

NTSB Investigation	on No. CEN16MA036
Date of Accident:	
Accident Location	

I acknowledge that I am participating in the above-referenced accident or incident investigation, on behalf of my employer who has been named a party to the National Transportation Safety Board (NTSB) safety investigation, for the purpose of providing technical assistance to the NTSB's evidence documentation and fact-finding activities. I understand that as a party participant, I and my organization shall be responsive to the direction of NTSB personnel and may lose party status for conduct that is prejudicial to the investigation or inconsistent with NTSB policies or instructions. No information pertaining to the accident, or in any manner relevant to the investigation, may be withheld from the NTSB by any party or party participant.

I further acknowledge that I have familiarized myself with the attached copies of the NTSB Accident/Incident Investigation Procedures (49 C.F.R. Part 831) and "Information and Guidance for Parties to NTSB Accident and Incident Investigations," and will comply, and, if the party coordinator for my party, take all reasonable steps to ensure that the employees and participants of my organization comply, with these requirements.. This includes, but is not limited to, the provisions of 49 C.F.R. §§ 831.11 and 831.13, which, respectively, specify certain criteria for participation in NTSB investigations and limitations on the dissemination of investigation information.

privilege for information of fecords to	deceived as a result of my participation in the NTSB investigation.
	11/13/2015
Signature	Date
Richard Reaker	Manager, Flight Test
Name & Title	J , J
Textron Aviation	
Party Organization/Employer	

¹ In aviation investigations this form may also be referred to as "Statement of Party Representatives to NTSB Investigation."

TRANSPO	ر نر
S S S S S S S S S S S S S S S S S S S	
SINETY BOX	**************************************

NTSB Investigation N	lo. CEN16FA036
Date of Accident:	10/10/15
Accident Location:	Akron, OH

I acknowledge that I am participating in the above-referenced accident or incident investigation, on behalf of my employer who has been named a party to the National Transportation Safety Board (NTSB) safety investigation, for the purpose of providing technical assistance to the NTSB's evidence documentation and fact-finding activities. I understand that as a party participant, I and my organization shall be responsive to the direction of NTSB personnel and may lose party status for conduct that is prejudicial to the investigation or inconsistent with NTSB policies or instructions. No information pertaining to the accident, or in any manner relevant to the investigation, may be withheld from the NTSB by any party or party participant.

I further acknowledge that I have familiarized myself with the attached copies of the NTSB Accident/Incident Investigation Procedures (49 C.F.R. Part 831) and "Information and Guidance for Parties to NTSB Accident and Incident Investigations," and will comply, and, if the party coordinator for my party, take all reasonable steps to ensure that the employees and participants of my organization comply, with these requirements. This includes, but is not limited to, the provisions of 49 C.F.R. §§ 831.11 and 831.13, which, respectively, specify certain criteria for participation in NTSB investigations and limitations on the dissemination of investigation information.

	4/14/2016
Grea Hayward,	Accustics Sr. Specialist
Textron Aviation Party Organization/Employer	

¹ In aviation investigations this form may also be referred to as "Statement of Party Representatives to NTSB Investigation."



NTSB Investigation Number:

CEN16MA036

Date of Accident:

11/10/2015

Accident Location:

Akron, OH

CERTIFICATION OF PARTY REPRESENTATIVE¹

I acknowledge that I am participating in the above-referenced accident or incident investigation, on behalf of my employer who has been named a party to the National Transportation Safety Board (NTSB) safety investigation, for the purpose of providing technical assistance to the NTSB's evidence documentation and fact-finding activities. I understand that as a party participant, I and my organization shall be responsive to the direction of NTSB personnel and may lose party status for conduct that is prejudicial to the investigation or inconsistent with NTSB policies or instructions. No information pertaining to the accident, or in any manner relevant to the investigation, may be withheld from the NTSB by any party or party participant.

I further acknowledge that I have familiarized myself with the attached copies of the NTSB Accident/Incident Investigation Procedures (49 C.F.R. Part 831) and "Information and Guidance for Parties to NTSB Accident and Incident Investigations," and will comply, and, if the party coordinator for my party, take all reasonable steps to ensure that the employees and participants of my organization comply, with these requirements.. This includes, but is not limited to, the provisions of 49 C.F.R. §§ 831.11 and 831.13, which, respectively, specify certain criteria for participation in NTSB investigations and limitations on the dissemination of investigation information.

	63	11/14/2015
		Date
imothy J. Keck, NATCA Air Safety Investig	pator (ASI)	
among visition, in the entire baloty investig	sator (7131)	
Name & Title		
Name & Title		
Name & Title National Air Traffic Controllers Associat		

¹ In aviation investigations this form may also be referred to as "Statement of Party Representatives to NTSB Investigation."



NTSB Investigation N	No. CEN16FA036	_
Date of Accident:	10/10/15	
Accident Location:	Akron, OH	

I acknowledge that I am participating in the above-referenced accident or incident investigation, on behalf of my employer who has been named a party to the National Transportation Safety Board (NTSB) safety investigation, for the purpose of providing technical assistance to the NTSB's evidence documentation and fact-finding activities. I understand that as a party participant, I and my organization shall be responsive to the direction of NTSB personnel and may lose party status for conduct that is prejudicial to the investigation or inconsistent with NTSB policies or instructions. No information pertaining to the accident, or in any manner relevant to the investigation, may be withheld from the NTSB by any party or party participant.

I further acknowledge that I have familiarized myself with the attached copies of the NTSB Accident/Incident Investigation Procedures (49 C.F.R. Part 831) and "Information and Guidance for Parties to NTSB Accident and Incident Investigations," and will comply, and, if the party coordinator for my party, take all reasonable steps to ensure that the employees and participants of my organization comply, with these requirements.. This includes, but is not limited to, the provisions of 49 C.F.R. §§ 831.11 and 831.13, which, respectively, specify certain criteria for participation in NTSB investigations and limitations on the dissemination of investigation information.

No party coordinator or representative may occupy a legal position or be a person who also represents claimants or insurers. I certify that my participation is not on behalf of either claimants or insurers, and that, although factual information obtained as a result of participating in the NTSB investigation may ultimately be used in litigation (at the appropriate time, and in a manner that is not inconsistent with the provisions of 49 C.F.R. § 831.13 and 49 U.S.C. § 1154), my participation is to assist the NTSB safety investigation and not for the purposes of preparing for litigation. I also certify that, after the NTSB Investigator-in-Charge (IIC) releases the parties and party participants from the restrictions on dissemination of investigative information specified in 49 C.F.R. § 831.13, neither I nor my party's organization will in any way assert in civil litigation arising out of the accident any claim of n or records received as a result of my participation in the NTSB investigation.

Name & Title

Party Organization/Employer

In aviation investigations this form may also be referred to as "Statement of Party Representatives to NTSB Investigation."



NTSB Investigation N	lo. CEN16FA036	_
Date of Accident:	10/10/15	
Accident Location:	Akron, OH	

I acknowledge that I am participating in the above-referenced accident or incident investigation, on behalf of my employer who has been named a party to the National Transportation Safety Board (NTSB) safety investigation, for the purpose of providing technical assistance to the NTSB's evidence documentation and fact-finding activities. I understand that as a party participant, I and my organization shall be responsive to the direction of NTSB personnel and may lose party status for conduct that is prejudicial to the investigation or inconsistent with NTSB policies or instructions. No information pertaining to the accident, or in any manner relevant to the investigation, may be withheld from the NTSB by any party or party participant.

I further acknowledge that I have familiarized myself with the attached copies of the NTSB Accident/Incident Investigation Procedures (49 C.F.R. Part 831) and "Information and Guidance for Parties to NTSB Accident and Incident Investigations," and will comply, and, if the party coordinator for my party, take all reasonable steps to ensure that the employees and participants of my organization comply, with these requirements. This includes, but is not limited to, the provisions of 49 C.F.R. §§ 831.11 and 831.13, which, respectively, specify certain criteria for participation in NTSB investigations and limitations on the dissemination of investigation information.

_				11/13/15	
Signature				Date (_
	Richard	Ruvido	Chief	Pilot	
Name & Title					
E	Xe cufli	ght In	10		
Party Organizatio	n/Employer)			

¹ In aviation investigations this form may also be referred to as "Statement of Party Representatives to NTSB Investigation."



NTSB Investigation No. CEN 16 MA 036

Date of Accident: 11/10/2015

Accident Location: AKRON, OHIO

CERTIFICATION OF PARTY REPRESENTATIVE

I acknowledge that I am participating in the above-referenced accident or incident investigation, on behalf of my employer who has been named a party to the National Transportation Safety Board (NTSB) safety investigation, for the purpose of providing technical assistance to the NTSB's evidence documentation and fact-finding activities. I understand that as a party participant, I and my organization shall be responsive to the direction of NTSB personnel and may lose party status for conduct that is prejudicial to the investigation or inconsistent with NTSB policies or instructions. No information pertaining to the accident, or in any manner relevant to the investigation, may be withheld from the NTSB by any party or party participant.

I further acknowledge that I have familiarized myself with the attached copies of the NTSB Accident/Incident Investigation Procedures (49 C.F.R. Part 831) and "Information and Guidance for Parties to NTSB Accident and Incident Investigations," and will comply, and, if the party coordinator for my party, take all reasonable steps to ensure that the employees and participants of my organization comply, with these requirements. This includes, but is not limited to, the provisions of 49 C.F.R. §§ 831.11 and 831.13, which, respectively, specify certain criteria for participation in NTSB investigations and limitations on the dissemination of investigation information.

			PROTECTION CONTRACTOR AND ADMINISTRA		01/	15/20L
					Da	te
Julie A.	Galazza	12.	4, 4	CAL		/ALLEN V
Name & Title		The same of the sa				The second real

In aviation investigations this form may also be referred to as "Statement of Party Representatives to NTSB Investigation."



NTSB Investigation N	loCEN16FA036	
Date of Accident:	10/10/15	
Accident Location:	Akron, OH	
0.00		_

I acknowledge that I am participating in the above-referenced accident or incident investigation, on behalf of my employer who has been named a party to the National Transportation Safety Board (NTSB) safety investigation, for the purpose of providing technical assistance to the NTSB's evidence documentation and fact-finding activities. I understand that as a party participant, I and my organization shall be responsive to the direction of NTSB personnel and may lose party status for conduct that is prejudicial to the investigation or inconsistent with NTSB policies or instructions. No information pertaining to the accident, or in any manner relevant to the investigation, may be withheld from the NTSB by any party or party participant.

I further acknowledge that I have familiarized myself with the attached copies of the NTSB Accident/Incident Investigation Procedures (49 C.F.R. Part 831) and "Information and Guidance for Parties to NTSB Accident and Incident Investigations," and will comply, and, if the party coordinator for my party, take all reasonable steps to ensure that the employees and participants of my organization comply, with these requirements.. This includes, but is not limited to, the provisions of 49 C.F.R. §§ 831.11 and 831.13, which, respectively, specify certain criteria for participation in NTSB investigations and limitations on the dissemination of investigation information.

	12/2/2015
	Date
BILL SCHUSTER, SYA	FF ENGINEER, Acoustics
PowerPLANTS / HONE Party Organization/Employer	YWELL

¹ In aviation investigations this form may also be referred to as "Statement of Party Representatives to NTSB Investigation."



NTSB Investigation N	loCEN16FA036
Date of Accident:	10/10/15
Accident Location:	Akron, OH

I acknowledge that I am participating in the above-referenced accident or incident investigation, on behalf of my employer who has been named a party to the National Transportation Safety Board (NTSB) safety investigation, for the purpose of providing technical assistance to the NTSB's evidence documentation and fact-finding activities. I understand that as a party participant, I and my organization shall be responsive to the direction of NTSB personnel and may lose party status for conduct that is prejudicial to the investigation or inconsistent with NTSB policies or instructions. No information pertaining to the accident, or in any manner relevant to the investigation, may be withheld from the NTSB by any party or party participant.

I further acknowledge that I have familiarized myself with the attached copies of the NTSB Accident/Incident Investigation Procedures (49 C.F.R. Part 831) and "Information and Guidance for Parties to NTSB Accident and Incident Investigations," and will comply, and, if the party coordinator for my party, take all reasonable steps to ensure that the employees and participants of my organization comply, with these requirements.. This includes, but is not limited to, the provisions of 49 C.F.R. §§ 831.11 and 831.13, which, respectively, specify certain criteria for participation in NTSB investigations and limitations on the dissemination of investigation information.

12-2-15 Date		
	ASI	and Studenman

¹ In aviation investigations this form may also be referred to as "Statement of Party Representatives to NTSB Investigation."



NTSB Investigation No.	CEN16FA036
Date of Accident:1	0/10/15
Accident Location:	Akron, OH

I acknowledge that I am participating in the above-referenced accident or incident investigation, on behalf of my employer who has been named a party to the National Transportation Safety Board (NTSB) safety investigation, for the purpose of providing technical assistance to the NTSB's evidence documentation and fact-finding activities. I understand that as a party participant, I and my organization shall be responsive to the direction of NTSB personnel and may lose party status for conduct that is prejudicial to the investigation or inconsistent with NTSB policies or instructions. No information pertaining to the accident, or in any manner relevant to the investigation, may be withheld from the NTSB by any party or party participant.

I further acknowledge that I have familiarized myself with the attached copies of the NTSB Accident/Incident Investigation Procedures (49 C.F.R. Part 831) and "Information and Guidance for Parties to NTSB Accident and Incident Investigations," and will comply, and, if the party coordinator for my party, take all reasonable steps to ensure that the employees and participants of my organization comply, with these requirements. This includes, but is not limited to, the provisions of 49 C.F.R. §§ 831.11 and 831.13, which, respectively, specify certain criteria for participation in NTSB investigations and limitations on the dissemination of investigation information.

	11/11/2015
Signature	Date
John (Jay) Eller	/ Air Safety Investigator
Name & Title	7 31.13
Party Organization/Employer Hearty Organization/Employer	oneywell

¹ In aviation investigations this form may also be referred to as "Statement of Party Representatives to NTSB Investigation."



NTSB Investigation No.	CEN16MA036
------------------------	------------

Date of Accident: November 10, 2015

Accident Location: Akron, Ohio

CERTIFICATION OF PARTY REPRESENTATIVE¹

I acknowledge that I am participating in the above-referenced accident or incident investigation, on behalf of my employer who has been named a party to the National Transportation Safety Board (NTSB) safety investigation, for the purpose of providing technical assistance to the NTSB's evidence documentation and fact-finding activities. I understand that as a party participant, I and my organization shall be responsive to the direction of NTSB personnel and may lose party status for conduct that is prejudicial to the investigation or inconsistent with NTSB policies or instructions. No information pertaining to the accident, or in any manner relevant to the investigation, may be withheld from the NTSB by any party or party participant.

I further acknowledge that I have familiarized myself with the attached copies of the NTSB Accident/Incident Investigation Procedures (49 C.F.R. Part 831) and "Information and Guidance for Parties to NTSB Accident and Incident Investigations," and will comply, and, if the party coordinator for my party, take all reasonable steps to ensure that the employees and participants of my organization comply, with these requirements.. This includes, but is not limited to, the provisions of 49 C.F.R. §§ 831.11 and 831.13, which, respectively, specify certain criteria for participation in NTSB investigations and limitations on the dissemination of investigation information.

	4/14/2016
Si	Date
GREGORY J SMITH	Director of Maintenance
Name & Title	
Execuflight, Inc	
Party Organization/Employer	

In aviation investigations this form may also be referred to as "Statement of Party Representatives to NTSB Investigation."



NTSB Investigation I	VO CEN 16 MAD 36
Date of Accident:	11/10/15
Accident Location: _	AKRON, OH

I acknowledge that I am participating in the above-referenced accident or incident investigation, on behalf of my employer who has been named a party to the National Transportation Safety Board (NTSB) safety investigation, for the purpose of providing technical assistance to the NTSB's evidence documentation and fact-finding activities. I understand that as a party participant, I and my organization shall be responsive to the direction of NTSB personnel and may be expelled from the investigation for conduct that is prejudicial to the investigation or inconsistent with NTSB policies or instructions. No information pertaining to the accident, or in any manner relevant to the investigation, may be withheld from the NTSB by any party or party participant.

I further acknowledge that I have familiarized myself with the attached copies of the NTSB Accident/Incident Investigation Procedures (49 C.F.R. Part 831) and "Information and Guidance for Parties to NTSB Accident and Incident Investigations," and will comply, and ensure all employees and representatives of my organization will comply, with these requirements. This includes, but is not limited to, the provisions of 49 C.F.R. §§ 831.11 and 831.13, which, respectively, specify certain criteria for participation in NTSB investigations and limitations on the dissemination of investigation information.

No party representative may occupy a legal position or be a person who also represents claimants or insurers. I certify that my participation is not on behalf of either claimants or insurers, and that, although factual information obtained as a result of participating in the NTSB investigation may ultimately be used in litigation (at the appropriate time, and in a manner that is not inconsistent with the provisions of 49 C.F.R. § 831.13 and 49 U.S.C. § 1154), my participation is to assist the NTSB safety investigation and not for the purposes of preparing for litigation. I also certify that, after the NTSB IIC releases the parties and party participants from the restrictions on dissemination of investigative information specified in 49 C.F.R. § 831.13, neither 1 nor my party organization will in any way assert in civil litigation arising out of the accident any claim of privilege for information or records received as a result of my participation in the NTSB investigation.

I further acknowledge my responsibility to ensure that the NTSB is informed in writing, immediately and with specificity, when information or records provided to the NTSB, in any format, or other investigative activities, are subject to United States export controls, classification or licensing requirements, or sanctions restrictions. Similarly, commercially sensitive and/or proprietary material provided to the NTSB investigation should be clearly marked in accordance with the provisions of 49 C.F.R. Part 831.6.

DOWNER Shack lefterd (SAPTRIN HS 155)		1 / 13 / 20 (S Date
Vame & Title	CONTRACTOR (NO. 1) A CONTRACTOR OF A CONTRACTOR OF THE CONTRACTOR	CAPTRUS HOTES)
	lame & Title	

In aviation lovestigations this form may also be referred to as "Statement of Party Representatives to NTSB Investigation."



NTSB Investigation No. (ENIGFA036
Date of Accident:
Accident Location: Akron, OH

I acknowledge that I am participating in the above-referenced accident or incident investigation, on behalf of my employer who has been named a party to the National Transportation Safety Board (NTSB) safety investigation, for the purpose of providing technical assistance to the NTSB's evidence documentation and fact-finding activities. I understand that as a party participant, I and my organization shall be responsive to the direction of NTSB personnel and may lose party status for conduct that is prejudicial to the investigation or inconsistent with NTSB policies or instructions. No information pertaining to the accident, or in any manner relevant to the investigation, may be withheld from the NTSB by any party or party participant.

I further acknowledge that I have familiarized myself with the attached copies of the NTSB Accident/Incident Investigation Procedures (49 C.F.R. Part 831) and "Information and Guidance for Parties to NTSB Accident and Incident Investigations," and will comply, and, if the party coordinator for my party, take all reasonable steps to ensure that the employees and participants of my organization comply, with these requirements. This includes, but is not limited to, the provisions of 49 C.F.R. §§ 831.11 and 831.13, which, respectively, specify certain criteria for participation in NTSB investigations and limitations on the dissemination of investigation information.

	11-11-15
Ç	Date
Henry J Soderlund	Senior Air Safety Investigator
Name & Title	
Textron Aviation	

¹ In aviation investigations this form may also be referred to as "Statement of Party Representatives to NTSB Investigation."



NTSB Investigation N	loCEN16FA036
Date of Accident:	10/10/15
Accident Location: _	Akron, OH

I acknowledge that I am participating in the above-referenced accident or incident investigation, on behalf of my employer who has been named a party to the National Transportation Safety Board (NTSB) safety investigation, for the purpose of providing technical assistance to the NTSB's evidence documentation and fact-finding activities. I understand that as a party participant, I and my organization shall be responsive to the direction of NTSB personnel and may lose party status for conduct that is prejudicial to the investigation or inconsistent with NTSB policies or instructions. No information pertaining to the accident, or in any manner relevant to the investigation, may be withheld from the NTSB by any party or party participant.

I further acknowledge that I have familiarized myself with the attached copies of the NTSB Accident/Incident Investigation Procedures (49 C.F.R. Part 831) and "Information and Guidance for Parties to NTSB Accident and Incident Investigations," and will comply, and, if the party coordinator for my party, take all reasonable steps to ensure that the employees and participants of my organization comply, with these requirements.. This includes, but is not limited to, the provisions of 49 C.F.R. §§ 831.11 and 831.13, which, respectively, specify certain criteria for participation in NTSB investigations and limitations on the dissemination of investigation information.

4/14/6	
Date	
	4(14/6 Date

¹ In aviation investigations this form may also be referred to as "Statement of Party Representatives to NTSB Investigation."