## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location Nearest City/Place: Seldovia  ZIP: 99663	
ZIP: 99683 Country USA Latitude: 59.4439056 Longitude: -151.7050417  (Enter in decimal degrees or degrees: intinutes: seconds)  Collision with Other Aircraft: O Midair OOn  AIRCRAFT INFORMATION  Registration Number: 711XC	
Latitude: 59.4439056 Longitude: -151.7050417 Time Zone: Z-8    Collision with Other Aircraft: O Midair Oon   Collision Number: 711XC   IFR-Equipped and Certified   Collision with Other Aircraft   Collision Number:   Collision	
Latitude: 59.4439056 Longitude: -151.7050417 Time Zone: Z-8  (Enter in decimal degrees or degrees:minutes:seconds)  Collision with Other Aircraft: O Midair Oon  AIRCRAFT INFORMATION  Registration Number: 711XC	
(Enter in decimal degrees or degrees:minutes:seconds)  Collision with Other Aircraft: O Midair Oon  AIRCRAFT INFORMATION  Registration Number: 711XC	
AIRCRAFT INFORMATION  Registration Number: 711XC   □ IFR-Equipped and Certified	
Registration Number: 711XC	ground <b>O</b> Non
☐ IF R-Equipped and Certified	
M : C-19-100	
Weight at The set 4 12 15	
	lbs
Amateur-Built: OYes If Yes: OKit/Plans Make:  Number of Seats: 2 Flight Crew Seats: 1  Cabin Crew Seats: 1	1
One Original Design Passenger Seats:	)
Category of Aircraft Type of Airworthiness Certificate Landing Gear France Color	
O Airplane (Check all that apply) Check all that apply)	
Standard Special Reciprocating O	iquid Rocket olid Rocket
OGlider Aerobatic Thimpted Tricycle DTailbuheel OTurbo Prop O	lybrid Rocket
OGyroplane Balloon Provisional Date O	one
O Pourse d Lie Special right	inknown
O Rocket	
OUtstalight	catine)
Continue of Authorization or Waiver (COA) Cother Launch/Recovery System OCarburetor	uel-Injected
□None □Unknown □None □Unknown	•
Engine Manufacturer's Date Rated Power Total T	me Since:
Engine Engine Manufacturer Model/Series Serial Number On Time Inspect	on Overhaul
Eng. 1 Lycoming 0-360-CIG L-42861-36E 180 108.5 4	(hours)
Eng. 3	+
Eng. 4	
Last Inspection Type  Propeller 1 OFixed Pitch Propeller 2 OFixed Pitch  Occupant	h
OCONTINUOUS Airworthiness OCONTINUOUS Airworthiness	le Pitch
OAAIP OConditional Inspection OGround Adjustable OG	ljustable
Date Last Inspection: 12/07/2017 Model: HC-C2YR-IN/NG8301-5 Model:	
mm/dd/yyyy ELT Installed: OYes ONo Additional Faving and Col )	
Airframe Total Time: 4.5 hrs If Yes:	nat apply)
hours measured at (Select one) ELT Manufacturer: KANNAD Airframe Parachute	
O Last Inspection O Time of Accident/Incident  Model or Part No.: 406AF  TSO No.: OC91 (121 5 MHz) OC912 (121 5 MHz)	
Type of Maintenance Program (Select one)	
9 Annual □ Electronic Flight Bag or Handheld	Device
O Conditional (Amateur-built only)  Was ELT still mounted in aircraft? OYes ONo  Manufacturer's Inspection Program  Was ELT still connected to antenna? OYes ONo  Electronic Primary Flight Display	
Other Approved Inspection Program (AAIP) Did ELT Activate? Oves ONO Handheld GPS	
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Other, specify: Did ELT Aid in Locating Aircraft: OVes ONe Onboard Weather	ŧ
Other, specify:  Did ELT Aid in Locating Aircraft: OYes ONo  Satellite Tracking Device  Stall Warning System  Did ELT Aid in Locating Aircraft: OYes ONo  Satellite Tracking Device  Stall Warning System	
Other, specify:  Did ELT Aid in Locating Aircraft: OYes ONo  Secription of Fire Extinguishing System  If not activated:  Secrify: Land Control of Control	
Other, specify:  Did ELT Aid in Locating Aircraft: OYes ONo  Osciption of Fire Extinguishing System  If not activated:  O None  Stall Warning System	

OWNER/OPERATOR INFORM	77777	Programma per unit
Registered Aircraft Owner		
Name: AK AC LLC		City: Anchorage
Fractional Ownership Aircraft: O Yes	) No	State: AK ZIP: 99518
	egistered Owner	Country: USA
Name: Doing Business As		Same Address as Registered Owner
Doing Business As:		
Air Carrier/Operator Designator (4 Charact	ter Code):	
Operating Certificates Held		Country:
(Check all that apply)	Regulation Flight Conducted §	Under Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
☑None ☐Flag Carrier Operating Certificate (FAR 121) ☐Supplemental ☐Air Cargo ☐Foreign Air Carriers (FAR 129) ☐Rotorcraft External Load (FAR 133) ☐Commuter Air Carrier (FAR 135)	OFAR 103 OFAR 133 OFAI OFAR 121 OFAR 135 OFAI OFAR 125 OFAR 137 OFAI OFAR 91 Special Flight ONon-US, Commercial	AR 415 AR 431 AR 435 AR 437  O Scheduled or Commuter O Non-Scheduled or Air Taxi O International O Passenger O Cargo O Mail Contract Only
□On-Demand Air Taxi (FAR 135) □Commercial Air Tour (FAR 136) □Agricultural Aircraft (FAR 137)	O Non-US, Non-commercial	Purpose of Flight for FAR 91, 103, 133, 137
Pilot School (FAR 141)  Certificate of Authorization or Waiver (COA)  Commercial Space Transportation	O Public Aircraft (Select one) O Armed Forces O Federal	(Selectione)  O Aerial Application O Firefielding O Uniters and Control of the Co
Experimental Permit  Commercial Space Transportation License  Other Operator of Large Aircraft	O State O Local O Unknown	O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Bresonal O Personal
Revenue Sightseeing Flight	Air Markers Title	O Executive/Cerporate O Positioning O Skydiving
OYes ONo	Air Medical Flight OYes ONo	OFerry
AIRPORTINGATE	<b>▼</b> " •	
ESTREET, SELECTION OF THE SELECTION OF T	faccident/incident occurred on a	sparoach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: <u>Seldovia</u> Airport Identifier: <u>PASO</u>		Distance From Airport Center: 0sm
	A	_ Direction From Airport: O degrees true
Proximity to Airport: O Off Airport/Airstrip	● On Airport/Airstrip ON/A	Airport Elevation: 29 ft. msl
Runway Information		Condition of Runway/Landing Surface (Check all that apply)
Runway ID: 34 (L/R/C) Length: 180  Runway/Landing Surface (Check all that ap  Asphalt Grass/Turf Macad  Concrete Gravel Metal/  Dirt Gravel Snow	oply) iam Water	
Approach/Departure Segment (Select one)		
OTaxi OVFR Departure OTakeoff OIFR Departure Proces	OOn Instrument Ap Oure/Clearance OLanding	Approach OBase OFinal OCrosswind OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)
None		None
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling	☐ Traffic Pattern ☐ Stop and Go☐ Straight-In ☐ Touch and Go☐ Touch and Go☐ Simulated Forced Landing☐ Go Around ☐ Forced Landing☐ Full Stop☐ ☐ Precautionary Landing☐ ☐ Full Stop☐ ☐ Precautionary Landing☐ ☐ Full Stop☐ ☐ Precautionary Landing☐ ☐ ☐ Precautionary Landing☐ ☐ ☐ Precautionary Landing☐ ☐ ☐ Precautionary Landing☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	□Unknown	Unknown

"Flight Crewmember 1" O Pilot O Co-Pilot "Flight Crewmember 1"	Responsibilities  O Student Pi	s at the Time	of Accident/ ht Instructor	Incident OCheck P	rilot <b>O</b> FIi	ght Engined	er O Oth	er Flight Crev		
"Flight Crewmember 1"		Entes L	JNO							
First Name: Chuck					Q1					
Middle Initial: M				<del></del>			Anchorag	<u>e</u>		
Last Name: Kim	<del></del>				State: A	K		ZIP: 995	01	
Age at time	of Accident/Inc	ident: 60	D. 4		Country:	<u>USA</u>				_
<b>5</b>	ar 1100/derio fite			f Birth:			mm/dd/yyyy			<del></del>
Degree of Injury	Seat Oce	unied	Certificate No							
None	O Left	• Front	Unkr		Restraint T	ype			Inflatable	Restrain
O Minor O Unknown	O Right	O Rear	0 0 1.11.4	IOWII	Availab		Used			
	O Center	O Single	e		O None O Lap e		O None O Lap o		☑ Not I	
Pilot Certificate(s) (Check  ☐ None ☐ Plich	_				<b>⊙</b> 3-poi	nt	<b>⊙</b> 3-poii		☐ Instal	ied Jeployed
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign					O 4-poi O 5-poi		O4-poir		☐ Depk	yed
☐ Student ☐ Sport		Flight Engine	sport Hrote	ign	O Unkr		O 5-poii O Unkne		☐ Unkn	own
Principal Occupation	Medical Certi	44								
O Pilot	O None				Medical Co				Date of L	ast Medic
⊙ Other	O Class 1	OClass 3 ODriver's Lic	ot only)	Without limitations/waivers     With limitations/waivers     N/A				12/12/0010		
O Unknown  Medical Certificate Limita	O Class 2	OUnknown		ocomy,	OSpecial Iss	uance	ers O	N/A	12/16/2016 mm/dd/yvyy	
									<u>.</u>	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	08/06/2017 mm/dd/yyyy	Make Mode	nt Review Air e: CubCrafte	rs						
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s)	08/06/2017 mm/dd/yyyy Other Airers	Make Mode	c: CubCrafte	rs nent Ratins	g(s)		or Rating(s	)		
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s)  Check all that apply)	08/06/2017 mm/dd/yyyy Other Airers (Check all that	Make Mode	c: CubCrafte Li: XCub Linstrum (Check a	nent Rating	g(s)	(Check all	or Rating(s)	_		
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s)  Check all that apply)  None  Single-Engine Land	08/06/2017 mm/dd/yyyy Other Airers (Check all that ☑ None ☐ Airship	Make Mode	CubCrafte Li: XCub Instrum (Check a	nent Rating	g(s)	(Check all None	that apply)		Instrument	Airplane
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Multiengine Land Multiengine Land	08/06/2017 mm/dd/yyyy Other Airers (Check all that I None Airship Balloon Glider	Make Mode	CubCrafte el: XCub Instrum (Check a None Airpl	nent Rating di that apply) anc	g(s)	(Check all  ☑ None ☐ Airplar ☐ Airplar	that apply) ne Single-Eng	Cine C	Instrument Helicopter	Helicopter
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land	08/06/2017  mm/dd/yyyy  Other Airers (Check all that  None Airship Balloon Glider Gyroplane	Make Mode	CubCrafte Li: XCub Instrum (Check a	nent Rating di that apply) anc	g(s)	(Check all None Airplar Gyropl	that apply) ne Single-Engine Multi-Engi	gine C	Instrument Helicopter Glider	Helicopter
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	08/06/2017 mm/dd/yyyy Other Airers (Check all that I None Airship Balloon Glider	Make Mode aft Rating(s)	CubCrafte el: XCub Instrum (Check a None Airpl	nent Rating	g(s)	(Check all  ☑ None ☐ Airplar ☐ Airplar	that apply) ne Single-Engine Multi-Engi	gine C	Instrument Helicopter	Helicopter
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Medical Certificate Special Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply) None Z Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	08/08/2017 mm/dd/yyyy Other Airers (Check all that I None Airship Bailoon Glider Gyroplane Helicopter Powered Lil	Make Mode aft Rating(s)	E: CubCrafte El: XCub  Instrum (Check a  None Airpl Helic Powe	nent Rating	g(s)	(Check all	that apply) ne Single-Engine Multi-Engine and Lift	gine C	☐ Instrument ☐ Helicopter ☐ Glider ☐ Sport	Helicopter
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) Check all that apply) None Single-Engine Land Single-Engine Land Multiengine Sea Multiengine Sea Type Ratings	08/06/2017 mm/dd/yyyy Other Airers (Check all that None Airship Balloon Glider Gyroplane Helicopter Powered Lil	Make Mode aft Rating(s) apply) ft	El: XCub  Instrum (Check a  None Airpl Powe	nent Rating di that apply) ane opter red Lift	10 Night	(Check all   None	that apply) ne Single-Engine Multi-Engine d Lift  Endorseme  rument  Simulated	gine C ine C	☐ Instrument ☐ Helicopter ☐ Glider ☐ Sport	Helicopter
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"Flight Crawmenhan 2"	MBER 2" IN	FORMAT		2011 10 00 000 501 111-110	0	The state of the s				
- weur ententielling. T.	Responsibilities a	at the Time.	of Accident/Incid	kesies ()	than (144)		yersawaingii			
	O Student Pilot	it <b>O</b> fflight	t Instructor OCI	ient heck Pilot	<b>O</b> FI	light Enginee	· 004	Dirition		
"Flight Crewmember 2"		2 Yes	□No		• • • • • • • • • • • • • • • • • • • •	ngar cagaice	Oom	er Flight Crev	v	
"Flight Crewmember 2"	dentification			<del></del>						
First Name: Cinimin					~. nm					
Middle Initial:						lesidence: <u>/</u>				
Last Name: Alsworth				5	State: A	K	·	ZIP:		
Age at time o	f Appident/Invita	4		•	Country:	USA				•
	. Accidentalitence		Date of Birth	:			nm/dd/yyyy			-
Degree of Injury	Seat Occup	C	ertificate Number:							
O None O Fatal	OLeft	<b>O</b> Front	OUnknown	Re	straint ]	Гуре			Inflatable	Restraint
O Minor O Unknown O Serious	ORight	⊙Rear		ļ	Availab	ole	Used			
	OCenter	OSingle	:	Ì	O Non		O None		□ Not In	stalled
Pilot Certificate(s) (Check					O Lap	only ont	O Lap or O 3-poin		☐ Install	ed
□ None □ Fligh □ Private □ Recre	t Instructor 🔃	Commercial	US Militar	ry	O 4-po	int	O 4-poir	n l	□ Not D □ Deplo	
Student Sport		Airline Transp Flight Engine	port 🔲 Foreign		O 5-po O Unk		O 5-poin	ot	Unkno	
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Principal Occupation	Medical Certific	cate		Me	dical Ce	rtificate V	alidity		Data of L	
O Pilot O Other		Class 3		10	Without li	mitations/wa	ivers O	Unknown	Date of La	ist i <b>vied</b> ica
O Unknown	O Class 2	) Univer's Lici ) Unknown	ense (Sport Pilot only	y)   <b>O</b> \	With limit	ations/waive		N/A		
Medical Certificate Limita				103	Special lss	suance			mm/dd/y	עצע
Medical Certificate Special	Issuance			<u></u>						
Date of Last Flight Review		Flight	t Review Aircraft							
Date of Last Flight Review or Equivalent, Including										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:		Make:	t Review Aircraft							
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy Other Aircraft	Make: Model  Rating(s)								
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) Check all that apply)	mm/dd/yy;y Other Aircraft (Check all that ap	Make: Model  Rating(s)		Rating(s)		Instructor	Rating(s)			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s)  Check all that apply)  None	mm/dd/yyyy  Other Aircraft (Check all that ap	Make: Model  Rating(s)	Instrument I (Check all that	Rating(s)		Instructor (Check all u	Rating(s)	Π	Instrument A	imlane
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s)  Check all that apply)  None Single-Engine Land Single-Engine Sea	mm/dd/yyyy  Other Aircraft (Check all that ap  None Airship Balloon	Make: Model  Rating(s)	Instrument I (Check all that	Rating(s)	)	Instructor (Check all to	Rating(s) hat apply) Single-Engi	ne 🚨	Instrument A	rirplane Lelicopter
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s)  Check all that apply)  None  Single-Engine Land  Single-Engine Sea  Multiengine Land	mm/dd/yyyy  Other Aircraft (Check all that ap None Aircraft Balloon Glider	Make: Model  Rating(s)	Instrument I (Check all that	Rating(s)		Instructor (Check all u None Airplane Gyroplan	Rating(s) hat apply) Single-Engin Multi-Engin	ne D	Instrument Fi Helicopter	lelicopter
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land	mm/dd/yyyy  Other Aircraft (Check all that ap None Airship Balloon Glider Gyroplane Helicopter	Make: Model  Rating(s)	Instrument I (Check all that  None Airplane Helicopter	Rating(s)		Instructor (Check all to	Rating(s) hat apply) Single-Engin Multi-Engin	ne 🖸	Instrument F	lelicopter
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NOTAMs (D and FDC), i	лікметs, SIGN	METs, PIREPs	in effect at t	he time of the	e accident/incide	nt:		

Aircraft Damage O None O Substantial O Minor O Destroyed O Unknown O Unknown O Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)  Right wing tip, possibly Rear Spar, outboard wing life strut, possibly wing ribs, aileron, aileron hinge and possibly RH elevator.  NARRATIVE HISTORY OF FLIGHT (Please type or print In/Ink) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and included destination. Provide as much detail as possible.  Aircraft Explosion O None O Both Ground and In-Flight O In-Flight O In-Flight O In-Flight O On-Ground O Unknown O Unknown O Unknown  NARRATIVE HISTORY OF FLIGHT (Please type or print In/Ink) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and included destination. Provide as much detail as possible.  Aircraft departed Merrill Field. Flight to Seldovia unremarkable. After landing on Rwy 34, at the end of landing roll, aircraft veered left. Student pilot first applied right rudder and then right brake but aircraft continued veering to the left. Because the aircraft was unresponsive rudder/brake, and to avoid running off of the runway, student pilot tried to continue left turn by adding momentary power with left rudder/brake input. CFI responded by pulling power back and possibly applied tight pudder into the left turn by adding momentary power with left rudder/brake input. CFI responded by pulling power back and possibly applied tight pudder and then right brake and to acknow a power with left turn by adding momentary power with left runder/brake input. CFI responded by pulling power back and possibly applied tight pudder and then right brake but aircraft tent and each time the acknown and the right brake and to ack
O None O Minor O Destroyed O Unknown O Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)  Right wing tip, possibly Rear Spar, outboard wing life strut, possibly wing ribs, aileron, aileron hinge and possibly RH elevator.  NARRATIVE HISTORY OF FLIGHT (Please type or print in:ink) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and includ destination. Provide as much detail as possible.  Aircraft departed Merrill Field. Flight to Seldovia unremarkable. After landing on Rwy 34, at the end of landing roll, aircraft was unresponsive off of the rare of the left. Because the aircraft was unresponsive.
O Minor O Destroyed O Unknown O In-Flight O On-Ground O Hore at Unknown Time O In-Flight O On-Ground O Unknown O Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) Right wing tip, possibly Rear Spar, outboard wing life strut, possibly wing ribs, aileron, aileron hinge and possibly RH elevator.  NARRATIVE HISTORY OF FLIGHT (Please type or print in ink) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and included destination. Provide as much detail as possible.  Aircraft departed Merrill Field. Flight to Seldovia unremarkable. After landing on Rwy 34, at the end of landing roll, aircraft veered left. Student pilot first applied right rudder and the property was unresponsive to right rudder/brake, and to avoid runging off of the reservoirs was unresponsive.
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Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and includ wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.  Aircraft departed Merrill Field. Flight to Seldovia unremarkable. After landing on Rwy 34, at the end of landing roll, aircraft veered left. Student pilot first applied right rudder and then right brake but aircraft continued veering to the left. Because the aircraft was unresponsive
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to right rudder/brake, and to avoid rupping off of the rupping off of the rupping to the left. Because the aircraft was unresponsive
rudder/brake input. CFI responded by pulling power back and possibly applied right rudder/brake. Aircraft's right wing made contact with terrain.
This aircraft has had a tendency to veer to left on the ground at the very final moment of landing roll, which was said to be caused by imperfect left brake. This condition was known to the Manufacturer. Repairs were authorized as part of this aircraft's most recent annual inspection, late 2017 by service center authorized by the manufacturer in Lake Hood, Anchorage, AK. To that end, the most recent Log Book Entry shows that the Service Center Mechanic 'fabricated and installed thicker brake spaces'.

RECOMMENDATION (A	ow could thi	s accidenting ident							
Operator/Owner Safety Recon	nmendation	- ON WING GER	nave neen pro	ivented?		e di un propinsi di unit			0.0
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(If yes. list the name of the part, ma	nufacturer, pa	re? LI Yes LI No ri no., serial no., and de	, escribe the failu	re.)			-··	Total Time/Cyc	cles
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brake not releasing properly the end of landing roll when	forward vec	ke mignt be releasi itor is rather weak.	ing earlier tha	มา left on	e causing the	A/C to veer le	eft at		Cycles
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The problem with left brake	Mas said fo	DE KHOWN DY CUDE	ranters before	this A/C	was purchas	ed in 2017.		Inspected/Over	hauled
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Other Services, if Any, Prior to	o Departure								<del></del>
EVACEDATION (SEATER						1920 346 5			
Was an emergency evacuation	of the sirer	aft performed?	□ Yes [	Z No					
Method of Exit - Describe how	the occupant	ts exited and how ma	iny occupants	evacuated	d each location				
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Aircraft Registration Number	Manufactu	arer:					Dama	ge to Other Airc	traft
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Registered Owner of Other Air			}	Pilot of C	ther Aircraft		_ <u></u>	Statistics Labor	OLE
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IEREBY CERTIFY THAT TI	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE BEST OF	MV KNOW! EDGE
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04/3/2018 Signature			
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SB Accident/Incident No.	Paviawed by NTSP P		San All San Areas
AA18CA196	Reviewed by NTSB Regional Office GAA	Name of Investigator	Date Report Received
	UAA	Eric Swenson	04/13/2018