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Acciden	t/Incident Loc	ation					Acci	dent/Incid	ent Date/1	ìme			
			nt				Date:			Loo	al Time: _	1:30	
ZIP:Country: USA								mm/dd	עצעי	Tir	ne Zone:	PDT	
Latitude:	Contraction of the second seco		Longitude:										
	(Enter in decima	l degrees or d	egrees:minutes:sec	onds)			Coll	ision with	Other Air	eraft: C) Midair	OOn-groun	d ONone
AIRC	RAFT INFO	RMATIO	N				12	11 20	House and	12 11			- P
Registr	ation Number:	N38ES						IFR-Equip Commercia					
Manufa	cturer: I.C.A.	Brasov					_	Unmanned		gut			
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O Airpl O Ballo O Blim O Glide O Gyro O Helic	on p/Dirigible r plane opter ered Lift et light	(Check all t Standar Norma Aerob Balloo Comm Transp Utility	Type of Airworthiness Certificate (Check all that apply) Standard Special Normal ØRestricted Balloon Provisional Commuter Special Flight Transport ØExperimental Utility Special Light-Spo Experimental Ligl			(Check all th Tricycle Amphibi Emergen Float Hull	Amphibian High Skid O Turbo Jer Emergency Float Skid O Electric Float Ski O Electric Hull Ski/Wheel Fuel System 7 Other Launch/Recovery System O Carburetor None Unknown			procating to Shaft to Prop to Jet to Fan tric stem Type	ng OLiquid Rocket OSolid Rocket OHybrid Rocket ONone OUnknown Ype (Reciprocating) OFuel-Injected		
Engine	Engine Manuf	acturer	Engine Model/Series			facturer's Number		Date of Mfg. mm/dd/yyyy	O Horse O lbs of	power or		Inspection (hours)	
Eng. 1	NONE									_			
Eng. 2							-			-			
Eng. 3					-						-		
Eng. 4 Last I O100-H O AAII O Annu	P OCor	ntinuous Airw nditional Inspe known		Propel Manufa Model:	cturer:	OFixed OContr OGrour N/A	ollable	ustable	Mar		N/A	Fixed Pitch Controllable Ground Adju	ustable
Date Last Inspection: <u>02/10/2018</u> mm/dd/yyyy Airframe Total Time: <u>741.75</u> hrs hours measured at (Select one) © Last Inspection O Time of Accident/Incident Type of Maintenance Program (Select one) © Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness			ELT II If Yes: ELT M Model (anufactu or Part N o.: OC91	rer: o.: (121.5 MHz)				Additional Equipment (Check all that apply) ADS-B AIrframe Parachute Angle of Attack Indicator Autopilot Data Recorder Electronic Flight Bag or Handheld Device				
			OC126 (406 MHz) Was ELT still mounted in air Was ELT still connected to an Did ELT Activate? OYes If activated: Did ELT Aid in Locating Aird			rcraft? OYes ONo intenna? OYes ONo ONo			Electronic Flight Bag or Handheld Device Electronic Multifunction Display Electronic Primary Flight Display Handheld GPS Heads Up Display Onboard Weather Satellite Tracking Device				
Descr O No	iption of Fire E	O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O None O Specify:				: Impact I Fire Dar Battery Unknow	mage Expire	e d/Damaged	DV	all Warnir ideo Reco ther, Spec	rding Devi	ce	

OWNER/OPERATOR INFORM	ATION		
Registered Aircraft Owner		City: Merced	
Name: Richard E/ Eason/Jan E Zanutto			95340
Fractional Ownership Aircraft: O Yes O	No	Country: USA	90040
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner	
Name: Jan E Zanutto		City: Fresno	
		State: <u>CA</u> ZIP:	93711
Air Carrier/Operator Designator (4 Character	er Code): <u>N/A</u>	Country: USA	
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	nder Revenue Operation for FAR 121, 125 (Select one for each group)	, 129, 135
 □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 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight ONon-US, Commercial	431 O Non-Scheduled or Air Taxi O	Domestic International
 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 Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft 	O Non-US, Non-commercial O Public Aircraft <i>(Select one)</i> O Armed Forces O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 13 (Select one) O Aerial Application OFirefighting O Aerial Observation OFlight Test O Air Drop OGlider Tow O Air Race/Show OInstructional O Banner Tow OOther Work O Business OPersonal O Executive/Corporate OPositioning	O Unknown
Revenue Sightseeing Flight O Yes O No	Air Medical Flight O Yes O No	O External Load O Skydiving O Ferry	
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	proach, landing, takeoff, departure, or within	3 miles of an airport)
Airport Name: Avenal Gliderport		Distance From Airport Center: Approx 7	sm
Airport Identifier: CA69		Direction From Airport: 180-240	degrees true
Proximity to Airport: O Off Airport/Airstri	p OOn Airport/Airstrip ON/A	Airport Elevation: 780	
Runway Information		Condition of Runway/Landing Surface (C	
Runway ID: 31 (L/R/C) Length: 30 Runway/Landing Surface (Check all that all the check all that all the check all t	apply) adam 🔲 Water ul/Wood	Image: Dry Snow-Compacted Holes Snow-Crusted Ice Covered Snow-Dry Rough Snow-Wet Rubber Deposits Soft Slush-Covered Vegetation	☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown
Approach/Departure Segment (Select one)		
OTaxi OTakeoff OInitial Climb	OOn Instrument Appendure/Clearance OLanding	OBase OGo Around	h ling (after touchdown)
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)	
ØNone ADF/NDB PAR SDF Sidestep VOR/TVOR ILS VOR/DME Localizer Only TACAN LOC-back course RNAV RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling	Straight-In Tou Valley/Terrain Following Sim Go Around Ford	o and Go ch and Go ulated Forced Landing ced Landing autionary Landing mown

"FLIGHT CREWMEM	BER 1" INF	ORMATIC	DN	and the second		24.5 B.	di Jan		The state	
"Flight Crewmember 1" Res Pilot O Co-Pilot			Accident/Inc	ident Check Pilot	OFIL	t Fasimon	Oother	1.40		
"Flight Crewmember 1" was				Check Phot	Orngr	nt Engineer	O Other F	light Crew		
			0						_	-
"Flight Crewmember 1" Ide										
and the second se				C	ity of Re	sidence: Fr	esno			
Middle Initial: E				St	tate: CA		2	IP: 93711		
Last Name: Zanutto			_	C	ountry:	USA	_			
Age at time of a	Accident/Incide	nt: <u>59</u>	Date of Bi	irth:		mi	n/dd/yyyy			
		Ce	rtificate Num	ber:	-					
Degree of Injury	Seat Occup	ied		Rest	raint Ty	pe		I	nflatable R	estraints
O None O Fatal O Minor O Unknown O Serious	O Left O Right O Center	O Front O Rear O Single	O Unknow	A	O None		Used O None O Lap only		☑ Not Installed	
Pilot Certificate(s) (Check all	that apply)				O Lap or O 3-poin		O Lap only O 3-point		□ Not Dep	
None Flight In Private Recreati Student Sport	onal	Commercial Airline Transpo Flight Engineer			• 4-poin • 5-poin • Unkno	nt nt	• 4-point • 5-point • Unknow	n	Deploye	
Principal Occupation N	ledical Certific	ate		Med	ical Cer	tificate Val	lidity	I)ate of Las	t Medical
O Pilot		Class 3			ithout lim	itations/waiv	vers OU	nknown		
⊙ Other		Driver's Licen Unknown	nse (Sport Pilot		ith limitat pecial Issu	tions/waivers	ON	A .	mm/dd/yy	WV
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Medical Certificate Special I Date of Last Flight Review or Equivalent, Including			Review Airc	raft						
FAR 121/135 Checks:	04/19/2017 mm/dd/yyyy	Make: Model:	Cessna 120							
Airplane Rating(s)	Other Aircraf	ft Rating(s)	Instrume	ent Rating(s)		Instructor	r Rating(s)	2		
(Check all that apply)	(Check all that a	upply)	(Check all	that apply)		(Check all t	that apply)			
 None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea 	 None Airship Balloon Glider Gyroplane Helicopter Powered Lift 		None Airplat Helico Powere	pter	Image: None Image:					
Type Ratings						Student E	Indorsemen	ts (Include a	lates)	
Unknown										
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Inst	rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time							1.1.1.6			
Pilot in Command (PIC)										-
Time as Instructor	Le -	SS 3. 11								
This Make/Model					-					
Last 90 Days										
Last 30 Days										

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"Flight Crewmember 2" Resp	onsibilities at the		ccident/Incident	Pilot OF	ight Engir	neer	O Other Fli	ght Crew			
"Flight Crewmember 2" was	pilot flying 🛛 Ye	es DNe	0	_						_	
"Flight Crewmember 2" Iden	tification										
First Name: N/A				City of F	lesidence	:					
Middle Initial:								:			
Last Name:											
Age at time of Ac	ccident/Incident:		ficate Number:			- <i>mm/aa</i>	<i>u yyyy</i>				
Degree of Injury	Seat Occupied			Restraint	Туре			In	flatable Re	straints	
O None O Fatal O Minor O Unknown O Serious	Ione O Fatal O Left O Front O Unknown Inor O Unknown O Right O Rear			ONO	Available Used O None O None O Lap only O Lap only				□ Not Installed □ Installed		
Pilot Certificate(s) (Check all t	hat apply)			O 3-p	oint	C	3-point		Not Deplo		
None Flight Ins Private Recreation Student Sport	atructor Comm nal Airlin	nercial le Transport t Engineer	US Military Foreign	0 4-r 0 5-r 0 Un		C	9 4-point 9 5-point 9 Unknown		Deployed		
Principal Occupation M	edical Certificate			Medical (ertificat	e Valid	lity	D	ate of Last	Medical	
rimeipai orenpania	None O Clas	ss 3		O Without			s O Uni				
O Other O	Class 1 O Driv	ver's Licens	e (Sport Pilot only)	O With lin		vaivers	0 N/4	· -	mm/dd/yyy	v	
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neurear continuur option	suance										
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:		Make: Model:		ating(s)	Instr (Chec	uctor F k all tha	tating(s)			_	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyyy Other Aircraft Ra (Check all that apply) None	Make: Model:	Instrument R (Check all that a	ating(s)	Instr (Chec	uctor F	Rating(s) (apply)		Instrument Ai		
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyyy Other Aircraft Ra (Check all that apply) Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model:	Instrument R (Check all that of a line) Airplane Helicopter Powered Lift	ating(s) ipply)	Instr (Chec Na Ai Gy Pe Stud	uctor F k all tha one rplane S rplane M yroplane wered L	Rating(s) t apply) ingle-Engine fulti-Engine ift		Instrument He Helicopter Glider Sport		
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) \Box None \Single-Engine Land \Single-Engine Land Multiengine Land Multiengine Sea Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	mm/dd/yyyyy Other Aircraft Ra (Check all that apply) Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model: hting(s)	Instrument R (Check all that of a line) Airplane Helicopter Powered Lift	ating(s) ipply) t	Instr (Chec Na Ai Gy Po Stud	uctor F k all tha one rplane S rplane N yroplane wwered L ent Enc	tating(s) (tapply) ingle-Engine fulti-Engine ift dorsement	s (Include de	Instrument He Helicopter Glider Sport ates)	Lighter	

							g information)			
Crew Name and Ad	dress						Seat Occupie	d	Injury	
First Name: N/A City of Residence:							O Left O Center	OFront	ONone	
Middle Initial:	itial: State: ZIP:						O Right	O Rear O Single	O Minor O Serious	
Last Name: Country:						-		OUnknown	O Fatal O Unknown	
Pilot Certificate(s)	(Check all that apply)						Restraint Ty	The second se	Inflatable	
□ None □ Flight Instructor □ Commercial				□US	Military		Available O None	Used O None	Restraints	
Private Recreational Airline Transport					eign		O Lap Only	O Lap Only	Not Installed	
Student Sport Flight Engine						_	O 3-point O 4-point	O 3-point O 4-point	□ Installed □ Not Deployed	
Type Rating/Endors		-	1 and 1	light Time at			O 5-point O Unknown	O 5-point O Unknown	 Deployed Unknown 	
Accident/Incident A	ircraft?	D No	of this A	Accident/Inci	dent:	hrs				
Crew Name and Add	dress						Seat Occupie		Injury	
First Name:		City	of Resider	nce:			OLeft	O Front O Rear	O None O Minor	
Middle Initial:		Stat	te:	2	CIP:		OCenter ORight	OSingle	O Minor O Serious O Fatal O Unknown	
Last Name:		Cou	untry:			-		OUnknown		
Pilot Certificate(s)	Check all that apply)	1					Restraint Typ Available	TTana	Inflatable	
None	Flight Instructor		mmercial		Military		O None	ONone	Restraints	
Private Student	Recreational Sport	and the second sec	line Transp ght Enginee		eign		O Lap Only O 3-point	O Lap Only O 3-point	Not Installed Installed	
- A Contractor			1		(I TP)		O 4-point O 4-point		Not Deployed Deployed	
Type Rating/Endors Accident/Incident A		No		light Time at ccident/Inci		hrs	O 5-point O Unknown	O 5-point O Unknown	Unknown	
PASSENGER(S)	/ OTHER PERS	ONNEL	(Include c	abin crew; co	ontinue on se	eparate shee	t if necessary)			
Name and Address				Seat	Injury	Restraint T	ype	Inflatable Restraints	Age	
P	C 1					Available	Used			
First Name: N/A Middle Initial:				OLeft OCenter	ONone OMinor	O None O Lap Only	O None O Lap Only	□ Not Installed □ Installed	Under 5 years	
Last Name:					Uninot		O 3-point	□ Not Deployed	L chuck o yours	
Last Name.				ORight	OSerious	O3-point	-	□ Not Deployed	If Under 5,	
	county:			OUnknown	OFatal	O3-point O4-point O5-point	O 3-point O 4-point O 5-point	 Instance Not Deployed Deployed Unknown 	If Under 5, O Child Restraint	
OCrew	OPassenger	00				O4-point O5-point OUnknown	O 4-point O 5-point O Unknown	Deployed	If Under 5,	
OCrew First Name:	OPassenger	00	other	OUnknown Row:	O Fatal O Unknown	O4-point O5-point OUnknown Available ONone	O 4-point O 5-point O Unknown Used O None	Not Deployed Deployed Unknown	If Under 5, O Child Restraint O Lap-Held O Unknown	
	OPassenger	00	ther	OUnknown Row: OLeft OCenter	O Fatal O Unknown	O 4-point O 5-point O Unknown Available O None O Lap Only	O 4-point O 5-point O Unknown Used O None O Lap Only	Not Deployed Deployed Unknown Not Installed Installed	If Under 5, O Child Restraint O Lap-Held O Unknown	
First Name:	OPassenger City : State:	00 ZIP:	ther	OUnknown Row: OLeft OCenter ORight	O Fatal O Unknown	O4-point O5-point OUnknown Available ONone O Lap Only O3-point O4-point	O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point	Not Deployed Deployed Unknown Not Installed Installed Not Deployed Deployed	If Under 5, O Child Restraint O Lap-Held O Unknown	
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First Name: Middle Initial: Last Name: OCrew	OPassenger City : State: Country: OPassenger	00 ZIP:	ther	OUnknown Row: OLeft OCenter ORight OUnknown Row:	O Fatal O Unknown O Minor O Serious O Fatal O Unknown	O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	O 4-point O 5-point O Unknown Used O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Not Deployed Deployed Unknown Not Installed Installed Deployed Deployed Unknown	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	
First Name: Middle Initial: Last Name: OCrew First Name:	OPassenger City : State: Country: OPassenger City :	00 ZIP:	ther ther	OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	O Fatal O Unknown O Minor O Serious O Fatal O Unknown	O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	O 4-point O 5-point O Unknown Used O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Not Deployed Deployed Unknown Not Installed Installed Deployed Deployed Unknown Not Installed	If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held	
First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	OPassenger City : Country: OPassenger City : City : State:	00 ZIP: 00 ZIP:	ther ther ther	OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	O Fatal O Unknown O Minor O Serious O Fatal O Unknown O None O Minor O Serious	O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available 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 O Unknown Used O None O Lap Only O 3-point	Not Deployed Deployed Unknown Not Installed Deployed Deployed Unknown Not Installed Not Installed Not Installed Not Installed Not Installed Not Installed Not Deployed	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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City: Avenal	Time	e: <u>1227</u>	City: Avenal			O Company	O IFR		
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Country: USA	- 1 C		Country: L				OYes C	No OUnknown	
Type of ATC Clearance/Serv	ice (Check all that	apply)	coundy.						
☑ None	Special VFR IFR	Spc	ecial IFR R On Top		□ VFR Flight Foll □ Traffic Advisory		Cruise	wn / NA	
Airspace where the accident/	incident occurred						Altitude	of In-Flight	
Class B II Class C V Class D IF	Class G Demo Area Warning Area Prohibited Area Restricted Area	🗖 Air		s Area (MOA) .rea	☐ Special ☐ Air Traffic Contr ☐ Unknown	rol Area	Occurre		
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Source of Pilot Weather Info	rmation			Weather O	bservation Facility				
(Check all that apply)				Facility ID:		_			
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OLight	None	Drizzle	□ Freezin □ Snow S		☑ None ☑ Blowing Due		Fog Ground Fog		
O Moderate O Heavy	□ Rain □ Snow	□ Ice Pellets □ Snow Pellet		lets Shower	Blowing Sa		Haze		
ON/A	Hail	Snow Grain	s Freezin	ng Drizzle	Blowing Sn		ce Fog		
OUnknown	Rain Showers	Ice Crystals			□ Blowing Sp □ Dust		Smoke Unknown		
Joing Foregast		Laine Actual	-		Turbulence				
Icing Forecast Amount Type		Icing Actual Amount	Туре		Type (Check a	Il that apply)	Seve	rity	
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O Trace O Rime		O Trace	O Rime		Clear Air			oderate	
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O Moderate O Mixed O Severe O Unknown	n	O Severe	O Unk		LConvective	rubulence		lueme	
OUnknown		O Unknown							
NOTAMs (D and FDC), A	IRMETs, SIGN	AETS, PIREP	s in effect at	the time of	the accident/incid	dent:			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

O Substantial

Destroyed

O Unknown

Aircraft Damage

O None O Minor Aircraft Fire None In-Flight On-Ground

O Both Ground and In-Flight O Fire at Unknown Time O Unknown

Aircraft Explosion

None
 In-Flight
 On-Ground

O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

Aircraft Destroyed.

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 include 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.

Mr. Zanutto departed runway 31 at 1227 hours PDT, under tow. He intended to fly approximately one hour. He was observed visually by myself at approximately 1300 hours 'thermaling', and everything appeared normal. He made a position report at approximately 1330 hours, heard by glider pilot Wyll Soll, and again all appeared normal. It was an exceptional soaring day, so I did not begin to become alarmed until approximately 1530 hours. When all other gliders except Mr. Zanutto had returned, at approximately 1830 hours I asked the tow plane to conduct an aerial search. That aircraft was piloted by Jim Rickey and Neiman Walker. I then called 911 and alerted authorities. At approximately 1940 hours, the tow plane radioed in that they had found wreckage, with no sign of Mr. Zanutto. Search & rescue operations began shortly after with ground vehicles.

RECOMMENDATION (How	v could this	accident/incident h	ave been prevented	2)		
Operator/Owner Safety Recomm						
No. of the Association of the						
MECHANICAL MALFUN	ICTION/	FAILURE (If mo	re space is needed,	continue on sepa	rate sheet)	
Was there Mechanical Malfund						Total Time/Cycles
(If yes, list the name of the part, man	ıfacturer, par	t no., serial no., and de	scribe the failure.)			On Part
Unknown						Hours
						Cycles
						Time Since This Part
						Inspected/Overhauled
						Hours
FUEL & SERVICES INF	ORMATI	ON		and a state of the	M. M. Certhaller	
Fuel on Board at Last Takeoff		Fuel Type			0.01	
(Convert from pounds, as necessary)		O 80/87 O 100 Low Lead	O 115/145 O Jet A	O Jet B O JP8	O Other, specify	
<u>N/A</u>	Gallons	O 100/130	O Jet A-1	O Automotive		
Other Services, if Any, Prior to	Departure	2				
and the second	<u></u>					
EVACUATION OF AIRC	RAFT		Section of the section of the	1. 我带众法言		
EVACUATION OF AIRC Was an emergency evacuation	-	aft performed?	□ Yes □ No			
	of the aircr			ated each location		
Was an emergency evacuation	of the aircr			ated each location		
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Was an emergency evacuation Method of Exit – Describe how Unknown OTHER AIRCRAFT – C	of the aircr the occupan	nts exited and how m	any occupants evacu	complete this sec	tion for <i>other</i> aircra	mage to Other Aircraft
Was an emergency evacuation Method of Exit – Describe how Unknown OTHER AIRCRAFT – C Aircraft Registration Number	of the aircr the occupan OLLISIO Manufact	nts exited and how m	any occupants evacu	complete this sec	tion for <i>other</i> aircra	
Was an emergency evacuation Method of Exit – Describe how Unknown OTHER AIRCRAFT – Co Aircraft Registration Number N/A	of the aircr the occupan OLLISIO Manufact Model:	nts exited and how m	any occupants evacu	complete this sec	tion for <i>other</i> aircra Da	mage to Other Aircraft Destroyed I Minor
Was an emergency evacuation Method of Exit – Describe how Unknown OTHER AIRCRAFT – C Aircraft Registration Number N/A Registered Owner of Other Air	of the aircr the occupan OLLISIO Manufact Model: rcraft	nts exited and how m	collision occurred, Pilot	complete this sec of Other Aircraft	tion for <i>other</i> aircra Da	mage to Other Aircraft Destroyed I Minor Substantial None
Method of Exit – Describe how Unknown	of the aircr the occupan OLLISIO Manufact Model: rcraft	nts exited and how m	collision occurred, Pilot Name City:	complete this sec of Other Aircraft	tion for other aircra Da Da Da	mage to Other Aircraft Destroyed

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY	THAT TH	E ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE BES	T OF MY KNOWLEDGE					
Date of this Report 05/27/2018 mm/dd/yyyy	018 Signature:								
Name: <u>Richard</u> Signature:	E. Eason	electronically sign this document	Title: <u>co-owne</u>	r					
and the second	1000	FOR NTSB	USE ONLY						
NTSB Accident/Incid WPR18FA143	lent No.	Reviewed by NTSB Regional Office WPR	Name of Investigator Michael Huhn	Date Report Received 5/30/18					