313-0 and packed wheel bearing .14 5354.61 5354.61 Christoffen Egy AP9550796 5754.61 Installed were Repaired Ex Right Exhaust toil pipe - 14 5354.61 r/N 75-9501059 Chritish Bayton AP 3550736 -2014 5359.97 5359.97 Installed 2 new 2 J 4-7 Instrument air Filter and 2 D9-14-5 Air Filters CIWELT OFF Test IAW FAR 91.207 (d) next die 7/15. battery due 3/4. Lubed flight control, Turned rulleys, Checked cable tensions Cleaned and packed wheel Bearings, Inspected braker. Topped of brake Reservin. C/W CSB08-3B Throttle and Mix ture Control lever inspection next due of Tach 5459.97 Performed Gear Imings including Emergency gear extension test. Inspected Fine Extinguisher Weight. Installed her Right aileron Aft. Rodend 11N 002-781003-5 Serviced botteny. Fcertify that this gircraft has been inspected in accordance with a 100 hour and was determined to bein an airworthy condition Chritador Hormat AP 3 550736 立義で成功 SUB-TOTAL this page TOTAL-Carry forward to next page 

	*****		Page No
DATE	TOTAL TIME IN SERVICE	TACH OR RECORDING METER TIME	DESCRIPTION OF WORK PERFORMED SIGNATURE & CERTIFICATE NO. OF PERSON PERFORMING WORK
3-31-14		TOTAL brou	ught forward from previous page
			Aircraft: N188DP Date: 1 FEB 2014 ACTT: 5359.97 TACH: 5359.97 I have inspected this airframe in accordance with the scope and detail of Appendix D to FAR Part 43, for an ANNUAL INSPECTION, and find it in airworthy condition.
			Scott R. Hess A&P3227658IA
3-31-14	5382.95	5382.95	Installed new 066-10500 brake liners on Right
			brake and Replaced MS28775-222 O-Rings on Right brake (aliper. Bled brakes,
			Christiph Lagh AN3550736
4-1-14	5384,09	5384.09	Installed new ELT botteries, next due 19/2018 C/w ELT opstert IAW FAR 91.207(d) next du
			4/15. Christype Step AP 3550736
			Strangpart - p - 11
			· · ·
		<u> </u> .	
		SUB-TOTA	L this page
		4	arry forward to next page

Date	Tatel Tim	<u> </u>	- 0'	
Date	Total Tim	Last	e Since Overhaul	Engine Service and Maintenance Record Installations, Inspections, Airworthiness Directives, Special Inspections,
	Hrs. Mi	n. Hrs.	Min.	Modifications and Service Bulletins
Brought Forward	>	•		Drained Oil and Serviced with 12 ats of zows
2-1-2014	Fach	\$ 5791		ait. Installed new CH 48108-1 Oil Filter.
	Tach	5359	.97	Checked Compressions \$1-530, #2-57,80, #3-63,0, #4-49
	EngTT	1224	47	1 x 5 68 x 1 64 01
	TIMUH	1224	47	Plug, Cleaned Fuel Injectors,
				C/w Throttle and Mixture control lever Inspection
			i i	CSB08-3B Next due at Tach 5459.97
				Test Ran and leak checked Good.
		· · · · ·		
			-	Ensine has been in rested In accordance
			1	i i a i
				be in an air worthy condition. Christianter HP3550776
······································				Milyon Hongely #13350156
		i i i i i i i i i i i i i i i i i i i		<u>Aircraft: N188DP</u> Date: 1 FEB 2014 TT: 1224.47 SMOH: 1224.47
				I have inspected this engine in accordance with the scope and detail of
		<del></del>	+	Appendix D to FAR Part 43, for an ANNUAL INSPECTION, and find it in airworthy condition.
			+	Scott Office
			+ L	Scott R. Hess A&P3227668IA
5-14-14		5409.		
)-17-14	Tail			Digined oil and serviced with 12 at of 20m50
	EnsT	1273	67	oil. Installed non CH48108.1 dilFilter cleaned
	TJNOH	1277	67	and support sparkpluge. Cleand Full injectors
				Test Ran and leak checked Good.
177 Webs at 1987			<u> </u>	Christiph de AN3550736
			······	
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Page No. DESCRIPTION OF WORK PERFORMED-**AVIONICS** AIRFRAME SIGNATURE & CERTIFICATE NO. OF PERSON PERFORMING WORK TIME TIME DATE IN IN SERVICE SERVICE CENTRAL TEXAS AVIONICS, Inc. 217 CORSAIR DRIVE GEORGETOWN, TEXAS 78628 LOG BOOK ENTRY HOBBS: 0763.7 REG: #: N188DP S/N: E-1476 MODEL: A36 DATE: 3/3/2012 MAKE: BEECH REMOVED THE BENDIX/KING KLN 90B GPS RECEIVER P/N 066-04031-2121 S/N 80955, THE BENDIX/KING KA 92 GPS ANTENNA P/N 071-WORK PERFORMED: 01553-0200 S/N 01294, THE BENDIX/KING KY 196 VHF COMMUNICATIONS TRANSCEIVER P/N & S/N UNKNOWN, THE BENDIX/KING KY 53 NAVIGATION RECEIVER P/N & S/N UNKNOWN, AND THE K & S ENTERPRISES USA-2 SWITCHING ACCESSORY P/N 1002-011 S/N 220. INSTALLED A GARMIN GTN 650 GPS/SBAS NAVIGATION SYSTEM P/N 011-02256-00 S/N 1Z8010203, A GARMIN GA 35 GPS/WAAS ANTENNA P/N 013-00235-00 S/N 82520, AND AN ICARUS 3000U ALTITUDE SERIALIZER P/N 3230045-3 S/N 5017. THE APPLIANCES IDENTIFIED ABOVE WERE REMOVED IN ACCORDANCE WITH THE CURRENT FEDERAL AVIATION REGULATIONS AND THE MANUFACTURER'S SPECIFICATIONS. THE APPLIANCES DENTIFIED ABOVE WERE INSTALLED, INSPECTED, AND TESTED IN ACCORDANCE WITH THE GARMIN STC AML (STC # SA02019SE-D). THE AIRCRAFT HAS BEEN FOUND AIRWORTHY FOR RETURN TO SERVICE WITH RESPECT TO THE WORK ACCOMPLISHED. THE WEIGHT AND BALANCE DATA AND EQUIPMENT LIST HAVE BEEN REVISED AS NEEDED TO REFLECT THESE CHANGES, REFERENCE FAA FORM 337 DATED 3/3/2012 AND WORK ORDER # 7999 ON FILE FOR DETAILS OF WORK PERFORMED. CENTRAL TEXAS AVIONICS FAA REPAIR STATION #: C84R586N 5037.03 TOTAL TIME N188DP ATE 7/31/12 WO# 2707 CERTIFY THAT THE ALTIMETER AND STATIC SYSTEM TESTS AS EQUIRED BY 14CFR 91.411 HAVE BEEN PERFORMED IN ACCORDANCE SUMMIT AVIATION 7720C Abport Rd. Temple, TX. 76504 CR6# G8VR708N 254 773 9902 FAX 254 791 3592 WITH FAR 43 APPENDIX E, TO 20K FEET. CERTIFY THAT THIS TRANSPONDER MAKE King MODEL SN_89468_ AS INSTALLED IN THIS AIRCRAFT HAS BEEN TESTED PER 14CER SECTION Table 1 Altitude Table III Pressure 91.4(3 IN ACCORDANCE WITH FAR 43 APPENDIX F. Tolerance Reading -1000 31.018 29.921 Readin Tolerance 20 -1,020 20 20 SUMMIT AMIATION 7720-CATRPORT RD. TEMPLE, TX 76504 CRS# G8VR706N 50 - 20 29.385 28.856 1,000 980 20 28.22 70 ~ 2,000 2,005 26 81 *TEXAS AVIONICS, Inc.* 30 4.000 25.842 35 4,000 5,000 CORSAIR DRIVE 6.00 23.978 40 6,020 20 8,000 **TOWN, TEXAS 78628** 10,00 20.522 80 10,050 12.000 20 80 1 G BOOK ENTRY 14,000 17.577 100 14 15,000 211 11.93 16.00 16.216 90 T REG. #: N188DP HOBBS: 0330.8 110 16,080 120 18,100 130 20,130 18,000 14.942 S/N: E-1476 MODEL; A36 13.75 12.636 10,100 22,000 25,010 30,000 130 140 155 180 205 230 255 100 n (si 11.104 8.885 120 35.000 140 7.041 5.538 40,000 45,000 N 066-1055-XX S/N 2487, THE BENDIX/KING KY 196 VHF COM TRANSCEIVER P/N 064-160 5-4008-00 S/N 13218, THE BENDIX/KING KI 250 RADAR ALTIMETER INDICATOR P/N 066-50,000 1.1.1 280 TRANSCEIVER P/N 066-1061-03 S/N 10849, THE BENDIX/KING KA 131 RADAR able II 
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 A RADAR INDICATOR P/N 4000946-5201 S/N 3919, THE BENDIX ART-161A RADAR Case Leas 1⁹ Hysteresis 2nd Hysteresis Theret se Leak AND RADOME FAIRING P/N 4133X, THE SHADIN ALTITUDE ALERTER P/N 8900 S/N 1140, N FUEL FLOW INDICATOR P/N 912041T-38D S/N 1590, THE RYAN ATS-8000 TCAD After Effect JUPLER P/N 70-1040 S/N 950265, THE RYAN DUAL ANTENNA MODULE P/N 70-1050 S/N 10 Table IV 1-1174-00 S/N 1893, THE BENDIX/KING KA 44B ADF ANTENNA P/N 071-1234-00 S/N 1774, Difference | Reading Transponder Mak der Make /KING KA 33 COOLING FAN P/N 071-4037-01 S/N J127, AND THE NAT AA80-060 28. 1,727 -1,740 28.5 29 29.5 1,340 -1,350 - 870 -400 S/N 89468 All P/N 6934A-1-A-106 -863 -392 -00401-10 S/N 96294611 AND A GARMIN GNC 255A NAVIGATION / VHF Alt, S/N 29.92 30.5 18-Enc. P/N 531 52.5 Enc SA 890 30.99 Date 7/31/12 D, INSTALLED, INSPECTED, AND TESTED IN ACCORDANCE WITH THE CURRENT 960 3 SPECIFICATIONS. THE AIRCRAFT HAS BEEN FOUND AIRWORTHY FOR RETURN TO Barometric Pressure Start 29.91 29.90 End EIGHT AND BALANCE DATA AND EQUIPMENT LIST HAVE BEEN REVISED AS NEEDED D 3/21/2014 AND WORK ORDER #'S 8840 & 8829 ON FILE FOR DETAILS OF WORK

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CENTRAL TEXAS AVIONICS, Inc. 217 CORSAIR DRIVE GEORGETOWN, TEXAS 78628 LOG BOOK ENTRY HOBBS: 0330.8 REG. #: N188DP S/N: E-1476 DATE: 3/21/2014 MODEL: A36 MAKE: BEECH REMOVED AND UPDATED THE GARMIN GTN 650 GPS/SBAS NAVIGATION SYSTEM P/N 011-02256-00 S/N 1Z8010203 MAIN SOFTWARE TO WORK PERFORMED: VERSION 5.00 IN ACCORDANCE WITH GARMIN STC SERVICE BULLETIN NUMBER 1374, REVISION A, DATED DECEMBER 18, 2013. REINSTALLED THE VERSION 3.00 IN ACCORDANCE WITH GARMIN STC SERVICE BULLETIN NUBBER 1374, REVISION A, DATED DECLIVIDER 10, 2013. REDITALLS IN GARMIN GTN 650 P/N 011-02256-00 S/N 1Z8010203 IN THE AIRCRAFT, VERIFIED PROGRAMMING, AND REACQUIRED THE ALMANAC AFTER UPDATE. GARAGER GIR 030 FIN 011-02230-00 SIN 128010203 IN THE AIRCRAFT, VERIFIED FROM AND REACCOIRED THE ALIVIATAGE AT HER OF ATT PERFORMED A POST INSTALLATION CHECKOUT OF THE GARMIN GTN 650 GPS/SBAS NAVIGATION SYSTEM AND THE UNIT OPS CHECKED GOOD. THE APPLIANCE IDENTIFIED ABOVE WAS REMOVED, UPDATED, REINSTALLED, INSPECTED, AND TESTED IN ACCORDANCE WITH THE CURRENT FEDERAL AVIATION REGULATIONS AND THE MANUFACTURER'S SPECIFICATIONS. THE AIRCRAFT HAS BEEN FOUND AIRWORTHY FOR RETURN TO SERVICE WITH RESPECT TO THE WORK ACCOMPLISHED. REFERENCE FAA FORM 337 DATED 3/21/2014 AND WORK ORDER # 8829 ON FILE FOR DETAILS OF WORK PERFORMED. CENTRAL TEXAS AVIONICS FAA REPAIR STATION #: C84R586N CENTRAL TEXAS AVIONICS, Inc. 217 CORSAIR DRIVE GEORGETOWN, TEXAS 78628 LOG BOOK ENTRY HOBBS: 0330.8 S/N; E-1476 REG. #: N188DP MODEL: A36 DATE: 3/21/2014 MAKE: BEECH REMOVED THE BENDIX/KING KT 76A TRANSPONDER P/N 066-1062-00 S/N 89468 AND THE ICARUS 3000U ALTITUDE SERIALIZER P/N 3230015-3 WORK PERFORMED: INSTALLED A GARMIN GTX 330 MODE S TRANSPONDER WITH ADS-B OUT P/N 011-00455-60 S/N 84147205. S/N 5017. THE GARMIN GTX 330 MODE S TRANSPONDER S/N 84147205 INSTALLED THIS DATE HAS BEEN TESTED AND INSPECTED IN ACCORDANCE WITH FAR 91.413. THE APPLIANCES IDENTIFIED ABOVE WERE REMOVED IN ACCORDANCE WITH THE CURRENT FEDERAL AVIATION REGULATIONS AND THE INE APPLIANCES IDENTIFIED ABOVE WERE REMOVED IN ACCORDANCE WITH THE CORRENT FEDERAL AVIATION REGULATIONS AND THE MANUFACTURER'S SPECIFICATIONS. THE APPLIANCES IDENTIFIED ABOVE WERE INSTALLED, INSPECTED, AND TESTED IN ACCORDANCE WITH THE GARMIN INTERNATIONAL STC AML (STC # SA01714WI). THE AIRCRAFT HAS BEEN FOUND AIRWORTHY FOR RETURN TO SERVICE WITH RESPECT TO URANIIN INTERNATIONAL STO AND (STO # SAUL/14 WI). THE AIRCRAFT HAS BEEN FOUND AIR WORTHT FOR RETURN TO SERVICE WITH RESPECT THESE THE WORK ACCOMPLISHED. THE WEIGHT AND BALANCE DATA AND EQUIPMENT LIST HAVE BEEN REVISED AS NEEDED TO REFLECT THESE THESE DEVICES. THE WORK ACCOUNT LISTIED. THE WEIGHT AND BALANCE DATA AND EQUIPMENT LIST HAVE DEEN REVISED AS NEEDED TO RE CHANGES. REFERENCE FAA FORM 337 DATED 3/21/2014 AND WORK ORDER # 8840 ON FILE FOR DETAILS OF WORK PERFORMED. CENTRAL TEXAS AVIONICS FAA REPAIR STATION #: C84R586N CENTRAL TEXAS AVIONICS, Inc. 217 CORSAIR DRIVE GEORGETOWN, TEXAS 78628 LOG BOOK ENTRY HOBBS: 0330.8 S/N: E-1476 REG. #: N188DP MODEL: A36 DATE: 3/21/2014 MAKE: BEECH INSTALLED AN AP ENTERPRISES, LLC DOOR STEWARD, DOOR ASSIST GAS SPRING MODIFICATION IN ACCORDANCE WITH THE WORK PERFORMED MANUFACTURER'S FAA APPROVED MODEL LIST (AML) FOR STC # SA01120SE. THE AIRCRAFT HAS BEEN FOUND AIRWORTHY FOR RETURN TO SERVICE WITH RESPECT TO THE WORK ACCOMPLISHED. THE CHANGE TO THE AIRCAAFT DAD DEEN FOUND AIRWORTHT FOR RETURN TO SERVICE WITH RESPECT TO THE WORK ACCOMPLISHED. THE CHANCE THE AIRCAAFT WEIGHT AND BALANCE DATA FOR THIS MODIFICATION IS NEGLIGIBLE. REFERENCE FAA FORM 337 DATED 3/21/2014 AND WORK ORDER # 8829 ON FILE FOR DETAILS OF WORK PERFORMED. CENTRAL TEXAS AVIONICS FAA REPAIR STATION #: C84R586N