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       State:       CA       Date/Time         Nearest City/Place:       Draws ( o m 6)       State:       CA       Date/Time         ZIP:       Country:       USA       Date:       D/3//2010       Local Time:       USA         Latitude:       (dd:mm:ss N/S) Longitude:       (ddd:mm:ss E/W)       Time Zone:       Puchic							5pm		
Phase of Operation       Collision with Other Aircraft       Altitude of In-Flight         Standing       Takeoff (incl. initial climb)       Cruise       Hover       Midair       Occurrence         Taxi       Climb       Maneuvering       Other       On-ground       Mone       ft MSI         Descent       Landing       Approach       Unknown       None       ft MSI							ft MSL		
AIRCRAFT INFORMATION	+CHYA		The start				C In St	15	
Manufacturer: <u>CCSS Na</u> Model: <u>1725</u> Serial Number: <u>1725</u> Registration Number: <u>N3S42</u>	106	Amateur-built	: 🗆 Yes 🕅 No	Weight at Ti		at Time of	Accident/I	m	
Airplane       (Check all that apply)         Balloon       Standard       Special         Blimp/Dirigible       Normal       Restricted         Glider       Utility       Limited       Fli         Helicopter       Acrobatic       Provisional       Cal				-or-       Percent Mean Aerodynamic Cord (% MAC         of Seats:			ctable ear ailwheel ligh Skid kid ki		
Type of Maintenance Program Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AA Continuous Airworthiness Other, specify:	AIP)		Continuous Conditional Unknown	Inspection	Date Last Inspect Airframe Total Thours measured Last Inspect Type of Fire Ext	Time: $3$ Lat (check tion $\Box$ ]	one) Sime of Accid	hrs	
∰ Yes □ No □ Unknown		X Yes □ N	o 🗌 Unknown	None Shar butween from + stats					
ELT Installed     ELT Activated     ELT Manufacturer:       DYes     No     DYes     No       ELT Aided in Locating Accident/Incident     Serial Number:       Yes     No     Battery Type:						ry Exp. D:	ate:		
Engine Type     Reciprocating     Turbo Jet     S       Turbo Shaft     Turbo Fan     Unknown     S	Fixed Pitch	Manufac	11		A 766	0			
Engine Engine Manufacturer Mo Eng. 1 65000105 PC Eng. 2 Eng. 3	gine odel/Series 0=5007− L	, Seria	ufacturer's 1 Number 29990-516	Date of Mfg. mm dd ysysy -7/23/08	Engine Rated Power Measured as (check one) Horsepower of Ibs of Thrust	Total Time (hours)	Time Since Inspection (hours) Awww.	Time Since Overhaul (hours) / Amma	
Eng. 4									

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Registered Aircraft Owner       Over Address         Name:	OWNER/OPERATOR INFORMATION								
Practional Ownership Aircraft       Yes       No         Operator of Aircraft       Same As Registered Owner       Operator Aidfress       Same As Registered Owner         Name:       Country:       USA       Decator Aidfress       Same As Registered Owner         Name:       Country:       USA       Country:       USA       No         Air Carrier/Operator Designator (4 Character Code):       Revence Operation       Soute:       USA       No         PAR 103       PAR 103       PAR 103       PAR 103       No-N-US, Row-commercial       Operator Aidfress       No         Prace of Flight       Revence Operation       Country:       USA       No       No         Prace of Flight       Revence Operation       Soute:       Domestic       No       No         Pare see of Flight       Revence Operation       Pare See of Flight       No       Pare See of Flight       No       No         Prace of Flight       Revence Operation       No-No-No-No-No-No-No-No-No-No-No-No-No-N	Registered Aircraft Owner								
Practional Ownership Aircraft       Yes       No         Operator of Aircraft       Same As Registered Owner       Operator Aidress       Same As Registered Owner         Name:       Country:       USA       USA       Same As Registered Owner         Name:       Country:       USA       USA       No         Parator Or Signator (4 Character Code):       Revence Operator Aidress       No       No         Parator Or Airer Operator Disignator (4 Character Code):       Revence Operation       Revence Operation       No         Parator Of Airer Operator Disignator (4 Character Code):       Revence Operation       Revence Operation       No         Parator Of Airer Operator Disignator (4 Character Code):       Revence Operation       No       No         Parator Of Airer Operator Disignator (4 Character Code):       Revence Operation       Code of the data apply       No         Parator Of Airer Operation       Statuted or Air Taxi       Statuted or Air Taxi       Statuted or Airer Airer (132)       No         Parator Operation       Statuted or Air Taxi       Domestic International       Commutar (132)       Commutar (132)       Statuted or Airer (132)         Parator Operator Operation       Domestic International       Domestic International       Domestic International       Domestic International       Domestic International	Name: EggenAirGeru,	ices ac	City: Logen						
Operator of Aircraft       □ Same As Registered Owner       Operator Aircraft       □ Same As Registered Owner         Name:		State: ZIP:ZIP:ZIP:							
Name:	Operator of Aircraft Same As I	Registered Owner	Operator Address Same As Registered Owner						
Doing BubMics As									
Revenue Sightscong Flight       PAR 93       PAR 94		State: 11 71P. 84/08							
Revenue Sightscong Flight       PAR 93       PAR 94		Country: USA							
FAR 91       State       Care         FAR 91       FAR 91       FAR 91       State       State       Locat       Nir Medical Flight       Nir Medical Flight         FAR 91       FAR 91       FAR 91       State       State       No       Nir Medical Flight         Far 70       For 700       For 700       State       No       Nir Medical Flight         Generation       For 700       For 700       For 700       For 700       For 700         Hestines       For 700       For 700       For 700       For 700       For 700       For 700         Hestines       For 700       For 700 </td <td></td> <td></td> <td></td>									
Image: An 123       Image: Amage: Amage	0 0	Consid Flight Dublic Use (palast type)	Yes No						
PAR 121       PAR 135       Non-US, Non-commercial       Unknown       Vrs       No         Purpose of Flight       FAR 137       Select any       For FAR 131, Status, 137       (Select any)       Presonal         Personal       Scheduled or Commuter       Scheduled or Commuter       Non-Scheduled or An Taxi       Non-Scheduled or An Taxi         Personal       Description       Scheduled or Commuter       Supplemental       Non-Scheduled or An Taxi         Personal       Description       Description       Description       Description         Arr Dop       Presonager Cargo       Description       Description       Description         Arr Dop       Passenger Cargo       How many?       Other Operation of Large Aircraft         OTHER AIRCRAFT - COLLISION (rf air or ground collision occurred, complete this section for other aircraft       Model         Indide Initial:       Cargo       Cargo       City:       ZIP:         Idide Initial:       Country:	FAR 103 FAR 133 Non-U								
Parkes of Fight for FAR 91, 103, 133, 137       Revenue Operation for FAR 121, 125, 129, 136       Type of Commercial Operating Certificate Held (Creck all Mar apply)         Parpose of Fight for FAR 91, 103, 133, 137       (Select one)       Scheduled or Commuter is Scheduled or Commuter is Scheduled or Air Taxi       None         Deriv Work Use instructional Positioning Arrial Application Arrial Operation Physicator       Domestic or International international Passenger: Cargo Arrial Application Arria Observation Public Use Unharown       Cargo Operation Passenger: Cargo Mail       Domestic or International Domestic or International Passenger: Cargo Mail       Domestic or International Domestic Domestical Data Time Since This Part Inspected/Overhau	□ FAR 121 □ FAR 135 □ Non-U	S, Non-commercial 🗌 Unknown							
for FAR 121, 125, 129, 135       (Select one)       Circles All that apply)         Personal       Business       Circles All that apply)         Personal       Bosiness       Bosiness         Personal       Bosiness       Bosiness         Personal       Bosiness       Bosiness         Personal       Bosiness       Bosiness         Cherk All that apply       Bosiness       Bosiness         Other Work Use       Domestic or International       Bosiness         Personal       Domestic or International       Bosiness         Personal Air Taxi       Domestic or International       Bosiness         Personal Air Carls (137)       Bosiness       Bosiness         Para Polysitation       Cargo Operation       Bosiness         Air Rak Stow       Bosiness       Bosiness         Bosiness       Manual Carls       Bosiness         Diverson       Manual Carls       Bosiness         CHER AlRCRAFT - COLLISION (if air or ground collision occurred, complete this section for other aircraft       Damage to Other Aircraft         First Name:       Manual       State:       ZIP:         Middle Initial:       State:       ZIP:       Exercited State:         Last Name:       Country:       ZIP:	FAR 125 FAR 137 Armed								
Bindingss       Non-Scheduled or Ari Taxi       Plag Carrier Operating Certificate (121)         Brain Street Corporate       Non-Scheduled or Ari Taxi       Plag Carrier Operating Certificate (121)         Brain Amplication       Domestic or International       Provide Aria (135)         Brain Amplication       Domestic or International       Domestic (12)         Brain Amplication       Dependition       Domestic or International         Brain Amplication       Domestic Operation       Register Cargo         Brain Amplication       Domestic or ground collision occurred, complete this section for other Aircraft         Brain Amplication Number       Manufacturer:       Manufacturer:         Model       Manufacturer:       Domestic Zargo Operator of Large Aircraft         OTHER AIRCRAFT - COLLISION (if air or ground collision occurred, complete this section for other Aircraft       Damage to Other Aircraft         First Name:       Manufacturers       City:       ZIP:         Middle Initial:       Country:       ZIP:       Country:         Last Name:       Country:       Country:									
Control Corporate     Control Corporate	X Personal	Scheduled or Commuter							
Domestic or International       Domestic or International       Domestic or International         Development       Domestic or International       Domestic or International       Domestic or International         Development       Domestic or International       Domestic or International       Domestic or International         Development       Domestic or International       Domestic or International       Domestic or International         Development       Domestic or International       Domestic or International       Domestic or International         Development       Domestic or International       Domestic or International       Domestic or International         Development       Domestic or International       Domestic or International       Domestic or International         Development       Domestic or International       Domestic or International       Domestic or International         Development       Damage to Other Aircraft       Domestic or International       Dother Operator of Large Aircraft         Intrast Registration Number       Manufacturer:       Model       Domestic or International       Domestic or International         Intrast Registration Number       Manufacturer:       City:       City:       Damage to Other Aircraft         First Name:       City:       City:       Stata:       ZiP:       City:		Non-Scheduled or Air Taxi							
□ bornestic or International       □ oriegin Air Carries (129)         □ bornestic or International       □ oriegin Air Carries (129)         □ consultationing       □ consultationing         □ Arit Days       □ consequence         □ Arit Days       □ consequence         □ Arit Days       □ consultationing         □ Arit Days       □ consequence         □ Brain Consequence       □ consequence         □ Days       □ Days         □ Days       □ Days         □ Days       □ Days         □ Days       □ consequence			Air Cargo						
□ Join Solu       □ Join Role       □ International       □ On-Demand Air Taxi (135)         □ Arrial Application       □ Large Helicopter (127)       □ Large Helicopter (127)         □ Arriad Dosevation       □ Passenger: Cargo       □ None Manager: Cargo       □ Application         □ Arriad Dosevation       □ Passenger: Cargo       □ None       □ Application         □ Arriad Servation       □ Passenger: Cargo       □ None       □ Applicational fixternal Load (133)         □ Arriad Papelia       □ Description       □ Applicational fixternal Load (133)       □ off-         □ Arriad Registration Number       Manifacturer:       □ Application occurred, complete this section for other aircraft         □ Description       □ Description       □ Description       □ Description         □ Arriad Registration Number       Manafacturer:       □ Damage to Other Aircraft         □ Description       □ Description       □ Description       □ Description         Registered Owner of Other Aircraft       □ Description       □ Description       □ Description         Riddle Initial:       □ Description       □ Description       □ Description       □ Description         Last Name:       □ Country:       □ ZIP:       □ Description       □ Description       □ Description         Wasthere Mechanical Malfunction/Failure?	Instructional								
□ Arraid Application       □ Large Felicopter (127)         □ Arraid Despendence       □ ResengerCargo         □ Arraid Norwan       □ PassengerCargo         □ Public Use       □ Cargo Operation         □ Ditkowan       □ Arraac / Show         □ Public Use       □ Cargo Operation         □ Ditkowan       □ Cargo Operation         OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)         Orther Aircraft Registration Number       Manufacturer:         Model:       □ Destroyed         ■ Substantial       ⊠ None         Registered Owner of Other Aircraft       State:         Pilot of Other Aircraft       State:         First Name:       City:         Middle Initial:       State:         Last Name:       City:         MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)         Was there Mechanical Malfunction/Failure?       Yes No         (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)       Total Time/Cycles         On Part	Ferry     Resitioning	Domestic International							
□ Drop       PassengerCargo			Large Helicopter (127)						
□ Public Use       □ Other Operator of Large Aircraft         □ Public Use       □ Other Operator of Large Aircraft         OTHER AIRCRAFT - COLLISION (if air or ground collision occurred, complete this section for other aircraft)       □ Damage to Other Aircraft         Aircraft Registration Number       Manufacturer:       □ Damage to Other Aircraft         Begistered Owner of Other Aircraft       □ Destroyed       □ Minor         First Name:       City:       ZIP:         Midel Initial:       State:       ZIP:         Last Name:       City:       ZIP:         Midel Initial:       State:       ZIP:         Last Name:       Country:       Total Time/Cycles         Midel Initial:       State:       ZIP:         Last Name:       Country:       Total Time/Cycles         Midel Initial:       State:       ZIP:         Last Name:       Country:       Total Time/Cycles         Midel Initial:       State:       ZIP:         Midel Initial:       Country:       Total Time/Cycles         Midel Initial:       Gon Part       Hours         Use None       Interaft Damage       None         If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)       Total Time/Cycles			Rotorcraft External Load (133)						
□ Public Use       □ Other Operator of Large Aircraft         □ Public Use       □ Other Operator of Large Aircraft         OTHER AIRCRAFT - COLLISION (if air or ground collision occurred, complete this section for other aircraft)       □ Damage to Other Aircraft         Aircraft Registration Number       Manufacturer:       □ Damage to Other Aircraft         Begistered Owner of Other Aircraft       □ Destroyed       □ Minor         First Name:       City:       ZIP:         Midel Initial:       State:       ZIP:         Last Name:       City:       ZIP:         Midel Initial:       State:       ZIP:         Last Name:       Country:       Total Time/Cycles         Midel Initial:       State:       ZIP:         Last Name:       Country:       Total Time/Cycles         Midel Initial:       State:       ZIP:         Last Name:       Country:       Total Time/Cycles         Midel Initial:       State:       ZIP:         Midel Initial:       Country:       Total Time/Cycles         Midel Initial:       Gon Part       Hours         Use None       Interaft Damage       None         If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)       Total Time/Cycles		Passenger 3 How many?							
□ Unknown       If air or ground collision occurred, complete this section for other aircraft         Aircraft Registration Number       Manufacturer:	□ Flight Test	Cargo 50 lbs							
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)         Aircraft Registration Number       Manufacturer:		🖾 Mail	Other Operator of Large Aircraft						
Aircraft Registration Number       Manufacturer:									
Initial control of the control of									
Model:	Aircraft Registration Number   Manufa	acturer							
First Name:       City:         Middle Initial:       State:       ZIP:         Last Name:       Country:									
Middle Initial: State: ZIP:   Last Name: Country:   Pilot of Other Aircraft First Name: City: State: ZIP: ZIP: Country: MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet) Was there Mechanical Malfunction/Failure? Mechanical Malfunction/Failure? Yes No Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) Total Time/Cycles On Part Hours	Model:		Destroyed Minor						
Middle Initial: State: ZIP:   Last Name: Country:   Pilot of Other Aircraft First Name: City: State: ZIP: ZIP: Country: MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet) Was there Mechanical Malfunction/Failure? Mechanical Malfunction/Failure? Yes No Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) Total Time/Cycles On Part Hours	Model:		Destroyed Minor						
Pilot of Other Aircraft         First Name:	Registered Owner of Other Aircraft First Name:	City:	Destroyed Minor Substantial Substantial						
First Name:       City:	Model:           Registered Owner of Other Aircraft           First Name:           Middle Initial:	City: State:	Destroyed Minor Substantial None						
Middle Initial:	Model:         Registered Owner of Other Aircraft         First Name:         Middle Initial:         Last Name:	City: State:	Destroyed Minor Substantial None						
Last Name:	Model:         Registered Owner of Other Aircraft         First Name:         Middle Initial:         Last Name:         Pilot of Other Aircraft	City: State: Country	Destroyed Minor Substantial None						
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)         Was there Mechanical Malfunction/Failure?       Yes No Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)       Total Time/Cycles On Part         Hours	Model:         Registered Owner of Other Aircraft         First Name:         Middle Initial:         Last Name:         Pilot of Other Aircraft         First Name:	City:	Destroyed Minor Substantial 20 None						
Was there Mechanical Malfunction/Failure?       Yes No Unknown       Total Time/Cycles         (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)       Hours        Hours      Cycles         Time Since This Part       Inspected/Overhauled        Hours      Hours        Cycles       Time Since This Part         Inspected/Overhauled      Hours        Hours	Model:         Registered Owner of Other Aircraft         First Name:         Middle Initial:         Last Name:         Pilot of Other Aircraft         First Name:         Middle Initial:         Middle Initial:	City:City:Country Country City:State:	Destroyed     Minor       Substantial     None						
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours  DAMAGE TO AIRCRAFT AND OTHER PROPERTY Aircraft Damage None Substantial None Both Ground and In-Flight None Both Ground and In-Flight	Model:         Registered Owner of Other Aircraft         First Name:         Middle Initial:         Last Name:         Pilot of Other Aircraft         First Name:         Middle Initial:         Last Name:         Last Name:         Last Name:         Last Name:	City:	Destroyed Minor Substantial 20 None						
Cycles         Cycles         Time Since This Part         Inspected/Overhauled        Hours         DAMAGE TO AIRCRAFT AND OTHER PROPERTY         Aircraft Damage         Aircraft Fire         None         Substantial         None         Both Ground and In-Flight	Model:         Registered Owner of Other Aircraft         First Name:         Middle Initial:         Last Name:         Pilot of Other Aircraft         First Name:         Middle Initial:         Last Name:         Middle Initial:         Last Name:         Middle Initial:         Last Name:         Middle Initial:         Last Name:	City: State: Country City: State: Country N/FAILURE (If more space is needed, cont	ZIP:						
Cycles         Cycles         Time Since This Part         Inspected/Overhauled        Hours         DAMAGE TO AIRCRAFT AND OTHER PROPERTY         Aircraft Damage         Aircraft Fire         None         Substantial         None         Both Ground and In-Flight		City:	Destroyed Minor     Substantial None						
DAMAGE TO AIRCRAFT AND OTHER PROPERTY       Time Since This Part Inspected/Overhauled         Hours       Hours         Aircraft Damage       Aircraft Fire         None       Substantial		City:							
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		City:							
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		City:							
DAMAGE TO AIRCRAFT AND OTHER PROPERTY         Aircraft Damage       Aircraft Fire       Aircraft Explosion         None       Substantial       Image: Doth Ground and In-Flight       Mone		City:							
DAMAGE TO AIRCRAFT AND OTHER PROPERTY         Aircraft Damage       Aircraft Fire       Aircraft Explosion         None       Substantial       Image: Doth Ground and In-Flight       Mone		City:	Destroyed Minor     Substantial None						
Aircraft Damage     Aircraft Fire     Aircraft Explosion       None     Substantial     Both Ground and In-Flight     Mone     Both Ground and In-Flight		City:	Destroyed Minor     Substantial None						
Aircraft Damage     Aircraft Fire     Aircraft Explosion       None     Substantial     Both Ground and In-Flight     Mone     Both Ground and In-Flight		City:	Destroyed Minor     Substantial None						
Aircraft Damage     Aircraft Fire     Aircraft Explosion       None     Substantial     Both Ground and In-Flight     Mone     Both Ground and In-Flight		City:	Destroyed Minor     Substantial None						
🗌 None 📈 Substantial 🖄 None 🗌 Both Ground and In-Flight 🖉 None 🗌 Both Ground and In-Flight		City:       State:         State:       Country         City:       State:         State:       Country         N/FAILURE (If more space is needed, cont         Nure?       Yes ∑ No □ Unknown         part no., serial no., and describe the failure.)	Destroyed Minor     Substantial None						
Minor Destroyed In-Flight Unknown Origin In-Flight Unknown Origin		City:	Destroyed Minor Substantial None						
On-Ground On-Ground		City:	Destroyed Minor Substantial None   ZIP:     ZIP:     Total Time/Cycles     On Part     Hours   Cycles     Time Since This Part   Inspected/Overhauled   Hours     Hours						

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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)									
Description of Damage to Aircraft and Other Property (use additional sheet if necessary) Fight wing tip knocked off. Bent prop. Bent couling, punctured Nose cone, Leading edge of left wing @ the landing light shaghed, Nose geor fuested and puted upwords,									
nose cone, Leading edge at left wing a the landing light smashed,									
Nose near 1, 1, 52 and and puped upwords,									
to the fourth of the second se									
AIRPORT INFORMATION (If the	accident/incident occurred on app	roach, takeoff or within 3 miles of	an airport, complete this section)						
Airport Identifier: Private		Distance From Airport Center	:SM						
Airport Name:		Direction From Airport:	degrees MAG						
Proximity to Airport Off Airport/Airstri	ip 🗌 On Airport 🕅 On Airstrip	Airport Elevation:	ft. MSL						
Approach Segment (Select one)									
On Instrument Approach     Crosswind     Downw		Final Aborted Landing (after	Go Around (r touchdown)						
IFR Approach (Check all that apply)		VFR Approach (Check all that a							
□ None □ PAR □ ADF/NDB □ Sidestep	□ MLS □ Practice □ LDA □ GPS	None     Traffic Pattern	Stop and Go						
SDF ILS	ASR Loran	Straight-In	Simulated Forced Landing						
□ VOR/TVOR □ Localizer Only □ VOR/DME □ LOC-back course	Visual Unknown	Valley/Terrain Following	Forced Landing Precautionary Landing						
TACAN RNAV	Circling	Full Stop	Unknown						
Runway Information	Om Don	Condition of Runway/Landing							
Runway ID:(L/R/C) Length:	ft Width: 450 ft	Dry Snow-Co							
Runway/Landing Surface (Check all that a	pply)	Ice Covered Snow-Dr	y 🔲 Water-Glassy						
Asphalt Grass/Turf Macau Concrete Gravel Metal		Rough Snow-We	et 🗌 Wet						
Dirt Ice Snow		Slush Covered Vegetatio							
FLIGHT ITINERARY INFORMAT	NON								
	Time of Departure Destination	n to T	ype Flight Plan Filed						
Airport ID: KKVKL	Time: 2 5.15 pu Airport ID:		None VFR/IFR Company VFR IFR						
City: UKIAN	Time Zone Pacific City: 13V	auscomb	Military VFR Unknown						
	Time Zonet State:	_ ~ [	] VFR						
Country: USA	country	USA A	ctivated? Yes No						
Type of ATC Clearance/Service (Check all           None         Special VFR	that apply)	VFR Flight Following	Cruise						
None Special VFR	VFR On Top	Traffic Advisory	Unknown / NA						
Airspace where the accident/incident occu	irred (Check all that apply)								
Class A Class E Class B	Prohibited Area	☐ Jet Training Are ☐ TRSA							
Class C Demo Area	Restricted Area Military Operation		Air Traffic Control Area						
Class D Warning Area	Airport Advisory A	Area							
Aircraft Load Description (Check all that a	transfer in the state of the st								
Passengers 🗌 Towing Banner	Parachutists Water	Livestock							
🛱 Cargo 🗌 Other External	Chemical/Fertilize	r/Seeds							
FUEL & SERVICES INFORMATION									
Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type								
53	■ 80/87 ■ 115/145 2 100 Low Lead ■ Jet A	☐ JP3 ☐ Other, s ☐ JP4	specify						
- September	Gallons 100/130 Automotive JP5								
Other Services, if Any, Prior to Departure		5. Å							
pt 5 and in a	each tank, 33	guli							

EVACUATION OF AIR	EVACUATION OF AIRCRAFT								
Was an emergency evacuation	n of the aircraft	performed	1?	Yes 1	No				
Was an emergency evacuation of the aircraft performed? Yes No									
Method of Exit - Describe not	lie occupants e	-C5 .	Ĩ	ex, fed	the k	2+	JOOF. ANY	L and leas	
We opened	We open at the addition to the at the at the								
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location We openal the doors. I exited the lot door. Ant and long exited the right door.									
ex. 7-UL to	217-01 + 10								
WEATHER INFORMA	TION AT THI	E ACCI	DENT	/INCIDENT	SITE	-			
Weather Observation Facility	у		1000000	ce of Weather In	formation			Method of Briefing	
Facility ID:		_	1 Contra 1	ck all that apply)			Company	(Check all that apply)	
Observation Time:				ational Weather Ser light Service Station			Company Military	Teletype	
Time Zone:				V/Radio			Internet Unknown	Telephone/Computer Aircraft Radio	
Distance from Accident Site:		NM		utomated Report ommercial Weather	Service (DUA	TS)		TV/Radio	
Direction from Accident Site:	degr	ees MAG						Unknown	
Briefing Type/Completeness				t Condition		_	10000	Visibility	
Full Partial / Limited By Pilot	Abbreviat						Dark Night Bright Night	10 + miles	
Partial / Limited By Briefer	Not Pertin		A	uy 🗆	511		Not Reported		
Sky/Lowest Cloud Condition		Ceiling		10				(Check all that apply)	
	Thin Broken	None None	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				None Blassing Dust	☐ Fog ☐ Ground Fog	
	Thin Overcast Unknown	Broke		□ Indefinite □ Blowing Dust □ Ground Fog □ Unknown □ Blowing Sand □ Haze					
Scattered							Blowing Snow	Ice Fog	
Lowest Cloud Condition Hei	ght	Ceiling	Heigh	t			Blowing Spray Dust	Smoke	
	ft AGL				ft AGL	-			
Wind Direction	Wind Speed			Wind Gusts		Ty	pe of Turbulence (C)	heck all that apply)	
Indicated:	Velocity:	KTS		Velocity:	KTS		None In Cl Clear Air Vicir	ouds nity of Thunderstorm	
degrees MAG	-or-			_					
X Variable	Calm Light and Var	iable	Not Gusting				Severity of Turbulence  Extreme Moderate Light Severe Moderate Chop		
44 vanable	Actignente var	aore							
NOTAMs (D, L and FDC	), AIRMETs, S	IGMET	, PIR	EPs in effect at	the time of	fthe	accident/incident		
1 0.11 0									
Norme									
243		cing Fore						on (Check all that apply)	
Temperature:     (C)     Amount     Type     None     Drizzle       or     (F)     Moderate     Rime     Rain     Ice Pellets							Drizzle		
Trace				Severe	Clear		Snow	Snow Pellets	
Altimeter Setting:i	MB	Light			Mixed	Hail		Snow Grains Lee Crystals	
Density Altitude:		cing Actu	al		20			Ice Pellets Shower	
Dew Point:     (C)     Amount     Type       Image: Construction of the state of t								Freezing Drizzle	
or(F)	Ē	Trace	_	Severe	Clear		Intensity of Precipi	itation	
Light Mixed							Light DM	loderate 🗌 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										
First Name: Charles to the city city: Salt Lake City										
First Name:     Char TES     State:     City:     Saft Carbon Crig       Middle Initial:     J     State:     V ( ZIP:     89/08										
First Name:       Charles       Age at time of Accident/Incident:       23       Date of Birth:       Instructure       Instr										
Age at time of Accident/Inci	dent: 23	Date of Bir	th: mm/dd/y	1987 Cer	rtificate N	Number: P	endi	ng		
Degree of Injury	Seat Occup	oied			Belt			Shoulder H	larness	
None 🔲 Fatal	Left	Front	Unknov	wn Used			] No	Used	🕅 Yes	🗆 No
Minor Unknown	Center	Rear Single		Avai	lable	Yes	No	Available	☐ Yes	🗆 No
Pilot Certificate(s) (Check a	ill that apply)									
🗌 None 🗌 Stu	dent	Recrea	ational	Commerci			Flight Engi		Foreign	
	ght Instructor	Sport Sport		Airline Tr		25-115	U.S. Militar	Date of L	aat Madia	al
Principal Occupation	Medical Certifie	cate 不Class 3				rtificate Val nitations/waiv		000000000000000000000000000000000000000		ai
Pilot Cother		Driver's Lice	nse (Sport Pilot			ations/waivers		-	1/2010	
Unknown		Unknown			Jnknown			mm/dd	צנצע	
Medical Certificate Limita	tions									
M.	OLR									
1.										
Medical Certificate Waive	rs.									
NO	ne									
									_	
Date of Last Flight Review		Flight	Review Airo							
or Equivalent, Including FAR 121/135 Checks:	10/22/20	10 Make:								
	mm/dd/yyyy	Model	:_(72-	- >						
Airplane Rating(s)	Other Aircra	0.1		ent Rating(s)	)	Instructor				
(Check all that apply)	(Check all that a	appty)	(Check al	l that apply)		(Check all the contract of the	hat apply)		Instrumen	Aimlana
Single-Engine Land	Airship		Airpla	ine		Airplane	Single-Eng	gine 🗌		t Helicopter
Single-Engine Sea	Free Balloor	1	Helico	opter		Airplane	Multi-Engi	ine 🗌	Helicopter	5
Multiengine Sea	Glider Gyroplane		Power	red Lift		Gyroplan			Glider Sport	
	Helicopter	0					1.000.00		show	
Type Ratings	Powered Lif	t				Student F	ndorseme	nts (Include o	dates)	
Type Ratings Student Endorsements (Include dates)										
			Airplane				10127 D2-4			
Flight Time (enter appropriat number of hours in each box)		This Make	Single	Airplane			Ginnland	Battan	CHA	Lighter
Total Time	Aircraft 7513	& Model 69.6	Engine 75.3	Multiengine	Night 14.7	Actual	Simulated U.S	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)	19.7	19.7	19.7	6	0	d	0	X	X	
Time as Instructor	0	0	0	6	0	10	0		1	1
This Make/Model		12.000 /4 14		and the second second	1.4	V	4.5		CAL MAR	
Last 90 Days	31,6	31.6	31.6	Ø	1.4	X	1.6	$\backslash$	V	
Last 30 Days	10.7	10.7	10.7	Q	0	$  \wedge  $	13	X	X	X
Last 24 Hours	5	5	5	d	0	10	0	+		0

PILOT "B" INFORMATION										
Pilot "B" Responsibilities a	t the Time of Accid	dent/Incider		Check Pilot	t 🗌 Flig	ght Engineer	Other I	Flight Crew		
Pilot "B" Identification					-		1			
First Name: Art				0	City: 3	ransce 2.A VSAZ	omb			
Middle Initial:	A				State: C	A	IP:			
Last Name: Harwe	001			_ (	Country:	VST		-		
Age at time of Accident/Inci	dent:	Date of Birt	h: 		Certificate	Number:				
Degree of Injury	Seat Occupied	_		S	eat Belt	_		Shoulder H		
None Fatal Minor Unknown Serious	Right	Front Rear Single	Unknown		ised vailable	Yes [	No No	Used Available	🕅 Yes 🔲 Yes	No No
Pilot Certificate(s) (Check a	ll that apply)									
□ None □ Stu		☐ Recreat	tional	Commo Airline	ercial Transport		Flight Engin U.S. Militar		🗌 Foreign	
Principal Occupation	Medical Certificat	e		N	1edical Co	ertificate Va	lidity	Date of L	ast Medica	1
D Pilot		Class 3			-	imitations/wai				
		Driver's Licen Jnknown	se (Sport Pilot	only)	Unknown	tations/waiver	S	mm/dd/	VVVV	
Unknown Medical Certificate Limita				*				1000000.00004	1999) 	
Medical Certificate Waiver	°S									
Date of Last Flight Review		Flight	Review Airc	raft	<del></del>			_		
or Equivalent, Including FAR 121/135 Checks:		Make:								
	mm/dd/yyyyy	Model:								
Airplane Rating(s)	Other Aircraft I	The second se		ent Rating		Instructor				
(Check all that apply)	(Check all that app	p(y)		that apply)	6	(Check all th	hat apply)	_		
<ul> <li>None</li> <li>Single-Engine Land</li> <li>Single-Engine Sea</li> <li>Multiengine Land</li> <li>Multiengine Sea</li> </ul>	<ul> <li>None</li> <li>Airship</li> <li>Free Balloon</li> <li>Glider</li> <li>Gyroplane</li> <li>Helicopter</li> <li>Powered Lift</li> </ul>	Free Balloon       Helicopter       Airplane Multi-Engine       Helicopter         Glider       Powered Lift       Gyroplane       Glider         Gyroplane       Powered Lift       Sport								
Type Ratings						Student Er	ndorsemen	ts (Include da	ates)	
Flight Time (enter appropria number of hours in each box)		This Make & Model	Airplane Single Engine	Airplane Multiengi		1	rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model					100					
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)									
Pilot Name and Address		1.34				Degree of In			
First Name:		City:				None	Fatal		
Middle Initial:		State:	ZIP:			Minor Serious	Unknown		
Last Name:		Country:		_					
Pilot Certificate(s) (Check all that ap	pply)					Seat Occup			
	Recreational	Commercial	Flight Engineer	Foreign	9 ()	Left Right	Front Rear		
	Sport Sport	Airline Transport	U.S. Military			Center	Single		
Type Rating/Endorsement for Accident/Incident Aircraft?		of this Accide	ime at the Time	hrs			Unknown		
Accident/Incident Aircraft?	Yes No	of this Accide			-				
Pilot Name and Address			10.82			Degree of I			
First Name:		City:				□ None □ Minor	☐ Fatal ☐ Unknown		
First Name: Middle Initial:		State:	ZIP:			Serious	CI Onknown		
Last Name:		Country:		_					
Pilot Certificate(s) (Check all that a	(pply)					Seat Occup			
	Recreational	Commercial	Flight Engineer	Foreign		Left	Front Rear		
	Sport Sport	Airline Transport	U.S. Military			Right	Single		
Type Rating/Endorsement for Accident/Incident Aircraft?	Yes No	of this Accide	ime at the Time nt/Incident:	hrs		-	Unknown		
					-	Degree of I	nium		
Pilot Name and Address					_	None	Fatal		
First Name:		City:	ZIP:			Minor	Unknown		
Middle Initial:		State:	ZIP:			Serious			
Last Name:		Country:				Seat Occup	ind		
Pilot Certificate(s) (Check all that a						Left	Front		
	Recreational     Sport	Commercial Airline Transport	Flight Engineer	Foreign		Right	Rear		
Type Rating/Endorsement for			Time at the Time			Center	Single		
			nt/Incident:	here			Unknown		
Accident/Incident Aircraft?	Yes No	of this Accide	nument:	IIIS					
					cessa	rv)	We made the state of the second		
PASSENGER(S) / OTHER P							È E		
				ate sheet if ne			al ary ary Injury known		
PASSENGER(S) / OTHER P	ERSONNEL	(Include flight attend	ants; continue on separ	rate sheet if ne			Fatal Serious Injury Minor Injury No Injury Unknown		
PASSENGER(S) / OTHER P	ERSONNEL	(Include flight attend	ants; continue on separ	rate sheet if ne	Crew	Revenue Revenue Non- Occupant FAA			
PASSENGER(S) / OTHER P	ERSONNEL	(Include flight attend	ants; continue on separ	rate sheet if ne	Crew	Revenue Revenue Non- Occupant FAA			
PASSENGER(S) / OTHER P	ERSONNEL	(Include flight attend		rate sheet if ne	Crew	Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury Unknown		
PASSENGER(S) / OTHER P         Name and Address         First Name:       M         Middle Initial:	ond	City: Soc State: Country:	ants; continue on separ $1 + Labe C_i$ $3 + \frac{39108}{5}$	rate sheet if ne		Revenue Revenue Occupant FAA			
PASSENGER(S) / OTHER P         Name and Address         First Name:       M         Middle Initial:       Color         Last Name:       Color         First Name:       Color	ond	City: Soc State: Country:	ants; continue on separ $1 + Labe C_i$ $3 + \frac{39108}{5}$	rate sheet if ne		Revenue Revenue Occupant FAA			
PASSENGER(S) / OTHER P         Name and Address         First Name:       M         Middle Initial:	ond	City: Soc State: Country:	ants; continue on separ	rate sheet if ne		Revenue Revenue Occupant FAA			
PASSENGER(S) / OTHER P         Name and Address         First Name:       M         Middle Initial:       G         Last Name:       G         Middle Initial:       Last Name:	ond	City: Soc State: Country: City: City: City: City: City: City: City: City: City: Country: City: Country: City: Country: City: Country: City: Country: City: Country: City: City	ants; continue on separ	rate sheet if ne		Contraction Contra			
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PASSENGER(S) / OTHER P         Name and Address         First Name:       M       C       Ymm         Middle Initial:       G       G       0         Last Name:       G       G       0         First Name:       G       G       0         Middle Initial:       G       G       0         Last Name:       G       G       0	ond d	(Include flight attend	ants; continue on separ	rate sheet if ne		Contraction Contra			
PASSENGER(S) / OTHER P         Name and Address         First Name:       M       C       G       G         Middle Initial:       G       G       G       G         Last Name:       G       G       G       G         First Name:       G       G       G       G       G         First Name:       G	ond d	(Include flight attend	ants; continue on separ	rate sheet if ne		Image: Second state         Image: Second state           Image: Second state         Image: Second state <td></td>			
PASSENGER(S) / OTHER P         Name and Address         First Name:         Middle Initial:         Last Name:         Middle Initial:         Last Name:         First Name:         Middle Initial:         Last Name:         First Name:         Middle Initial:         Last Name:         First Name:         Middle Initial:         Last Name:         Middle Initial:         Last Name:	ond d	City: See State: Country: City: City	ants; continue on separ	rate sheet if ne		Image: Second state         Image: Second state           Image: Second state         Image: Second state <td></td>			
Name and Address         First Name:       M         Middle Initial:       Color         Last Name:       Color         First Name:       Middle Initial:         Last Name:       First Name:         First Name:       First Name:         First Name:       First Name:         First Name:       First Name:         First Name:       Last Name:         First Name:       Last Name:         First Name:       Last Name:	personnel	(Include flight attendard)	ants; continue on separ	rate sheet if ne		Image: Second state         Image: Second state           Image: Second state         Image: Second state <td></td>			
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Name and Address         First Name:       M         Middle Initial:       Golo         Last Name:       Golo         First Name:       Golo         Middle Initial:       Golo         First Name:       Golo         Middle Initial:       Golo	personnel	(Include flight attende City: See State: Country: City: City: State: Country: City: City: State: Country: City: City: State: Country: City: State: City: City: State: City: City: State: City: City: State: City: Ci	ants; continue on separ         1 + Labe Ci         3 A         21P:	rate sheet if ne		Revenue Non-			
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PASSENGER(S) / OTHER P         Name and Address         First Name:         Middle Initial:         Last Name:         Middle Initial:         Last Name:         First Name:         Middle Initial:         Last Name:	personnel	City:       See         State:       City:         City:       State:         City:       State:         City:       State:         City:       State:         City:       State:         City:       State:         Country:       City:         State:       Country:         City:       State:	ants; continue on separ         1 + Labe Ci         73 A <sup>IP:</sup> 2IP:	Total         Total           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1					
Name and Address         First Name:       M         Middle Initial:       Gold         Last Name:       Gold         First Name:       Gold         Middle Initial:       Last Name:         First Name:       Gold         Middle Initial:       Last Name:         First Name:       Gold         First Name:       Gol	personnel	(Include flight attended)         City:         State:         Country:         City:         State:	ants; continue on separ         1 + Labe Ci         3 A <sup>ZIP</sup> 3 YIOS         2 IP:	Total         Total           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1           1         1					

## 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 time and point of departure, intended destination, and services obtained.

## RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

Improved landing roll control. Cut down trees bordering the airstrip.

ADDITIONAL INFORMA Use this space if additional space	TION (Please type or print in ink) is needed for any answers.		
		ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE
11 103/2010 Signature:	nt Name Charles Minna	ugh	
Signature and Name of Person I Signature: Type or Print Name:	Filing Report if Other than Pilot/Operato	or C	
Title:	FOD NTOD		and the second second second
NTSB Accident/Incident No. WPR11CA035	FOR NTSB Reviewed by NTSB Regional Office Seattle, WA - WPR	Name of Investigator Joshua Cawthra	Date Report Received 11/03/2010