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

BASIC INFORMA		P	j									
Accident/Incident Location						Accident/Incident Date/Time						
Nearest City/Place: Lake	Dora			State: F	Ľ	Date: October 26 2019 Local Time: 11:15AM						
ZIP:(Dav	mm/da			_		
Latitude:									Ti	me Zone: _[EST	
(Enter in decima	l degrees or d	legrees minutes sec	conds)			Co	llision with	Other Air	craft: C) Midair	OOn-groun	d ONone
AIRCRAFT INFO	RMATIO	N										
						1	IFR-Equin	ned and Ce	rtified			
Registration Number: N170V Manufacturer: AERO ADVENTURE						 IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft 						
Model: S17						м	aximum Gr	oss Weigh	t: 1500		lbs	
Serial Number: EXPE	RIMENTAL						eight at Tin	-				lbs
Year of Manufacture:							umber of Se					
Amateur-Built: OYes	If Yes	OKit/Plans Mal	ke:				bin Crew Seat					
ONo	-	Original Design					umber of En					
Category of Aircraft	Type of A	irworthiness Ce	ertificate		Landing Ge				Engin	e Type (Se	lect one)	
 Airplane 	(Check all t	hat apply)			(Check all tha				⊙ Reci	iprocating OLiquid Rocket		
OBalloon OBlimp/Dirigible	Standar Norma	1	ted		_	0.7.1			bo Shaft O Solid Rocket O Hybrid Rocket			
OGlider	Aerob				Tricycle			ailwheel		-	ONone	
OGyroplane	Balloo				✓ Amphibian				OUnkn	lown		
O Helicopter O Powered Lift	Helicopter Commuter Special Flight Powered Lift Transport Experimental					Emergency Float Skid OElectric						
ORocket	Utility					ki/Wheel Fuel System Type (Reciprocating)			na)			
OUltralight	-	Experie	mental Light-Sport							rburetor Fuel-Injected		
OUnknown		of Authorization		Vaiver (COA)					injecteu			
	None		Unknown		None	_	Date	nknown Rated Pow		Total	T	Since:
		Engine		Manuf	acturer's		of Mfg.	O Horsen		Time	Inspection	
Engine Engine Manufa		Model/Series	Serial Number			_	mm/dd/yyyy			(hours)	(hours)	(hours)
Eng 1 AERO MOMEN	IUM					_		117		75		
Eng 2						-						
Eng 3 Eng 4						-						
Last Inspection Type			Propelle	er 1	●Fixed Pi		D: 1	Prope	eller 2	-	Fixed Pitch	
	tinuous Airwo	rthiness	Controllable Pitch				•					
	ditional Inspec	ction	Manufacturer: Manufacturer:									
O Annual O Unk			Model: Model:									
Date Last Inspection:	JULY 2 mm/dd/yy		ELT Installed: OYes ONo Additional Equipment (Check all					Check all that	t apply)			
Airframe Total Time:	75	hrs	If Yes					ADS-B Airframe Parachute				
hours measured at (S	elect one)				er:					chute ck Indicato	r	
OLast Inspection	OTime of A	ccident/Incident			.:(121.5 MHz) C			Aut	-			
Type of Maintenance	Program (Se	elect one)	TSO No.: OC91 (121.5 MHz) OC91a (121.5 MHz) OC126 (406 MHz)					 Data Recorder Electronic Flight Bag or Handheld Device 				vice
Annual			Was ELT	still mo	unted in aircra	ft?		111	Electronic Flight Bag or Handheld Device			
O Conditional (Amateur- O Manufacturer's Inspect					nected to anter			Elec		mary Fligh	t Display	
O Other Approved Inspect		(AAIP)	Did ELT	Activate	? OYes Of	No			dheld GP ds Up Dis			
O Continuous Airworthin	ess		If activa			~ /		Ont	oard Wea			
O Other, specify:					ocating Aircra	it: (Jres O No	Jau		king Device	•	
Description of Fire Ex None 	tinguishing	System	If not ac Indicate I		✓ Impact Dar	-	_		1 Warning eo Record	system		
O Specify:			Indicate		Fire Damag		5		er, Specify	-		
					Battery Exp		l/Damaged					
					Unknown							

OWNER/OPERATOR INFORMATION								
Registered Aircraft Owner		City:						
Name: SPORT FLYING USA INC		State: FL ZIP: 32162						
Fractional Ownership Aircraft: O Yes O) No	Country: USA						
Operator of Aircraft Same As Re	egistered Owner	Z Same Address as Registered Owner						
Name: LOUIS MANCUSO		City:						
Doing Business As:								
Air Carrier/Operator Designator (4 Character	er Code):	Country:						
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	InderRevenue Operation for FAR 121, 125, 129, 135 (Select one for each group)						
 None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo 	OFAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4	R 431 O Non-Scheduled or Air Taxi O International R 435 R 437						
 Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135) 	OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	O Passenger O Cargo O Mail Contract Only						
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141)	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)						
Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft		O Aerial Application OFirefighting O Unknown O Aerial Observation OFlight Test OGlider Tow O Air Drop OGlider Tow OInstructional O Banner Tow OOther Work Use OBusiness O Executive/Corporate OPositioning						
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving						
OYes ⊙No	O Yes O No							
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	pproach, landing, takeoff, departure, or within 3 miles of an airport)						
		_ Distance From Airport Center: sm						
Airport Identifier:		_ Direction From Airport: degrees true						
Proximity to Airport: O Off Airport/Airstri		Airport Elevation: ft. msl						
Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that of Check all t	adam 🔲 Water al/Wood	Condition of Runway/Landing Surface (Check all that apply) Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft Slush-Covered Vegetation Unknown						
Approach/Departure Segment (Select one	.)							
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	Cedure/Clearance OL and ing	Approach ODownwind OLow Approach OBase OGo Around OFinal OCrosswind OUnknown						
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)						
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 Valley/Terrain Following Simulated Forced Landing Go Around Forced Landing Full Stop Precautionary Landing Unknown Unknown						

"FLIGHT CREWMEMI	BER 1" INF	ORMATI	ON								
 "Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ● Pilot ○ Co-Pilot ○ Student Pilot ○ Flight Instructor ○ Check Pilot ○ Flight Engineer ○ Other Flight Crew 											
"Flight Crewmember 1" was	pilot flying	Yes 1	No								
"Flight Crewmember 1" Ide	ntification										
First Name: LOUIS					Ci	ty of Re	sidence: Th	HE VILLAGE	ES		
Middle Initial: M					Sta	ate: FL		2	ZIP: 32162		
Last Name: MANCUSO						ountry:					
Age at time of .	Accident/Incide	nt: 71	Date of	Birth:		Juliu y.	m	m/dd/vvvv			
rige at time of			ertificate Nu								
Degree of Injury	Seat Occup		entificate inu		Dest	naint Tr				Inflatable F	
Degree of Injury Seat Occupied None Fatal Left Front Unknown 								liniatable F	cestraints		
O Minor O Unknown O Serious O Center						Available Used O None O None O Lap only O Lap only			y	☑ Not Installed ☐ Installed	
Pilot Certificate(s) (Check all	that apply)					O3-poin	t	O ³ -point		Not Dep	ployed
□ None	structor	Commercial	US N			● 4-poin O 5-poin		O 4-point O 5-point		□ Deploye □ Unknov	
Private Recreati Student Sport		Airline Transp Flight Enginee		gn		OUnkno		OUnknow	m		
		i iigiit Eligiitee									
Principal Occupation N	Iedical Certific	ate			Medi	ical Cer	tificate Va	lidity]	Date of Las	t Medical
•		Class 3			Without limitations/waivers O Unknown				NOV 201	0	
Ŭ,		Driver's Lice Unknown	ense (Sport Pilo	ot only)		ith limitat ecial Issu	tions/waivers ance	S ON	/A	mm/dd/yy	
Medical Certificate Limitatio					- 1						
BASIC MED											
Medical Certificate Special I	ssuance										
Date of Last Flight Review		Fligh	t Review Aiı	rcraft							
or Equivalent, Including FAR 121/135 Checks:	NOV 3 2018	Make	BRISTELL								
TAR 121/155 Cilces.	mm/dd/yyyy	Mode	I: NG5								
Airplane Rating(s)	Other Aircraf	ft Rating(s)	Instru	nent Rati	ating(s) Instructor Rating(s)						
(Check all that apply)	(Check all that a			all that app							
None	None		None							Instrument	
 Single-Engine Land Single-Engine Sea 	Airship Balloon		✓ Airp Helio							 Instrument Helicopter Helicopter 	
Multiengine Land	Glider		D Powe		ft 🛛 Gyroplane 🗖 Glider				Glider		
Multiengine Sea	Gyroplane Helicopter						Poweree	d Lift		Sport	
	Powered Lift										
Type Ratings							Student E	Indorsemen	nts (Include d	dates)	
	· · · ·		Airplane				-			I	
Flight Time (Enter appropriate		This Make	Single	Airpla				rument	-		Lighter
number of hours in each box)	Aircraft	& Model	Engine	Multien	-	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time Bilot in Command (BIC)	7080 7000	30		+	1000	300	50				
Pilot in Command (PIC) Time as Instructor	2000			+							
This Make/Model	2000										
Last 90 Days	20										
Last 30 Days	3			1							
Last 24 Hours	1										

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer Other Flight Crew "Flight Crewmember 2" was pilot flying □ Yes □ No "Flight Crewmember 2" Identification									
	OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew								
"Elicht Crowmenhou 2" Identification									
right Crewinember 2 "Identification									
First Name: City of Residence:									
Middle Initial: ZIP:									
Last Name:									
Certificate Number:	Latable Destaute								
None Cratal Cleft OFront Clinknown	latable Restraints								
O Minor O Unknown O Right O Rear O None O None □	Not Installed Installed								
Pilot Certificate(s) (Check all that apply) O 3-point O 3-point	Not Deployed								
I None Plight Instructor Commercial OS Military	Deployed Unknown								
Private Recreational Airline Transport Profeign	Chkilowii								
Student Sport Flight Engineer									
Principal Occupation Medical Certificate Medical Certificate Validity Date	te of Last Medical								
O Pilot O None O Class 3 O Without limitations/waivers O Unknown									
O Other O Class 1 O Driver's License (Sport Pilot only) O With limitations/waivers O N/A • Unknown • Class 2 • Unknown • O Special Issuance • //	mm/dd/yyyy								
Medical Certificate Limitations									
Medical Certificate Limitations									
Medical Certificate Special Issuance									
•									
Date of Last Flight Review Flight Review Aircraft									
or Equivalent, Including									
FAR 121/135 Checks: Make:									
mm/dd/yyyy Model:									
mm/dd/yyyy Model: Airplane Rating(s) Other Aircraft Rating(s) Instrument Rating(s) Instructor Rating(s)									
mm/dd/yyyy Model: Airplane Rating(s) Other Aircraft Rating(s) Instrument Rating(s) Instructor Rating(s) (Check all that apply) (Check all that apply) (Check all that apply) (Check all that apply)	trument Aimlane								
mm/dd/yyyy Model: Airplane Rating(s) Other Aircraft Rating(s) Instrument Rating(s) Instructor Rating(s) (Check all that apply) (Check all that apply) (Check all that apply) (Check all that apply) None None None Instructor Rating(s) Single-Engine Land Airship Airplane Airplane	trument Airplane								
mm/dd/yyyy Model: Airplane Rating(s) Other Aircraft Rating(s) Instrument Rating(s) Instructor Rating(s) (Check all that apply) (Check all that apply) (Check all that apply) (Check all that apply) None None None None Instructor Rating(s) Single-Engine Land Airship Airplane Airplane Single-Engine Sea Balloon Helicopter Airplane Multi-Engine	trument Helicopter licopter								
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mm/dd/yyyy Model: Airplane Rating(s) (Check all that apply) Other Aircraft Rating(s) (Check all that apply) Instrument Rating(s) (Check all that apply) Instructor Rating(s) (Check all that apply) None None None Instructor Rating(s) (Check all that apply) Instructor Rating(s) Single-Engine Land Airship Airplane Instructor Rating(s) Multiengine Land Glider Powered Lift Airplane Multi-Engine Multiengine Sea Gyroplane Gyroplane Helicopter Helicopter	trument Helicopter licopter ider ort								
mm/dd/yyyy Model: Airplane Rating(s) Other Aircraft Rating(s) Instrument Rating(s) Instructor Rating(s) (Check all that apply) None None None None Instructor Rating(s) Single-Engine Land Airship Airplane Airplane Instructor Rating(s) Multiengine Land Glider Helicopter Airplane Multi-Engine Instru Multiengine Sea Gyroplane Overed Lift Powered Lift Sport	trument Helicopter licopter ider ort								
mm/dd/yyyy Model: Airplane Rating(s) Other Aircraft Rating(s) Instrument Rating(s) Instructor Rating(s) (Check all that apply) None None None None Instructor Rating(s) Single-Engine Land Airship Airplane Airplane Instructor Rating(s) Multiengine Land Glider Helicopter Airplane Multi-Engine Instru Multiengine Sea Gyroplane Overed Lift Powered Lift Sport	trument Helicopter licopter ider ort								
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mm/dd/ypyy Model: Airplane Rating(s) (Check all that apply) Other Aircraft Rating(s) (Check all that apply) Instrument Rating(s) (Check all that apply) None None None Instructor Rating(s) (Check all that apply) Single-Engine Land Airplane Airplane Multiengine Land Glider Helicopter Multiengine Sea Balloon Glider Multiengine Sea Glider Powered Lift Powered Lift Powered Lift Student Endorsements (Include dates) Flight Time (Enter appropriate All This Make Airplane Single Airplane	trument Helicopter licopter ider ort 5)								
Imm/dd/yyyy Model: Airplane Rating(s) Other Aircraft Rating(s) Instrument Rating(s) Instructor Rating(s) (Check all that apply) None None None Instructor Rating(s) (Check all that apply) Single-Engine Land Airship None Instructor Rating(s) (Check all that apply) Multiengine Land Gilder Airplane Airplane Multi-Engine Instructor Rating(s) Multiengine Sea Balloon Powered Lift Powered Lift Airplane Multi-Engine Instructor Rating(s) Type Ratings Student Endorsements (Include dates) Flight Time (Enter appropriate number of hours in each box) Ail This Make & Single Engine Airplane Multiengine Night Actual Simulated Rotorcraft O	trument Helicopter licopter ider ort s)								
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Model: Airplane Rating(s) (Check all that apply) Other Aircraft Rating(s) (Check all that apply) Instrument Rating(s) (Check all that apply) Instructor Rating(s) (Check all that apply) None None Instrument Rating(s) (Check all that apply) (Check all that apply) Instructor Rating(s) (Check all that apply) None None Instructor Rating(s) (Check all that apply) Multiengine Land Balloon None Instructor Rating(s) Multiengine Sea Balloon Helicopter Opwered Lift Airplane Multi-Engine Instructor Rating(s) Type Ratings Gitder Powered Lift Student Endorsements (Include dates) Flight Time (Enter appropriate number of hours in each box) All This Make & Model Airplane Engine Airplane Multiengine Night Actual Simulated Rotorcraft O Pilot in Command (PIC) Incommand (PIC) Incommand (PIC) Incommand Incommand	trument Helicopter licopter ider ort 5)								

ADDITIONAL FLIC	ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Add	ress						Seat Occupie	Injury		
First Name:		City	of Reside	nce:			OLeft	OFront	O None	
Middle Initial:					ZIP:		O Center O Right	O Rear O Single	O Minor O Serious	
Last Name:							O Right	O Single O Unknown	O Serious O Fatal	
						_			O Unknown	
Pilot Certificate(s) (C	Check all that apply)						Restraint Ty		Inflatable	
None	Flight Instructor		nmercial	□US	Military		Available O None	Used O None	Restraints	
Private	Recreational	Airl	line Transp	oort 🗖 For			O Lap Only	O Lap Only	Not Installed	
Student	Sport	🗖 Flig	ght Engined	er			O3-point	O 3-point	☐ Installed ☐ Not Deployed	
Type Rating/Endorse	ment for		Total F	light Time a	t the Time		O4-point O5-point	O 4-point O 5-point	Deployed	
Accident/Incident Air		□ No		-	ident:	hrs	OUnknown	O Unknown	Unknown	
Crew Name and Add		Seat Occupie	Injury							
First Name:		City	of Resider	nce:			OLeft	OFront	O None	
Middle Initial:		State	e:		ZIP:		OCenter ORight	O Rear O Single	O Minor O Serious	
Last Name: Country:							● rugin	OUnknown	O Fatal	
									O Unknown	
Pilot Certificate(s) (C	Check all that apply)						Restraint Ty Available	pe: Used	Inflatable	
None	Flight Instructor		mmercial		Military		O None	ONone	Restraints	
 Private Student 	Recreational Sport		line Transp ght Enginee		reign		O Lap Only	O Lap Only	☐ Not Installed ☐ Installed	
	_						O ³ -point O ⁴ -point	O 3-point O 4-point	Not Deployed	
Type Rating/Endorse				light Time a			O 5-point O Unknown	O 5-point O Unknown	 Deployed Unknown 	
		Accident/Incident Aircraft?								
PASSENGER(S) /	OTHER PERS	ONNEL (Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)	Taffatable	1	
PASSENGER(S) / Name and Address		ONNEL (Include c	abin crew; c Seat	ontinue on s Injury	Restraint I	уре	Inflatable Restraints	Age	
Name and Address				Seat	Injury	Restraint T Available	Sype Used	Restraints		
Name and Address First Name: <u>ROBERT</u>	City :			Seat OLeft	Injury ONone	Restraint I	Type Used ONone	Restraints		
Name and Address First Name: <u>ROBERT</u> Middle Initial:	City : State:	ZIP:		Seat OLeft OCenter @Right	Injury ONone OMinor O Serious	Restraint T Available ONone OLap Only O3-point	Type Used O None O Lap Only O 3-point	Restraints	Under 5 years	
Name and Address First Name: <u>ROBERT</u> Middle Initial: Last Name: <u>DOURIN</u>	City : State: Country:	ZIP:		Seat OLeft OCenter ØRight OUnknown	Injury None Minor O Serious O Fatal	Restraint T Available ONone OLap Only O3-point O4-point	Type Used O None O Lap Only O 3-point O 4-point	Restraints	Under 5 years I If Under 5, O Child Restraint	
Name and Address First Name: <u>ROBERT</u> Middle Initial:	City : State:	ZIP:		Seat OLeft OCenter @Right	Injury ONone OMinor O Serious	Restraint T Available ONone OLap Only O3-point	Vype Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints Not Installed Installed Not Deployed Unknown	Under 5 years	
Name and Address First Name: <u>ROBERT</u> Middle Initial: Last Name: <u>DOURIN</u> OCrew	City : State: Country: OPassenger	ZIP: O Ot		Seat OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor O Serious O Fatal O Unknown	Restraint 1 Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Sype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Restraints Not Installed Installed Not Deployed Unknown	Under 5 years I If Under 5, O Child Restraint O Lap-Held	
Name and Address First Name: <u>ROBERT</u> Middle Initial: Last Name: <u>DOURIN</u> OCrew First Name:	City : State: Country: OPassenger City :	_ ZIP: O Ot	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft	Injury None OMinor O Serious O Fatal O Unknown O None	Restraint 1 Available ONone OLap Only O3-point O4-point O5-point OUnknown	Sype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Restraints Not Installed Installed Not Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address First Name: ROBERT Middle Initial: Last Name: DOURIN OCrew First Name: Middle Initial:	City : State: Country: OPassenger City : State:	ZIP: O Ot		Seat OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor O Serious O Fatal O Unknown	Restraint 1 Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Sype 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	Restraints Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address First Name: <u>ROBERT</u> Middle Initial: Last Name: <u>DOURIN</u> OCrew First Name:	City : State: Country: OPassenger City : State:	ZIP: O Ot		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Restraint 1 Available OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point	Sype Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point	Restraints Not Installed Installed Not Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint	
Name and Address First Name: ROBERT Middle Initial: Last Name: DOURIN OCrew First Name: Middle Initial:	City : State: Country: OPassenger City : State:	ZIP: O Ot	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint 1 Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Vype 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 4-point O 5-point	Restraints Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,	
Name and Address First Name: ROBERT Middle Initial: Last Name: DOURIN OCrew First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger City : State: Country: OPassenger	ZIP: O Ot ZIP: O Ot		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury None Minor Serious OFatal Unknown ONone Minor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O5-point OUnknown Available	Sype Used ONone Lap Only O 3-point O 4-point O Unknown Used ONone O Lap Only O 3-point O 4-point O 4-point O 5-point O 4-point O 5-point Used	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: ROBERT Middle Initial:	City : State: Country: OPassenger City : State: Country: OPassenger City :	_ ZIP: O Ot _ ZIP: O Ot	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OLeft OLeft	Injury None Minor Serious Fatal Unknown ONone Minor Serious OFatal OUnknown	Restraint 1 Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point	Sype Used ONone Lap Only O 3-point O 4-point O 5-point O Unknown Used O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Unknown Unknown Installed Installed Installed Installed Not Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: ROBERT Middle Initial: Last Name: DOURIN OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: Middle Initial: Middle Initial: Middle Initial:	City : State: OPassenger City : City : Country: OPassenger City : State:	ZIP: O Ot ZIP: O Ot	ther ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OLeft OCenter ORight	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown	Restraint 1 Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only OJ-point	Sype Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Unknown Unknown Installed Installed Installed Installed Installed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5 years	
Name and Address First Name: ROBERT Middle Initial:	City : State: OPassenger City : City : Country: OPassenger City : State:	ZIP: O Ot ZIP: O Ot	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OLeft OLeft OLeft OLeft OLeft OCenter	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown	Restraint 1 Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown	Sype Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 4-point O 4-point O 4-point	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Unknown Unknown Not Deployed Unknown Not Installed Installed Not Installed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5 years If Under 5, ○ Child Restraint	
Name and Address First Name: ROBERT Middle Initial: Last Name: DOURIN OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: Middle Initial: Middle Initial: Middle Initial:	City : State: OPassenger City : City : Country: OPassenger City : State:	ZIP: O Ot ZIP: O Ot	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point	Sype Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used O A-point O 4-point O 4-point O 5-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 5-point O 5-point O 5-point O 5-point O 5-point	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Unknown Unknown Installed Installed Installed Installed Installed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5 years If Under 5, ○ Child Restraint	
Name and Address First Name: ROBERT Middle Initial:	City : State: OPassenger City : City : Country: OPassenger City : State: Country: OPassenger	ZIP: O Ot ZIP: O Ot	ther ther ther ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OUnknown Row:	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint 1 Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	Sype Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used O A-point O 4-point O 4-point O 5-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 5-point O 5-point O 5-point O 5-point O 5-point	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Not Installed Installed Not Installed Installed Not Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: ROBERT Middle Initial:	City : State: OPassenger City : City : OPassenger City : City : State: Country: OPassenger City :	ZIP: O Ot ZIP: O Ot	ther ther ther ther	Seat OLeft OCenter ORight OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OUnknown Row: OLeft OLeft OLeft OLeft	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point O4-point O5-point Available	Sype Used ONone OLap Only O 3-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 4-poin	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Not Installed Installed Not Installed Installed Not Deployed Unknown Not Installed Installed Not Installed Installed Not Deployed Unknown Not Installed Not Installed Not Installed Not Installed Not Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: ROBERT Middle Initial:	City : State: Country: OPassenger City : Country: OPassenger City : State: Country: OPassenger City : City : State:	ZIP:	ther ther ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury None Minor Serious OFatal Unknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point	Sype Used ONone OLap Only O 3-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O 4-point O 4-point O 4-point O 4-point O 5-point O 4-point O 4-point	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: ROBERT Middle Initial:	City : State: Country: OPassenger City : Country: OPassenger City : State: Country: OPassenger City : City : State:	ZIP:	ther ther ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OLeft OLeft OLeft OLeft OCenter ORight OLeft OLeft	Injury None Minor Serious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point	Sype Used ONone OLap Only O 3-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 4-poin	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Unknown Installed Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Deployed Unknown Not Installed Not Installed Installed Not Installed Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Lap-Held ○ Unknown □ Lap-Held ○ Unknown	

FLIGHT ITINERARY	INFORMATIO	N		•		_		
Last Departure Point	Tin	e of Departure	Destinatio	on		Type Fligh	t Plan File	d
Airport ID:		OAM	Airport ID:			O None		VFR/IFR
City: DELAND	Tim	9AM				O Company O Military) IFR) Unknown
State: FL	Tim	e Zone:				O VFR		Unknown
Country:						-	OYes O	No OUnknown
Type of ATC Clearance/Ser	vice (Check all that	(mnh)						_
••	Special VFR		cial IFR		VFR Flight Follo	owing	Cruise	
	IFR		R On Top		Traffic Advisory		Unknow	m / NA
Airspace where the acciden	t/incident occurre	(Check all that	apply)				A 1494 - 1	- 6 I Fl'-14
-	Class G		itary Operations	Area (MOA)	Special		Occurren	of In-Flight
	Demo Area		port Advisory A	rea	Air Traffic Contr	rol Area		
	Warning Area		Training Area		Unknown		10	ft msl
Class D Prohibited Area TRSA I Class E Restricted Area FAR 93								
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE								
Source of Pilot Weather Int					servation Facility	,		
(Check all that apply)				Facility ID:	·			
National Weather Service					me:			
Flight Service Station TV/Radio	☐ Mili ☐ Inte	-						
Automated Report					A 11 4 614			
Commercial Weather Service	(DUATS) 🔽 Unk	nown			Accident Site:			
On-Board Weather				Direction from	Accident Site:		_ degrees tru	e
Basic Conditions		Light Conditi						
		ODawn ⊙Day	ODusk ONight	-	c Night OUn ht Night	known		
OUnknown		ODay	ONight	Oping	ni Tigni			
Sky/Lowest Cloud Conditio)n	Ceiling			Temperature:	20	(C) or	(F)
•	O Thin Broken	O None (Clear)	0	Obscured	_			
	O Thin Overcast	O Broken		Indefinite	Dew Point: <u>25</u> (C) or(F)			(F)
-	OUnknown	O Overcast	0	Unknown	Altimeter Setting: in Hg			
O Scattered	aight.	Cailing Haigh				or		
Lowest Cloud Condition H	ft agl	Ceiling Heigh	ı	ft agl				
Wind Direction	Wind Speed		Wind Gusts	1	Visibility	10	miles	
Variable	Calm		Not Gustin	ıg	RVR	:		
-or-	Light and Vari	able	-0Г-		RVV	-	miles	
Direction: 240 degrees true	40.40	kts	Speed: 4	kts	Density Altitu		ft	
Intensity of Precipitation	Type of Precipit	ation (Check all +			Restriction to			
OLight	None	Drizzle	Freezin	a Rain	✓ None			appiy)
O Light O Moderate	Rain	Drizzle Ice Pellets			Blowing Du		fround Fog	
OHeavy	Snow	Snow Pellet			Blowing San			
ON/A OUnknown	Hail Rain Showers	□ Snow Grain □ Ice Crystals		g Drizzle	Blowing Sn Blowing Sp	2		
Unknown	Kain Showers	Ice Crystals			Dust	-	Jnknown	
Icing Forecast		Icing Actual			Turbulence	_		
Amount Type		Amount	Туре		Type (Check al	ll that apply)	Sever	ity
None O N/A		ONone	ON/A		None		✓ Lig	
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		Clear Air	uced	⊔ Mo □ Sev	derate
O Moderate O Mixed		O Moderate	O Mixe					
O Severe O Unknow	wn	O Severe	O Unkr	nown			_	
OUnknown		OUnknown						
NOTAMs (D and FDC),	AIRMETs, SIGN	AETs, PIREPS	s in effect at	the time of t	he accident/incid	lent:		
	-	-						

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

O Minor

Substantial
Destroyed
Unknown

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)

O None

O In-Flight

O On-Ground

Aircraft Fire

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.

RECOMMENDATION (How	could this	accident/incident ha	ave been pre	vented?)				
Operator/Owner Safety Recomm								
MECHANICAL MALFUN			re enace is n	eeded co	ontinue on sena	urate cheet)		
Was there Mechanical Malfund			e space is ii	eeueu, co	nunue on sepa	inate sheety	Total Tim	e/Cycles
(If yes, list the name of the part, man			scribe the failu	ıre.)			On Part	e, eyeles
								Hours
								Cycles
								e This Part Overhauled
							Inspected	Overnauled
								Hours
FUEL & SERVICES INF		1						
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type O 80/87	O 115/145		O Jet B	O Other, specify _		
10	Gallons	O 100 Low Lead	O Jet A		O JP8	U Outer, speeny_		
		● 100/130	O Jet A-1		O Automotive			
Other Services, if Any, Prior to	Departure							
EVACUATION OF AIRC	RAFT							
Was an emergency evacuation	of the aircr	aft performed?	✓ Yes	No No				
Method of Exit - Describe how	the occupan	ts exited and how ma	any occupant	s evacuate	ed each location			
SWAM OUT THE DOOR								
OTHER AIRCRAFT - C	OLLISIO	N (If air or ground	collision occ	urred, co	mplete this sec	tion for other aircr	raft)	
Aircraft Registration Number						Da	amage to Oth	er Aircraft
V						10	Destroyed Substantial	 Minor None
Registered Owner of Other Air					Other Aircraft		Substantia	L None
Name:				Name:				
City:				City:				
State:ZIP:				State:		_ZIP:		
Country:				Country	:			

ADDITIONAL INFORMATION (Please type or print in ink)

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

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE								
Date of this Report FEB 14 2020	of this Report Name of Pilot/Operator: LOUIS MANCUSO							
mm/dd/yyyyy	or Check here to electronically sign this document							
If a Person Other than Pilot/Operator is Filing Report								
Name:	Name: Title:							
Signature:								
or Check here to electronically sign this document								
FOR NTSB USE ONLY								
,		Name of Investigator Eleazar Nepomuceno		Date Report Received 2/14/2020				
GAA20CA051		GAA	Eleazar Nepom	luceno	2/14/2020			