

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: Edmore State: MD

ZIP: 58330 Country: US

Latitude: \_\_\_\_\_ (dd:mm:ss N/S) Longitude: \_\_\_\_\_ (ddd:mm:ss E/W)

### Date/Time

Date: 07/16/2010 Local Time: 9:00  
mm/dd/yyyy

Time Zone: Central

### Phase of Operation

☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover  
☒ Taxi ☐ Climb ☐ Maneuvering ☐ Other  
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

### Collision with Other Aircraft

☐ Midair  
☐ On-ground  
☒ None

### Altitude of In-Flight Occurrence

0 ft MSL

## AIRCRAFT INFORMATION

Manufacturer: Air Tractor

Model: 301

Serial Number: 0190

Registration Number: N8774S

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 5,000 lbs

Weight at Time of Accident/Incident: 4273 lbs

Location of Center of Gravity at Time of Accident/Incident:

\_\_\_\_\_ inches from ☐ nose or ☐ datum  
-or- \_\_\_\_\_ Percent Mean Aerodynamic Cord (% MAC)

### Category of Aircraft

☒ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyrocraft  
☐ Helicopter  
☐ Powered lift  
☐ Ultralight  
☐ Unknown

### Type of Airworthiness Certificate (Check all that apply)

#### Standard

☐ Normal  
☐ Utility  
☐ Acrobatic  
☐ Transport

#### Special

☒ Restricted  
☐ Limited  
☐ Provisional  
☐ Experimental  
☐ Special Flight  
☐ Light Sport

Number of Seats: 1

If Large Aircraft, how many seats for:

Flight Crew: \_\_\_\_\_

Cabin Crew: \_\_\_\_\_

Passengers: \_\_\_\_\_

Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

☐ Tricycle ☒ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☐ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel  
☐ Unknown

### Type of Maintenance Program

☒ Annual  
☐ Conditional (Amateur-built only)  
☐ Manufacturer's Inspection Program  
☐ Other Approved Inspection Program (AAIP)  
☐ Continuous Airworthiness  
☐ Other, specify: \_\_\_\_\_

### Last Inspection Type

☒ 100 Hour ☐ Continuous Airworthiness  
☐ AAIP ☐ Conditional Inspection  
☐ Annual ☐ Unknown

Date Last Inspection: 05/01/2010  
mm/dd/yyyy

Airframe Total Time: 6869 hrs

hours measured at (check one)

☒ Last Inspection ☐ Time of Accident/Incident

### IFR Equipped

☐ Yes ☒ No ☐ Unknown

### Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

### Type of Fire Extinguishing System

☒ None  
☐ Specify \_\_\_\_\_

### ELT Installed

☐ Yes ☒ No

### ELT Activated

☐ Yes ☐ No

ELT Manufacturer: \_\_\_\_\_

Model/Series: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Battery Type: \_\_\_\_\_

Battery Exp. Date: \_\_\_\_\_

### Engine Type

☒ Reciprocating ☐ Turbo Jet  
☐ Turbo Shaft ☐ Turbo Fan  
☐ Turbo Prop ☐ Unknown

### Reciprocating Fuel System Type

☐ Carburetor  
☐ Fuel Injected

### Propeller

☐ Fixed Pitch  
☒ Controllable Pitch

Manufacturer: Hamilton Standard

Model: 12D40 / AG 100-2

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>PAW</u>	<u>R 1340</u>	<u>8573</u>		<u>600</u>		<u>5</u>	<u>881</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
<b>Registered Aircraft Owner</b> Name: <u>Breckle Aerial Service Inc</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Owner Address</b> City: <u>Edmore</u> State: <u>MD</u> ZIP: <u>58330</u> Country: <u>US</u>	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
<b>Regulation Flight Conducted Under</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> FAR 91    <input type="checkbox"/> FAR 129    <input type="checkbox"/> FAR 91 Special Flight    <input type="checkbox"/> Public Use (select type)  <input type="checkbox"/> FAR 103    <input type="checkbox"/> FAR 133    <input type="checkbox"/> Non-US, Commercial    <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local  <input type="checkbox"/> FAR 121    <input type="checkbox"/> FAR 135    <input type="checkbox"/> Non-US, Non-commercial    <input type="checkbox"/> Unknown  <input type="checkbox"/> FAR 125    <input checked="" type="checkbox"/> FAR 137    <input type="checkbox"/> Armed Forces </div> <div style="width: 50%;"> </div> </div>		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Purpose of Flight</b> for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input checked="" type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown		<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	
<b>Type of Commercial Operating Certificate Held</b> (Select all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input checked="" type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft			
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number: _____	Manufacturer: _____ Model: _____	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None	
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)    			<b>Total Time/Cycles On Part</b>  ____ Hours ____ Cycles  <b>Time Since This Part Inspected/Overhauled</b>  ____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
<b>Aircraft Damage</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	<b>Aircraft Explosion</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	

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

Right wing , Right landing gear  
Tail wheel attach section, Vertical Stabilizer

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: \_\_\_\_\_ Distance From Airport Center: \_\_\_\_\_ SM  
Airport Name: \_\_\_\_\_ Direction From Airport: \_\_\_\_\_ degrees MAG  
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: \_\_\_\_\_ ft. MSL

**Approach Segment** (Select one)

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around  
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

**IFR Approach** (Check all that apply)

☐ None ☐ PAR ☐ MLS ☐ Practice  
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS  
☐ SDF ☐ ILS ☐ ASR ☐ Loran  
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown  
☐ VOR/DME ☐ LOC-back course ☐ Contact  
☐ TACAN ☐ RNAV ☐ Circling

**VFR Approach** (Check all that apply)

☐ None ☐ Stop and Go  
☐ Traffic Pattern ☐ Touch and Go  
☐ Straight-In ☐ Simulated Forced Landing  
☐ Valley/Terrain Following ☐ Forced Landing  
☐ Go Around ☐ Precautionary Landing  
☐ Full Stop ☐ Unknown

**Runway Information**

Runway ID: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

**Runway/Landing Surface** (Check all that apply)

☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water  
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown  
☐ Dirt ☐ Ice ☐ Snow

**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 ☐ Unknown  
☐ Slush Covered ☐ Vegetation

**FLIGHT ITINERARY INFORMATION**

**Last Departure Point**

Airport ID: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Country: \_\_\_\_\_

**Time of Departure**

Time: \_\_\_\_\_  
Time Zone: \_\_\_\_\_

**Destination**

Airport ID: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Country: \_\_\_\_\_

**Type Flight Plan Filed**

☐ None ☐ VFR/IFR  
☐ Company VFR ☐ IFR  
☐ Military VFR ☐ Unknown  
☐ VFR  
Activated? ☐ Yes ☐ No

**Type of ATC Clearance/Service** (Check all that apply)

☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise  
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)

☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special  
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area  
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown  
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

**Aircraft Load Description** (Check all that apply)

☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock  
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown  
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff**  
(convert from pounds, as necessary)

80 Gallons

**Fuel Type**

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify \_\_\_\_\_  
☒ 100 Low Lead ☐ Jet A ☐ JP4  
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: DVL / AWOSObservation Time: 6:00Time Zone: CentralDistance from Accident Site: 27 NMDirection from Accident Site: 30° degrees MAG**Source of Weather Information**

(Check all that apply)

- ☒ National Weather Service  
☐ Flight Service Station  
☐ TV/Radio  
☐ Automated Report  
☐ Commercial Weather Service (DUATS)  
☐ Company  
☐ Military  
☐ Internet  
☐ Unknown

**Method of Briefing**

(Check all that apply)

- ☐ In Person  
☐ Teletype  
☒ Telephone/Computer  
☐ Aircraft Radio  
☐ TV/Radio  
☐ Unknown

**Briefing Type/Completeness**

- ☐ Full  
☐ Partial / Limited By Pilot  
☐ Partial / Limited By Briefer  
☒ Abbreviated  
☐ Unknown  
☒ Not Pertinent

**Light Condition**

- ☐ Dawn  
☐ Day  
☒ Dusk  
☐ Night  
☐ Dark Night  
☐ Bright Night  
☐ Not Reported

**Visibility**

\_\_\_\_\_ miles

**Sky/Lowest Cloud Condition**

- ☒ Clear  
☐ Few  
☐ Partial Obscuration  
☐ Scattered  
☐ Thin Broken  
☐ Thin Overcast  
☐ Unknown

**Ceiling**

- ☒ None (clear)  
☐ Broken  
☐ Overcast  
☐ Obscured  
☐ Indefinite  
☐ Unknown

**Restriction to Visibility (Check all that apply)**

- ☒ None  
☐ Blowing Dust  
☐ Blowing Sand  
☐ Blowing Snow  
☐ Blowing Spray  
☐ Dust  
☐ Fog  
☐ Ground Fog  
☐ Haze  
☐ Ice Fog  
☐ Smoke  
☐ Unknown

**Lowest Cloud Condition Height**

\_\_\_\_\_ ft AGL

**Ceiling Height**

\_\_\_\_\_ ft AGL

**Wind Direction**☒ Indicated:  
250 degrees MAG☐ Variable**Wind Speed**Velocity: 8 KTS

-or-

- ☐ Calm  
☐ Light and Variable

**Wind Gusts**

Velocity: \_\_\_\_\_ KTS

- ☐ Gusting  
☒ Not Gusting

**Type of Turbulence (Check all that apply)**

- ☒ None  
☐ Clear Air  
☐ In Clouds  
☐ Vicinity of Thunderstorm

**Severity of Turbulence**

- ☐ Extreme  
☐ Severe  
☐ Moderate  
☐ Moderate Chop  
☐ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: \_\_\_\_\_ (C)  
or 72 (F)Altimeter Setting: \_\_\_\_\_ in. HG  
or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ ft

Dew Point: \_\_\_\_\_ (C)  
or \_\_\_\_\_ (F)**Icing Forecast**

- Amount  
☒ None  
☐ Trace  
☐ Light  
☐ Moderate  
☐ Severe

- Type  
☐ Rime  
☐ Clear  
☐ Mixed

**Icing Actual**

- Amount  
☒ None  
☐ Trace  
☐ Light  
☐ Moderate  
☐ Severe

- Type  
☐ Rime  
☐ Clear  
☐ Mixed

**Type of Precipitation (Check all that apply)**

- ☒ None  
☐ Rain  
☐ Snow  
☐ Hail  
☐ Rain Showers  
☐ Freezing Rain  
☐ Snow Shower  
☐ Drizzle  
☐ Ice Pellets  
☐ Snow Pellets  
☐ Snow Grains  
☐ Ice Crystals  
☐ Ice Pellets Shower  
☐ Freezing Drizzle

**Intensity of Precipitation**

- ☐ Light  
☐ Moderate  
☐ Heavy

# **PILOT "A" INFORMATION**

## **Pilot "A" Responsibilities at the Time of Accident/Incident**

☒ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew

## **Pilot "A" Identification**

First Name: Mark City: Edmore  
 Middle Initial: A State: VA ZIP: 58330  
 Last Name: Breckke Country: US  
 Age at time of Accident/Incident: 54 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

<b>Degree of Injury</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Center <input type="checkbox"/> Single	<b>Seat Belt</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---	--

## **Pilot Certificate(s) (Check all that apply)**

☐ None ☐ Student ☐ Recreational ☒ Commercial ☐ Flight Engineer ☐ Foreign  
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

## **Principal Occupation**

☒ Pilot  
☐ Other  
☐ Unknown

## **Medical Certificate**

☐ None ☐ Class 3  
☐ Class 1 ☐ Driver's License (Sport Pilot only)  
☒ Class 2 ☐ Unknown

## **Medical Certificate Validity**

☐ Without limitations/waivers  
☒ With limitations/waivers  
☐ Unknown

## **Date of Last Medical**

02/16/2010  
 mm/dd/yyyy

## **Medical Certificate Limitations**

glasses for near vision

## **Medical Certificate Waivers**

## **Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

01/05/2010  
 mm/dd/yyyy

## **Flight Review Aircraft**

Make: Cessna  
 Model: 182

## **Airplane Rating(s) (Check all that apply)**

☐ None  
☒ Single-Engine Land  
☒ Single-Engine Sea  
☒ Multiengine Land  
☐ Multiengine Sea

## **Other Aircraft Rating(s) (Check all that apply)**

☐ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

## **Instrument Rating(s) (Check all that apply)**

☒ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

## **Instructor Rating(s) (Check all that apply)**

☒ None  
☐ Airplane Single-Engine  
☐ Airplane Multi-Engine  
☐ Gyroplane  
☐ Powered Lift  
☐ Instrument Airplane  
☐ Instrument Helicopter  
☐ Helicopter  
☐ Glider  
☐ Sport

## **Type Ratings**

## **Student Endorsements (Include dates)**

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	7,600	5,000	7,400	200						
Pilot in Command (PIC)	7,600	5,000	7,400	200						
Time as Instructor										
This Make/Model										
Last 90 Days		120								
Last 30 Days		100								
Last 24 Hours		10								

**NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)**

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

I was landing on a remote strip we sometimes use when crop spraying. I had not used this strip for 2 1/2 or 3 weeks and the grass along the strip had grown considerably tall. As I landed the grass caught in my left boom and pulled me off of the runway and into a wheat field. The airplane only went 25 to 30 feet after impacting the grass and came to rest 90° from my intended direction.

**RECOMMENDATION (How could this accident have been prevented?)**

Operator/Owner Safety Recommendation

mow the grass

**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

07/23/200  
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [REDACTED]

Type or Print Name: Mark Brekke

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN20CA412	Chicago, IL	P.S. Sullivan	7-29-10