

ANC06FA018

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
This form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

Location					
Nearest City/Place, State, Zip Code <u>Ketchikan, Alaska</u>		Date of Accident <u>01-25-2006</u>	Local Time (24 HOUR CLOCK) <u>1250</u>	Zone <u>AST</u>	Elevation At Accident Site _____ Feet MSL _____ Feet MSL
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information					
Proximity To Airport					
1. <input type="checkbox"/> On Approach		3. <input type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile	
2. <input type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles	
7. <input type="checkbox"/> Within 3 Miles		8. <input type="checkbox"/> Beyond 3 Miles			
Airport Name		Airport Ident		Runway/Landing Surface Conditions:	
				1. <input type="checkbox"/> Direction: 3. <input type="checkbox"/> Width: 5. <input type="checkbox"/> Condition:	
				2. <input type="checkbox"/> Length: 4. <input type="checkbox"/> Surface:	
Phase Of Operation:					
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise	
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent	
				7. <input checked="" type="checkbox"/> Approach	
				8. <input type="checkbox"/> Landing	
				9. <input type="checkbox"/> Hover/Maneuver	
				10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL	
Aircraft Information					
Registration Mark <u>N104XX</u>		Aircraft Manufacturer <u>Aero Vodochody</u>		Aircraft Type/Model <u>L-39MS</u>	
				Serial Number <u>040004</u>	
				Cert Max Gross WT <u>15432</u>	
Type Of Aircraft			Type Of Airworthiness Certificate		Amateur Built
1. <input checked="" type="checkbox"/> Airplane			5. <input type="checkbox"/> Blimp/Dirigible		1. <input type="checkbox"/> Yes
2. <input type="checkbox"/> Helicopter			6. <input type="checkbox"/> Ultralight		2. <input checked="" type="checkbox"/> No
3. <input type="checkbox"/> Glider			7. <input type="checkbox"/> Gyroplane		
4. <input type="checkbox"/> Balloon			8. <input type="checkbox"/> Specify _____		
			1. <input type="checkbox"/> Normal		5. <input type="checkbox"/> Restricted
			2. <input type="checkbox"/> Utility		6. <input type="checkbox"/> Limited
			3. <input type="checkbox"/> Acrobatic		7. <input checked="" type="checkbox"/> Experimental
			4. <input type="checkbox"/> Transport		8. <input checked="" type="checkbox"/> Specify <u>ferry</u>
Landing Gear					No. Of Seats
1. <input type="checkbox"/> Tricycle—Fixed					Flight/Cabin
2. <input checked="" type="checkbox"/> Tricycle—Retractable					Crew <u>2</u>
3. <input type="checkbox"/> Tailwheel—Fixed					Pax _____
4. <input type="checkbox"/> Tailwheel—Retractable					
5. <input type="checkbox"/> Tailwheel—Retractable Mains					
6. <input type="checkbox"/> Amphibian					
7. <input type="checkbox"/> Skid					
8. <input type="checkbox"/> Limited					
9. <input type="checkbox"/> Specify _____					
Stall Warning System Installed		IFR Equipped		Engine Type	
1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Yes		1. <input type="checkbox"/> Reciprocating—Carburetor	
2. <input checked="" type="checkbox"/> No		2. <input type="checkbox"/> No		2. <input type="checkbox"/> Reciprocating—Fuel Injected	
				3. <input type="checkbox"/> Turbo Prop	
				4. <input type="checkbox"/> Turbo Jet	
				5. <input checked="" type="checkbox"/> Turbo Fan	
				6. <input type="checkbox"/> Turbo Shaft	
Engine Manufacturer <u>Povazke Strojame Letecke Motory</u>		Engine Model/Series <u>DV-2</u>		Engine Rated Power	
				1. _____ Horsepower	
				2. <u>4800</u> Lbs Thrust	
				Type Of Fire Extinguishing System Used	
				1. None	
				2. Specify <u>electrically activated</u>	
Engine(s)		Date of Mfg.		Mfg. Serial No.	
Total Time		Time Since Inspection		Time Since Overhaul	
Engine No. 1				Hours	
Engine No. 2				Hours	
Engine No. 3				Hours	
Engine No. 4				Hours	
Type Of Maintenance Program			Type Of Last Inspection		Date Last Inspection Performed
1. <input type="checkbox"/> Annual			1. <input type="checkbox"/> Annual		_____ (M/D/Y)
2. <input type="checkbox"/> Manufacturer's Inspection Program			2. <input type="checkbox"/> 100 Hours		Time Since Last Inspection
3. <input type="checkbox"/> Other Approved Inspection Program(AAIP)			3. <input type="checkbox"/> AAIP		_____ Hours
4. <input type="checkbox"/> Continuous Airworthiness			4. <input type="checkbox"/> Continuous Airworthiness		Airframe Total Time
5. <input type="checkbox"/> Specify _____					_____ Hours
Emergency Locator Transmitter (ELT)		ELT Manufacturer		Model/Series	
				Serial Number	
				Battery Date (M/D/Y)	
		Switch		Operated	
		1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
				Aided In Accident Location	
				1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Registered Aircraft Owner <u>Air USA, Inc.</u>				Address <u>Quincy, Illinois</u>	
Operator Of Aircraft				Address	
1. <input checked="" type="checkbox"/> Same As Registered Owner				1. <input checked="" type="checkbox"/> Same As Registered Owner	
2. Name				2. _____	
3. DBS:					

Owner / Operator information (cont.)												
Operator (Certificate Number)			Operator Designator (4 Letter Designator)									
Purpose Of Flight And Type Of Operation												
Regulation Flight Conductor Under				Operator Authority			FAR 121, 125, 127, 129, 135 Revenue Operations					
1. <input type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137				FAR121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental			FAR 133 6. <input type="checkbox"/> Rotorcraft External Load			1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____		
Purpose of Flight				FAR 125			FAR 129					
1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Educational 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input checked="" type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning				FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			7. <input type="checkbox"/> Large Aircraft 8. <input type="checkbox"/> Foreign					
Pilot Information												
Pilot Name <u>Stephen B. Freeman</u>			Pilot Certificate No. [REDACTED]		Address <u>San Diego, CA 92111</u>			Nationality <u>US</u>				
Certificate (s)												
1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____												
Rating (s)				Instrument Rating (s)			Instructor Rating (s)					
1. <input type="checkbox"/> None 6. <input type="checkbox"/> Helicopter 2. <input checked="" type="checkbox"/> Single Engine Land 7. <input type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea 8. <input type="checkbox"/> Free Balloon 4. <input checked="" type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane				1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			1. <input type="checkbox"/> None 6. <input type="checkbox"/> Instrument Airplane 2. <input type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E. 8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter 9. <input type="checkbox"/> Specify _____ 5. <input type="checkbox"/> Glider					
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)			BFR Aircraft					
<u>Authorized Experimental Aircraft AV-L39</u>							1. Make _____ 2. Model _____					
Medical Certificate			Date Of Last Medical (M/D/Y)		Limitations			Date Of Birth (M/D/Y)				
1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input checked="" type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3			<u>05-31-2005</u>		<u>None</u>			<u>[REDACTED]-1966</u>				
Degree Of Injury		Seat Occupied			Person At Controls At Time Of Accident				Seat Belt Available			
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input checked="" type="checkbox"/> Fatal		1. <input type="checkbox"/> Left 4. <input checked="" type="checkbox"/> Front 2. <input type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center			1. <input checked="" type="checkbox"/> Pilot In Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots				1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No			
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		Source Of Pilot Flight Time Information						
1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records						
Flight Time												
	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air		
						Actual	Simulated					
Total Time												
Pilot In Command (PIC)												
Instructor												
This Make & Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												
Second Pilot Information												
Second Pilot Responsibilities At The Time Of Accident												
1. <input type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)												
Pilot Name			Pilot Certificate No.		Address			Nationality				
Certificate (s)												
1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____												

Second Pilot Information (cont.)													
Rating (s)			Instrument Rating (s)			Instructor Rating (s)							
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea			6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane			1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. <input type="checkbox"/> Specify _____				
Type Ratings/Student Endorsements			Date Of Biennial Flight Review or Equivalent (M/D/Y)			BFR Aircraft 1. Make _____ 2. Model _____							
Medical Certificate		Date Of Last Medical (M/D/Y)		Limitations				Date Of Birth (M/D/Y)					
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3				Waivers									
Degree Of Injury			Seat Occupied			Seat Belt Available							
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal			1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear			1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No							
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____							
1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No									
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air		
							Actual	Simulated					
Total Time													
Pilot in Command (PIC)													
Instructor													
This Make & Model													
Last 90 Days													
Last 30 Days													
Last 24 Hours													
Other Personnel													
Name	Seat	Address (City & State)			Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor	None
1.													
2.													
3.													
4.													
5.													
6.													
Flight Itinerary Information													
Last Departure Point			Time Of Departure			Destination			Flight Plan Filed				
1. Airport ID <u>AST</u>			1. Time _____			1. Airport ID <u>BLI</u>			1. <input checked="" type="checkbox"/> None				
2. City/Place <u>Sitka</u>			2. Time Zone _____			2. City/Place <u>Bellingham</u>			2. <input type="checkbox"/> VFR				
3. State <u>AK</u>						3. State <u>WA</u>			3. <input type="checkbox"/> IFR				
									4. <input type="checkbox"/> VFR/FR				
									5. <input type="checkbox"/> Company (VFR)				
									6. <input type="checkbox"/> Military (VFR)				
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished													
Fuel On Board At Last Takeoff						Fuel Type							
<u>600</u> Gallons						1. <input type="checkbox"/> 80/87							
or						2. <input type="checkbox"/> 100 Low Lead							
Pounds						3. <input type="checkbox"/> 100/130							
						4. <input type="checkbox"/> 115/145							
						5. <input checked="" type="checkbox"/> Jet A							
						6. <input type="checkbox"/> Automotive							
						7. Specify _____							
Other Services, If Any, Prior to Departure													
Weather Information At The Accident Site													
Source Of Weather Information (Pilot/Operator, Weather Observation)				Light Condition				Visibility		Temp (°F)			
				1. <input type="checkbox"/> Dawn				4. <input type="checkbox"/> Bright Night		36			
				2. <input type="checkbox"/> Daylight				5. <input type="checkbox"/> Dark Night		4 Miles			
				3. <input type="checkbox"/> Dusk						light snow,			
				5. <input type="checkbox"/> Dark Night						mist			

Weather Information At The Accident Site (cont.)							
Dew Point 34 (°F)	Altimeter Setting 29.33 Hg	Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Scattered _____ Feet AGL <input type="checkbox"/> Broken _____ Feet AGL <input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscured					
Wind Information 1. Direction 310 true 2. Velocity 17 Kts 3. Gusts 18 Kts		Restriction To Visibility	Type Precipitation snow + mist	Intensity Of Precipitation <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy 4. Specify _____			
Turbulence (Multiple Entry) <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme <input type="checkbox"/> Clean Air <input type="checkbox"/> In Clouds							
Damage To Aircraft And Other Property							
Degree Of Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Destroyed			Fire <input type="checkbox"/> Yes <input type="checkbox"/> In-Flight <input type="checkbox"/> No <input checked="" type="checkbox"/> On Ground				
Description Of Damage To Aircraft And Other Property N104XX was destroyed in the accident. Some property on the ground at or near the accident site was apparently destroyed or damaged also.							
Mechanical Malfunction Failure							
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure		Total Time <table border="1"> <thead> <tr> <th>On Part</th> <th>At Overhaul</th> </tr> </thead> <tbody> <tr> <td>_____ Hours</td> <td>_____ Hours</td> </tr> </tbody> </table>		On Part	At Overhaul	_____ Hours	_____ Hours
On Part	At Overhaul						
_____ Hours	_____ Hours						
Collision Accident							
If Collision Accident Occurred, Complete The Information For Other Aircraft							
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None				
Registered Aircraft Owner		Address					
Pilot Name	Address	Pilot Certificate No.					
Evacuation Of Aircraft							
Assistance Received <input type="checkbox"/> Outside Person (s) <input type="checkbox"/> Slide <input type="checkbox"/> Ladder <input type="checkbox"/> Auxiliary Lighting <input type="checkbox"/> Rope <input type="checkbox"/> Specify _____							
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following 1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____							
Recommendation (How Could This Accident Have Been Prevented)							
Operator/Owner Safety Recommendation (Optional Entry)							

Additional Flight Crew Members

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

Name	FAA Certificate No.	Address	Title
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Certificate(s)			
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Foreign
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Name	FAA Certificate No.	Address	Title
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Certificate(s)			
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Foreign
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Name	FAA Certificate No.	Address	Title
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Certificate(s)			
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Foreign
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Narrative History Of Flight

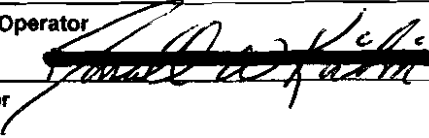
Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

N104XX, piloted by Mr. Freeman, departed Palmer, AK on January 23, 2006, on a ferry flight to the Lower 48. The aircraft was first flown to Sitka in formation on January 23, and it remained there for the next couple of days.

On January 25, 2006, after apparently obtaining some weather briefings, pilot Freeman departed Sitka for Bellingham, WA. However, he apparently decided to divert to Ketchikan enroute, in order to pick up additional fuel because of strong headwinds. Pilot Freeman obtained an IFR clearance enroute.

The aircraft was apparently observed to descend through the clouds near Ketchikan Airport at a high angle, and to strike the water multiple times. Pilot Freeman may have also reported icing conditions during the descent. His attempt to eject just before the aircraft impacted terrain near Carlanna Creek was not successful.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report 7/10/06	Signature Of Pilot/Operator 
Signature Of Person Filing Report Other Than Pilot/Operator	
1. Signature _____	
2. Type Or Print Name _____	
3. Title _____	

For NTSB Use Only

NTSB Accident No. ANCO6FA018	Reviewed By NTSB Office Located At ANCHORAGE, AK	Name Of Investigator S. ERICKSON	Date Report Received 7/21/06
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