## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

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	nt/Incident Loc						Acc	ident/Incid	ent Date/	Time			
			(BED), Bedford				Date	05/3		Lo	cal Time:	2140	
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Latitude			Longitude:			.				•			
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_	ration Number: acturer: Gulfsi		space				☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft						
			,							74000			
	Number: 1399							aximum Gr eight at Tin					15.
Year of Manufacture: 2000					l				-		_		
	ur-Built: OYes		O Kit/Plans Mai	ke:			Nu	mber of Se oin Crew Seat	ats: <u>1/</u>		Flight Cn	ew Seats: 2	
Aulate	©No	-	Original Design					mber of En			Passenge	Seats: 14	
Catego	ry of Aircraft	Type of A	irworthiness Co	rtificate		Landing Ge		mbel of Er	gmes; _z		Type (E	elect one	
⊙ Airpl ○ Ballo	ane	(Check all that apply) (Check all the Standard Special			(Check all tha	that apply)  O Reciprocating O Liquid  IZ Retractable  O Turbo Shaft O Solid I				d Rocket Rocket id Rocket			
O Glide O Gyro		☐ Aeroba		_		☑ Tricycle			ilwheel .	OTurb	o Jet	ONone	
OHelic		Comm				☐ Amphibia			igh Skid cid	⊕ Turb     O Elect		OUnkn	own
O Powe O Rock	red Lift	Transp				□Float	,	□si	d				
OUltra		Utility	☐ Experia	l Light-Spo mental Ligh	nt-Sport	□Hull			ci/Wheel			(Reciprocatii	ig)
OUnkr		Certificate	of Authorization	-		Other Lau	inch/i	Recovery Sys	tem	OCarb.	uretor	O Fuel-	Injected
		□None	ים	Unknown		☐ None		□u	nknown				
Engine		cturer	Engine Model/Series			ecturer's Yumber		Date of Mfg. mm/dd/yyyy	O Horsep O lbs of 7	ower or	Total Time (hours)		Since: Overhaul (hours)
Eng. I	Rolls Royce		MK611-8		16917		1						
Eng. 2	Rolls Royce		MK611-8		16918		+						
Eng. 3							+						
Eng. 4				Propelle	1	OFixed Pi	itch		Prope	11 2		Fixed Pitch	
	spection Type			rropein	3F 1	OControl!	lable		Trope	HET 4	_	rixed Pitch Controllable I	itch
OI00-H		inuous Airwo litional Inspec		Manufac	********	OGround .	•					Ground Adjus	
OAnnu					turer:								
Date La	ast Inspection:						No					Check all that	-nnh.)
Airfran	ne Total Time:	mm/dd/yy 4698		If Yes:	ibanica,	U.m. U.	110		ADS		ipment (	Check tar rhus	арріуу
	s measured at (Si		,	ELT Mai		er: ARTEX				rame Para	chute ck Indicato	_	
_	,		ccident/Incident	Model or				1101 5 1411	171 Auto		CK Indicato	r	
	Maintenance P	rogram (Sei	lect one)	130 110.1		(121.5 MHz) O (406 MHz)	Cyla	8 (121.5 MHz	. El Dam	Recorder		Handheld Dev	rice
O Annu O Cond	al itional (Amateur-b	wilt only)				unted in aircrat			☑ Elec	tronic Mu	Itifunction	Display	
<ul><li>Manu</li></ul>	facturer's Inspecti	on Program				nected to anten ? OYes ON		OYes ONo		tronic Prin theld GPS	mary Fligh	l Display	
	Approved Inspect nuous Airworthine		(AAIP)	If activa		; O165 ON	10		☑ Head	is Up Disp	play		
	, specify:					ocating Aircraf	it; O	Yes ONo		oard Weat lite Track	ther ing Device		
	tion of Fire Ex	inguishing	System	If not ac	tivated:				☑ Stall	Warning	System		!
O None O Spec			1	Indicate I	Reason;	Impact Dan				o Recordi r, Specify	ng Device	-	
- apac	.,.					☐ Fire Damag ☐ Battery Exp		Damaged	E Othe	i, specity	CVR, F	DR	
						Unknown							

GINVER STOR		AT (O)						
Registered Airc	raft Owner				City: New Castle			
Name: SK Trav	rel LLP			_	State: DE	ZIP: 19720		
Fractional Owner	ership Aircraft: O Yes ©	No			Country: USA			
Operator of Air	reraft Same As Re	gistered Owner			Same Address as Register	ed Owner		
Name: Arizin V	entures, LLC			_	City: Cherry Hill			
-	As:			_	State: NJ	ZIP: <u>08034</u>		
Air Carrier/Oper	rator Designator (4 Characte	er Code):			Country: USA	·		
Operating Cert (Check all that app		Regulation Flig	ght Conducted Un	ıder				
Supplemental Air Cargo Foreign Air Car Rotorcraft Exte	mal Load (FAR 133) Carrier (FAR 135)	OFAR 103 OFAR 121 OFAR 125 OFAR 125 OFAR 125 OFAR 91 Special O Non-US, Comm	nercial	431 435	O Scheduled or Commuter O Non-Scheduled or Air T  O Passenger O Cargo O Mail Contract Only			
□ On-Demand Air Taxi (FAR 135) □ Commercial Air Tour (FAR 136) □ Agricultural Aircraft (FAR 137) □ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation □ O Non-US, Non-commercial ○ O Public Aircraft (Select one) ○ Armed Forces ○ Federal ○ State				Purpose of Flight for FA (Select one)  O Aerial Application O Aerial Observation	OFirefighting OUnknown OFlight Test			
Experimental Pe	rmit ace Transportation License	O Local			O Air Drop O Air Race/Show	O Glider Tow O Instructional		
Other Operator		O Unknown			O Banner Tow	OOther Work Use		
-					O Business  © Executive/Corporate	O Personal O Positioning		
Revenue Sights	eeing Flight	Air Medical Flip	pht			OSkydiving		
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Mark Cornell	EORNALONG IN							
AIRPORTIN	Hanscom Field		n occupred on ap	Dis	tance From Airport Cent	ter:sm		
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AIRPORINK Airport Name: Airport Identifi	Hanscom Field	i i i i i i i i i i i i i i i i i i i		Dis Dir	stance From Airport Cent rection From Airport:	ter:sm		
AIRPORINK Airport Name: Airport Identifi	Hanscom Field er: BED port: O Off Airport/Airstri	i i i i i i i i i i i i i i i i i i i		Dis Dir Air	tance From Airport Cent rection From Airport: rport Elevation: 132	degrees true		
AIRPORTIN Airport Name: Airport Identific Proximity to Air Runway Inform	Hanscom Field er: BED port: O Off Airport/Airstri	eccidad)ins tide	if cealined on ap	Dis Dir Air Con	rection From Airport Cent rection From Airport: rport Elevation: 132 dition of Runway/Landin	degrees true  ft. msl  g Surface (Check all that apply)  Compacted   Water-Calm		
AIRPORTIN Airport Name: Airport Identific Proximity to Air Runway Inform Runway ID: 11	Hanscom Fleid er: BED eport: O Off Airport/Airstrip	On Airport/A  11 ft Width  pph)  dam	if cessioned on ap	Dis Dir Air Con	tance From Airport Cent ection From Airport: port Elevation: 132 dition of Runway/Landin	g Surface (Check all that apply)  Compacted		
Airport Name: Airport Identific Proximity to Air Runway Inform Runway ID: 11 Runway/Landir Asphalt Concrete Dirt	Hanscom Field er: BED port: O Off Airport/Airstrip nation (L/R/C) Length: 70 ng Surface (Check all that a	OOn Airport/A  11	if cessioned on ap	Dis Dir Air Con	rection From Airport Centrection From Airport:	g Surface (Check all that apply)  Compacted		
Airport Name: Airport Identific Proximity to Air Runway Inform Runway ID: 11 Runway/Landir Asphalt Concrete Dirt	Hanscom Field  er: BED  rport: O Off Airport/Airstrig  action  (L/R/C) Length: 70  ag Surface (Check all that a garder)  Grass/Turf Maca Gravel Metal  color Snow	O On Airport/A  11ft Width  pply) dam	if cessioned on ap	Dis Dir Air	dition of Runway/Landin  Ory Snow- Holes Snow- Cough Snow- Lubber Deposits Soft ush-Covered Vegets  O Downwind O Base O Final	g Surface (Check all that apply)  Compacted		
AIRPORTIN Airport Name: Airport Identific Proximity to Air Runway Inform Runway ID: 11 Runway/Landir Asphalt Concrete Dirt  Approach/Depa OTaxi OTakeoff OInitial Climb	Hanscom Field  er: BED  rport: O Off Airport/Airstrig  action  (L/R/C) Length: 70  g Surface (Check all that a grave)   Maca     Grass/Turf   Maca     Gravel   Metal     lice   Snow  rture Segment (Select one)	O On Airport/A  11ft Width  pply) dam	Airstrip ON/A  150 ft ter  known	Dis Dir Air Air Con	dition of Runway/Landin  Ory Snow- Holes Snow- Cough Snow- Lubber Deposits Soft ush-Covered Vegets  O Downwind O Base O Final	degrees true  ft. msl  g Surface (Check all that apply)  Compacted   Water-Calm  Crusted   Water-Glassy  Wet   Wet  ation   Unknown  Clow Approach  O Go Around  O Aborted Landing (after touchdown)  Unknown		
AIRPORTIN Airport Name: Airport Identific Proximity to Air Runway Inform Runway ID: 11 Runway/Landir Asphalt Concrete Dirt  Approach/Depa OTaxi OTakeoff OInitial Climb	Hanscom Field er: BED rport: O Off Airport/Airstrip nation (L/R/C) Length: 70 ng Surface (Check all that a Grass/Turf Maca Gravel Metal lee Snow rture Segment (Select one) OVFR Departure O1FR Departure Proce	O On Airport/A  11ft Width  pply) dam	Airstrip ON/A  150 ft ter  known	Dis Dir Air Air Con	tance From Airport Centrection From Airport:	degrees true  ft. msl  g Surface (Check all that apply)  Compacted   Water-Calm  Crusted   Water-Glassy  Wet   Wet  ation   Unknown  Clow Approach  O Go Around  O Aborted Landing (after touchdown)  Unknown		
AIRPORTIN Airport Name: Airport Identific Proximity to Air Runway Inform Runway ID: 11 Runway/Landir Asphalt Concrete Dirt  Approach/Depa OTaxi OTakeoff OInitial Climb	Hanscom Field er: BED rport: O Off Airport/Airstrip nation (L/R/C) Length: 70 ng Surface (Check all that a Grass/Turf Maca Gravel Metal lee Snow rture Segment (Select one) OVFR Departure O1FR Departure Proce	O On Airport/A  11ft Width  pply) dam	Airstrip ON/A  150 ft ter  known	Dis Dir Air Con R R R SI	tance From Airport Centrection From Airport:	degrees true  ft. msl  g Surface (Check all that apply)  Compacted   Water-Calm  Crusted   Water-Glassy  Wet   Wet  ation   Unknown  Clow Approach  O Go Around  O Aborted Landing (after touchdown)  Unknown		

Maria Brincokawaja	หล่อเลียก	ក្តស្វាត់ដែលថា ក្រុមប្រជាព្រះប្រជាព្រះប្រជាព្រះប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រ	(5) (1)								
"Flight Crewmember 1" R						0		•			
Pilot O Co-Pilot "Flight Crewmember 1" w	O Student Pilot		Instructor	O Check	c Pilot	O Flig	ht Engineer	O Other	Flight Crew		
		□Yes □	140								
"Flight Crewmember 1" Io First Name: James	gentification				,	in of D	ooidamaa. C	`t	_		
Middle Initial: P		·						Seorgetown		-	
	•					tate: <u>D</u>			ZIP: <u>1994</u>	<i>/</i>	
Last Name: McDowell						Country:					
Age at time o	of Accident/Incid			te of Birth: _ e Number: _			<i>"</i>	ım/dd/yyyy			
Degree of Injury	Seat Occu				Res	traint T	ype			Inflatable I	Restraints
O None	O Left O Front O Unknown					Available Used					
O Minor O Unknown O Serious	O Right	O Rear O Single			'	O None	)	ONone	- 1	☐ Not Ins	
Pilot Certificate(s) (Check of					┥	O Lap o		O Lap onl O 3-point		☐ Installe	
		Commercial	п	US Military		O 4-poi	int	O 4-point	1	Deploy	ed
☐ Private ☐ Recre	ational 🖸	Airline Transp	port 🗆	Foreign		● 5-poi O Unkr		O 5-point O Unknov		Unknov	₩n
☐ Student ☐ Sport		Flight Engine	er			COIL	10411	G C.I.Z.I.O.			
Principal Occupation	Medical Certifi	icate			Med	dical Ce	rtificate Va	lidity		Date of La	t Medical
<b>⊙</b> Pilot		None OClass 3 OWithout limitations/waivers OUnknown									
O Other O Unknown	O Class 1 O Driver's License (Sport Pilot only) Class 2 O Unknown					Vith limita pecial Iss	ations/waiver	3 ON	I/A	02/04/20 mm/dd/y	
Medical Certificate Limita		Conkilowii			100	poo.a					
Carry glasses for near vision											
Carry glasses for rider vision											
								·			
Medical Certificate Special	l Issuance										
Date of Last Flight Review		Fligh	t Review	v Aircraft							
or Equivalent, Including FAR 121/135 Checks:	09/20/2013	Make	: Gulfst	ream							
	mm/dd/yyyy	Mode	ı: <u>G-IV</u>								
Airplane Rating(s)	Other Aircra			strument R							
(Check all that apply)	(Check all that a	apply)		heck all that a	pply)	ply) (Check all that apply)					
Single-Engine Land	☐ Airship			None Airplane		☐ None ☐ Airplane Single-Engine				Instrument .	
Single-Engine Sea	Balloon			Helicopter		Airplane Multi-Engine			ne 🛭	Helicopter	
☑ Multiengine Land ☐ Multiengine Sea	☐ Glider ☐ Gyroplane			Powered Lift			☐ Gyropia			Glider Sport	
	☐ Helicopter							<b>4</b> 2	•	J Opon	
Type Ratings	☐ Powered Lif	1					Student I	7 md a ma m	ata Cuelude	d\	
L-1329							Student	Endorseme	HS (Include	acies)	
G-V											
G-IV											
G-1159											
Flight Time (Enter appropriat	e A11	This Make	Airple Singi		plane		Inst	rument			Lighter
number of hours in each box)	Aircraft	& Model	Engi		engine	Night	Actual	Simulated	Rotorcraft	Glider	Thus Air
Total Time as of 5/2013	18,100	2,400				ļ				ļ	
Pilot in Command (PIC)	18,000					ļ				ļ	
Time as Instructor			N. V. Control				<del>-</del>				
This Make/Model  Last 90 Days	William St.			DEWIND !	- 184			<del> </del>			
Last 30 Days	+					<del> </del>	<del></del>	<del> </del>	ļ	ļ	
Last 24 Hours	1					<del> </del>	-	<del> </del>		<del> </del>	<del> </del>

DEUTONIA (BAN) MAY	isias Autiliae	है है पीन	THE RIVE	生产,是			1.49	200			
"Flight Crewmember 2" Re					-					-10	
OPilot @Co-Pilot	O Student Pilot	OFlight In:		OCheck Pilot	OFI	ight Engineer	Other	Flight Crew			
"Flight Crewmember 2" wa		Yes D	40								
"Flight Crewmember 2" Id					~: 0=						
First Name: Bauke						esidence: M					
Middle Initial: E					State: N.		2	ZIP: <u>08053</u>			
Last Name: De Vries					Country:	USA					
Age at time of	Accident/Incident:					m	m/dd/yyyy				
			ificate Num	-							
Degree of Injury	Seat Occupie	d OFront			Restraint Type				Inflatable l	Restraints	
O None	O Left O Right	wn	Availab		Used						
O Serious	OCenter	ORear OSingle			O Non O Lap		O None O Lap onl	lu l	☐ Not Ins		
Pilot Certificate(s) (Check al	l that apply)				O 3-po	oint	O 3-point		☐ Not De	ployed	
☐ None ☐ Flight 1		mmercial	US M		O 4-po O 5-po		O 4-point O 5-point		☐ Deploy		
☐ Private ☐ Recrea ☐ Student ☐ Sport		rline Transpor ight Engineer	rt 🔲 Foreig	gn	O Unk		O Unknow			WB	
	ted · · ·	B			9230					690	
	Medical Certificat			М	ledical Co	ertificate Va	ilidity		Date of La	st Medical	
		Class 3 Driver's Licens	(Sport Pile			imitations/wai tations/waiver		Inknown			
		Jnknown	se (aport rino		Special Is		3 0 6	"A	mm/dd/y	יייי	
Medical Certificate Limitat	ions										
65											
Medical Certificate Special	Issuance										
Date of Last Flight Review or Equivalent, Including		1 -	Review Aire								
FAR 121/135 Checks:	09/17/2013	_ 1	Gulfstream								
	mm/dd/yyyy	Model:	G-IV								
Airplane Rating(s)	Other Aircraft I			ent Rating(							
(Check all that apply)  ☐ None	(Check all that app	נעו	(Check al	ll that apply)	apply) (Check all that apply)					8.	
☑ Single-Engine Land	☐ Airship		☐ None		□ None □ Instrument Airplan □ Airplane Single-Engine □ Instrument Helicop					tirplane leliconter	
☐ Single-Engine Sea ☑ Multiengine Land	☐ Balloon ☐ Glider		☐ Helico	opter		☐ Airplane	Multi-Engine	e 🗆	Helicopter	Micopal	
☐ Multiengine Sea	☐ Gyroplane		☐ Power	red Lift	8	Gyroplar Powered			Glider Sport		
	Helicopter						2111		Sport		
Type Ratings	☐ Powered Lift		1			Ctudent F		4- 0-1-1			
					- 1	Student E	ndorsemen	ts (Include a	ates)		
Beech 400 G-1159					1						
G-IV											
LR-Jet MU-300					- 1						
Flight Time (Enter appropriate	AU T	bis Make	Airplane Single	Airplane		Inst	rument			1.4-2	
number of hours in each box)		& Model	Engine	Multiengine		Actual	Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time as of 5/2013	10,970	2,130									
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model	1 12 12 14				-	_					
Last 90 Days Last 30 Days											
								Committee of the committee	49 10 00 HV - SE	1000 1000	

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Crew Name and Address				Seat Occupi	ed	Injury
Middle Initial: State	sidence.	ZIP		O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (Check all that apply)  None   Flight Instructor   Commerce   Private   Recreational   Flight English English   Student   Sport   Flight English   Type Rating/Endorsement for   Accident/Incident Aircraft?   Yes   No of the	hrs	Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Used O None Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown		
Crew Name and Address			Serie alignment	Seat Occupie		Injury
Middle Initial State:	sidence	ZIP:		O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (Check all that apply)  None   Flight Instructor   Commercial   US Military   Private   Recreational   Airline Transport   Foreign   Student   Sport   Flight Engineer  Type Rating/Endorsement for   Total Flight Time at the Time   Accident/Incident Aircraft?   Yes   No   Of this Accident/Incident; hrs					pe: Used O None D Lap Only O 3-point O 4-point O 5-point Unknown	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown
TO NOTE HER TO SELECT THE PROPERTY OF THE PROP	建氯磺基 证的要求的 经期间的	THE REPORT OF THE PARTY OF THE				
				e horocorpi		AND INCIDENT
Name and Address	Scat	lajury	Restraint T	terral de la constant	Inflatable Restraints	Age
		O None O Minor O Serious		terral de la constant	Inflatable	Under 5 years  If Under 5, O Child Restraint O Lap-Held
Name and Address  First Name: Teresa City: Easton  Middle Initial: A State MD ZIP:  Last Name Benhoff Country USA	OLeft OCenter ORight OUnknown	O None O Minor O Serious O Fatal	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints  Not Installed Installed Not Deployed Deployed	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: Teresa City: Easton  Middle Initial: A State MD ZIP  Last Name: Benhoff Country USA  OCrew OPassenger OOther  First Name: Lewis City:  Middle Initial: State ZIP  Last Name: Kalz Country USA	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Restraint T  Available ONone OLsp Only O3-point O4-point O5-point OUnknown  Available ONone OLsp Only O3-point O4-point O5-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point	Not Installed   Deployed   Unknown   Not Installed   Unknown   Not Installed   Installed   Installed   Installed   Not Deployed   Deployed   Deployed   Deployed   Deployed   Deployed   Deployed   Not Installed   Not Deployed   De	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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Crew Name and Addre	235			,		Seat Occupi	ed	Injury
Middle Initial	_	State:	ZIP:			O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
☐ Private	☐ Flight Instructor ☐ Recreational	Commercial Airline Trans	sport  Foreign			Restraint Ty Available O None O Lap Only	Used O None	Inflatable Restraints D Not Installed
Student Sport Flight Engineer  Type Rating/Endorsement for Accident/Incident Aircraft? See No of this Accident/Incident: hrs						O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point O Unknown	☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Crew Name and Addre				VENTON STORMAN	THE RESERVE OF THE PERSON NAMED IN	Seat Occupi	ed.	lnjury
First Name  Middle Initial:  Last Name:	_	State:		ZIP		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
☐ Private ☐ Student	☐ Flight Instructor ☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Trans	port ☐ Fo er			Restraint Ty Available O None O Lap Only O 3-point O 4-point	Used O None	Inflatable Restraints  Not Installed Installed Not Deployed
Type Rating/Endorsem Accident/Incident Airci	raft? 🔲 Yes 🔲	No of this	light Time a Accident/Inc	ident:	hrs	O 5-point O Unknown	O 5-point O Unknown	☐ Deployed ☐ Unknown
Make But Carr	))) [ - [ - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [	目的证明的	en iterrita	erilinia diva		Law stelly	Republic.	5.31
Name and Address			Seat	Injury	Restraint T	уре	Inflatable Restraints	Age
First Name: Susan Middle Initial:								
Last Name: Asball OCrew			OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone © Lap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	O Child Restraint O Lap-Held
	Country: <u>USA</u> Passenger  City: ZIP	O Other	OCenter ORight OUnknown	O Minor O Serious O Fatal	O None  © Lap Only  O3-point  O4-point  O5-point  OUnknown  Available  O None  O Lap Only  O3-point  O 4-point	O None O Lap Only O 3-point O 4-point O 5-point	☐ Installed ☐ Not Deployed ☐ Deployed	If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held
OCrew  First Name: Middle Initial: Last Name:	Country: USA  Passenger  City: State: ZIP  Country:  OPassenger  City: State: ZIP	O Other	OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	O None  © Lap Only  O3-point  O4-point  O5-point  OUnknown  Available  O None  O Lap Only  O3-point  O4-point  O5-point  O5-point	O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point	☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed	If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint

ENGRITHINE VANA	IN HORWAVIO			SN(#E), OW		V. 1	1	- 1	
Last Departure Point	Tin	e of Departure	Destinati	on		Type Fligh	t Plan I	Filed	
Airport ID: BED			Airport ID:	ACY		O None		OV	R/IFR
City: Bedford	Tim	e:	1 1	ntic City		O Company		Ø IF	
State: MA	Tim	e Zone:				O Military O VFR	VrK	O Un	known
Country: USA	i		Country: L			-	OYes	ONo	<ul><li>Unknown</li></ul>
Type of ATC Clearance/Ser	rvice (Check all that	anniv)	1 000						
☐ None ☐	Special VFR IFR	□Sp	ecial IFR FR On Top		☐ VFR Flight Follo		Crui	ise nown/?	۸A
Airspace where the acciden	t/incident occurre						Altitu	de of I	n-Flight
	Class G		litary Operations		Special			rrence:	-
	]Demo Area ]Warning Area		rport Advisory A Training Area	rea	☐ Air Traffic Cents	o! Area	0 0 0 0 0		ft msl
	Prohibited Area	Π̈́TR					_		11 11131
	Restricted Area	□ FA							
WEATER OF ORW		W.Velolina,	inikolojak					15.	
Source of Pilot Weather Int (Check all that apply)	formation				servation Facility				
☐ National Weather Service	□Соп	nnány		Facility ID:					
☐ Flight Service Station	Mili			Observation Ti	me:				
☐ TV/Radio	☐ Inter			Time Zone:					
☐ Automated Report ☐ Commercial Weather Service	□ Non (DUATS) ☑ Unk				Accident Site:		nm		
On-Board Weather	(DOATS) MONK	nown			Accident Site:		degrees	s true	
Basic Conditions		Light Condit	ion						
<b>9</b> үмс		ODawn	ODusk	O Dark	Night OUn	known			
OIMC		ODay	ONight	OBrigh	nt Night				
OUnknown		<u> </u>							
Sky/Lowest Cloud Conditio		Ceiling	_		Temperature:		(C) or _		(F)
	O Thin Broken O Thin Overcast	O None (Clear O Broken		Obscured Indefinite	Dew Point:	(C	) or		(F)
	O Unknown	O Overcast		Unknown	Dew Point:(C) or(F)				
O Scattered					Altimeter Setti				
Lowest Cloud Condition Ho		Ceiling Heigh	t			or	МВ	5	
	flagi			ft agl					
Wind Direction	Wind Speed	•	Wind Gusts		Visibility		miles		
☐ Variable	☐ Calm		☐ Not Gustin	g	n.m.				
	☐ Light and Varia	ible	_						
or- Direction:degrees true	Speed	bee.	-01-	1					
			Speed:	kts	Density Altitud			_ft	
Intensity of Precipitation	Type of Precipits				Restriction to			hat appi	v)
O Light O Moderate	☑ None □ Rain	Drizzle Ice Pellets	☐ Freezing		☑ None ☐ Blowing Du		og Fround Fo		
OHeavy	☐ Snow	Snow Peller	Is D Ice Pelle	ets Shower	☐ Blowing Sar			В	
⊙ N/A	□ Hail	☐ Snow Grain	s 🔲 Freezing	g Drizzle	☐ Blowing Sno	w 🗆 lo	c Fog		
OUnknown	Rain Showers	Crystals			☐ Blowing Spr		moke Inknown		
Icing Forecast		Tains Astural					IIKIIOWII		
Amount Type		Icing Actual Amount	Type		Turbulence Type (Check al.	that annhil	S-	verity	
O None O N/A		O None	ON/A		☑None	, man appryy		Light	
O Trace O Rime O Light O Clear		O Trace	O Rime		Clear Air			Moderat	E
O Moderate O Mixed		O Light O Moderate	O Clear O Mixeo	•	☐ Terrain-Indu		_	Severe Extreme	
O Severe O Unknow	n I	O Severe	O Unkn			al Digitaliye		EXHCINE	
OUnknown		O Unknown							
NOTAMs (D and FDC), A	IRMETs, SIGM	ETs, PIREP	in effect at t	he time of th	e accident/incid	ent:			
									1

Buch a stable freeze	THE RESIDENCE AND ADDRESS OF THE PERSON OF THE	Entern Systematical materials	ALY WHEN THE WINDOWS IN THE STATE OF THE STA	State Color Speciments and Parket	tel mark the same regularities are represented by
DN HEZEL	iiovarieriaeva			A PROPERTY OF THE PARTY OF	
Aircraft Dan O None	nage O Substantial	Aircraft Fire O None	O Post County and In Pillan	Aircraft Explosion	0000 101000
O Minor	Destroyed	O In-Flight	O Both Ground and In-Flight O Fire at Unknown Time	O None O In-Flight	O Both Ground and In-Flight O Explosion at Unknown Time
	O Unknown	On-Ground	O Unknown	O On-Ground	⊙ Unknown
Description of	f Damage to Aircraft a	nd Other Property	(Use additional sheet if necessary)		
			,,,		
Complete hu	11 1055				
	Variation (Variation)		THE STREET STREET	011 015 Maria 2015 St. 4744 May 11184 A	Per part up to the same and the same and the same
	HISTORY OFF				
Describe wh	at occurred in chronolo	gical order, including	g circumstances leading to and nat ts if needed. State departure time and	ure of accident/incide	nt. Describe terrain and include
destination. I	rovide as much detail as	possible.	is it needed. State departure time and	and location, service:	s obtained, and intended
		•			
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					}

FEED THE NEW ATTENDANCE	Sept of the	a manufactural s	We a moved	Arthur (				
Operator/Owner Safety Recomm	nendation						V-12	
Unknown at this time. NTSB opportunity to submit safety re								
opportunity to submit salety for	ecommend	itions once the NT	SD Investiga	uve mate	enais become	avallable in th	e baptic gock	et.
20								
MARIE WAY IN THE ALL INTERNET	Ne Plei (III	Alguetanes.	respicate s	2001	illomi a pin stato e	ing Silent		
Was there Mechanical Malfun (If yes, list the name of the part, man				re.)	· · · · · · · · · · · · · · · · · · ·		Total 1 On Pa	lime/Cycles
Unknown at this time. NTSB	investigatio	on is ongoing, and	SK Travel LL	.C is not	a party to the	investigation.		Hours
					-	_		Cycles
							Time S	ince This Part
								ted/Overhauled
								Hours
AEMEN ALBERTALISE DILIE	(cit)[[]		:A	3 × 31				
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type O 80/87	O 115/145		O Jet B	O Other, spec	aif√	
	Gallons	O 100 Low Lead O 100/130	O Jet A O Jet A-1		O JP8 O Automotive	<b>3</b> 3 3 3 3 4 5 5 5 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5	,	
Other Services, if Any, Prior to	Departure	<u> </u>			O		1 = 2.001 = 3.40	
			. III 22 0000 m					
	Phair							
Was an emergency evacuation	of the aircra	ft performed?	☐ Yes	□ No				
Method of Exit - Describe how	the occupant	s exited and how m	any occupants	evacuate	d each location	SECRET RESIDENCE	. 1-5 th 1: 3 th 10 th 40 th 10 th	
	TABLES OF		real and the second		AMERICA SPECIAL	<b>与同时的电影力协会</b>	2015 W. 005 64 (S)	CHANGE OF BUILDING
Aircraft Registration Number		rer:						ther Aircraft
An eran Kegistration Humber	Model:						☐ Destroyed	☐ Minor
Registered Owner of Other Air			10k =	Pilot of	Other Aircraft		☐ Substantial	☐ None
Name:				Name:				
City: ZIP:				City:		ZIP:		
				-tate,				

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Use this space if additi	onal space is	needed for any answers.		or an analysis of the state of Alley
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		- 20		
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HINDRIA MOLECULA	AT YATAT	EATEN THE STATION IN COME	TEAND ACCURATE (OTHER)	
Date of this Report	Name of I	llot/Operator:		
	Signature			
mm/dd/yyyy	- or -	Check here to electronically sign this o	locument	
If a Person Other the	n Pilot/On	erator is Filing Report		
Name: Carl Po		,	Title: Manag	ger, SK Travel
Signature:				
	heck here to	electronically sign this document		
New Property Control of the Control	novement.		markanicas describeration	PANTA PANTA
NTSB Accident/Inci	dent No	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
ERA14MA271	- 3111 1101	Aviation Safety	T. Sorensen	22 January 2015
	THE RESERVE AND ADDRESS OF THE PARTY.			