

**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

<b>Location</b>					
Nearest City/Place, State, Zip Code <u>FAYETTEVILLE 1 WV 25840</u>		Date of Accident <u>10 SEP 2010</u>	Local Time (24 HOUR CLOCK) <u>1310</u>	Zone <u>EST</u>	Elevation At Accident Site <u>1900</u> Feet MSL ____ Feet MSL
If The Accident Occurred On Approach, Takeoff Or Within 3 Miles Of An Airport, Complete The Following Information					
<b>Proximity To Airport:</b>					
1. <input type="checkbox"/> On Airport		3. <input type="checkbox"/> Within 1/2 Mile		5. <input checked="" 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 <u>FAYETTE AIRPORT</u>		Airport Ident <u>WV 59</u>	Runway/Landing Surface And Conditions:		
			1. Direction: <u>3/21</u> 3. Width: <u>20</u>		
			2. Length: <u>2014</u> 4. Surface: <u>ASPHALT</u> 5. Condition: <u>GOOD</u>		
<b>Phase Of Operation:</b>					
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise	
2. <input type="checkbox"/> Taxi		4. <input checked="" type="checkbox"/> Climb		6. <input type="checkbox"/> Descent	
				7. <input type="checkbox"/> Approach	
				9. <input type="checkbox"/> Hover/Maneuver	
				8. <input type="checkbox"/> Landing	
				10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL	
<b>Aircraft Information</b>					
Registration Mark <u>N7922E</u>		Aircraft Manufacturer <u>CESSNA</u>		Aircraft Type/Model <u>C150</u>	
				Serial Number <u>17722</u>	
				Cert Max Gross WT <u>1500</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. Specify _____			
1. <input checked="" 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 type="checkbox"/> Experimental			
4. <input type="checkbox"/> Transport		8. Specify _____			
Landing Gear					No. Of Seats
1. <input checked="" type="checkbox"/> Tricycle—Fixed					Flight/Cabin
2. <input type="checkbox"/> Tricycle—Retractable					Crew <u>1</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"/> Ski/Wheel					
9. Specify _____					
Stall Warning System Installed		IFR Equipped		Engine Type	
1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Reciprocating—Carburetor	
2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		3. <input type="checkbox"/> Turbo Prop	
				4. <input type="checkbox"/> Turbo Jet	
				5. <input type="checkbox"/> Turbo Fan	
				6. <input type="checkbox"/> Turbo Shaft	
Engine Manufacturer <u>CONTINENTAL</u>		Engine Model/Series <u>O200</u>		Engine Rated Power	
				1. <u>100</u> Horsepower	
				2. _____ Lbs. Thrust	
				Type Of Fire Extinguishing System Used	
				1. <input checked="" type="checkbox"/> None	
				2. Specify _____	
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1			Hours	Hours	Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours
Type Of Maintenance Program			Type Of Last Inspection		Date Last Inspection Performed
1. <input checked="" type="checkbox"/> Annual			1. <input checked="" type="checkbox"/> Annual		<u>04/27/2010</u> (M/D/Y)
2. <input type="checkbox"/> Manufacturer's Inspection Program			2. <input checked="" type="checkbox"/> 100 Hour		Time Since Last Inspection
3. <input type="checkbox"/> Other Approved Inspection Program (AAIP)			3. <input type="checkbox"/> AAIP		<u>75</u> Hours
4. <input type="checkbox"/> Continuous Airworthiness			4. <input type="checkbox"/> Continuous Airworthiness		Airframe Total Time
5. Specify _____					<u>7780</u> Hours
Emergency Locator Transmitter (ELT)	ELT Manufacturer <u>POINTER</u>	Model/Series <u>3000</u>	Serial Number <u>319511</u>	Battery Date (M/D/Y) <u>03/31/2012</u>	
	Switch	Operated		Aided In Accident Location	
	1. <input checked="" type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No	
Registered Aircraft Owner <u>RICHARD W. CANTLEY</u>			Address <u>BLUFF CITY, TN 37618</u>		
Operator Of Aircraft			Address		
1. <input checked="" type="checkbox"/> Same As Registered Owner			1. <input type="checkbox"/> Same As Registered Owner		
2. Name			2. _____		
3. DBS:					

<b>Owner/Operator Information (cont.)</b>																			
Operator (Certificate Number) [REDACTED]				Operator Designator (4 Letter Designator)															
<b>Purpose Of Flight And Type Of Operation</b>																			
<b>Regulation Flight Conducted Under</b> 1. <input checked="" type="checkbox"/> FAR 91 (only)    4. <input type="checkbox"/> FAR 121    7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR 91D    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						<b>Operator Authority</b> FAR 121    FAR 133 1. <input type="checkbox"/> Domestic    6. <input type="checkbox"/> Rotorcraft 2. <input type="checkbox"/> Flag    External Load 3. <input type="checkbox"/> Supplemental    FAR 125 FAR 135    FAR 129 4. <input type="checkbox"/> On Demand    8. <input type="checkbox"/> Foreign 5. <input type="checkbox"/> Commuter		<b>FAR 121, 125, 127, 129, 135 Revenue Operations</b> 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 _____											
<b>Purpose Of Flight</b> 1. <input checked="" 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"/> Instructional    8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate    9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application    10. <input type="checkbox"/> Positioning																			
<b>Pilot Information</b>																			
Pilot Name <u>RICHARD W. CANTLEY</u>			Pilot Certificate No. [REDACTED]		Address <u>BLUFF CITY, TN 37618</u>			Nationality <u>US</u>											
<b>Certificate(s)</b> 1. <input type="checkbox"/> Student    3. <input checked="" type="checkbox"/> Commercial    5. <input checked="" type="checkbox"/> Flight Instructor    7. <input type="checkbox"/> Military    9. <input type="checkbox"/> 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 _____																			
<b>Rating(s)</b> 1. <input type="checkbox"/> None    6. <input checked="" 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				<b>Instrument Rating(s)</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input checked="" type="checkbox"/> Helicopter		<b>Instructor Rating(s)</b> 1. <input type="checkbox"/> None    6. <input type="checkbox"/> Instrument Airplane 2. <input checked="" 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 checked="" type="checkbox"/> Helicopter    9. Specify _____ 5. <input type="checkbox"/> Glider													
<b>Type Ratings/Student Endorsements</b>				<b>Date Of Biennial Flight Review Or Equivalent (M/D/Y)</b> <u>08/05/2010</u>		<b>BFR Aircraft</b> 1. Make <u>FAIRCHILD HILTI</u> 2. Model <u>FH1100</u>													
<b>Medical Certificate</b> 1. <input type="checkbox"/> None    3. <input checked="" type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1    4. <input type="checkbox"/> Class 3		<b>Date Of Last Medical (M/D/Y)</b> <u>08/10/2010</u>		<b>Limitations</b> <u>visual corrective lenses</u>			<b>Date Of Birth (M/D/Y)</b> [REDACTED]												
<b>Degree Of Injury</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		<b>Seat Occupied</b> 1. <input type="checkbox"/> Left    4. <input type="checkbox"/> Front 2. <input checked="" type="checkbox"/> Right    5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		<b>Person At Controls At Time Of Accident</b> 1. <input checked="" type="checkbox"/> Pilot In Command    3. <input type="checkbox"/> Both Pilots    5. <input type="checkbox"/> No One 2. <input type="checkbox"/> Second Pilot    4. <input type="checkbox"/> Non-Pilot				<b>Seat Belt Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No											
<b>Seat Belt Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		<b>Source Of Pilot Flight Time Information</b> 1. <input type="checkbox"/> Pilot Logbook    4. <input type="checkbox"/> Company 2. <input checked="" type="checkbox"/> Operators Estimate    5. Specify _____ 3. <input type="checkbox"/> FAA Records													
<b>Flight Time</b>		<b>All A/C</b>		<b>This Make &amp; Model</b>		<b>Airplane Single Engine</b>		<b>Airplane Multiengine</b>		<b>Night</b>		<b>Instrument</b>		<b>Rotorcraft</b>		<b>Glider</b>		<b>Lighter Than Air</b>	
Total Time		21,645		500								Actual		Simulated					
Pilot In Command (PIC)		24,000		500															
Instructor				150															
This Make/Model																			
Last 90 Days		46		40															
Last 30 Days		18		15															
Last 24 Hours		1.3		1.3															
<b>Second Pilot Information</b>																			
<b>Second Pilot Responsibilities At The Time Of Accident</b> 1. <input checked="" 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 <u>JONATHAN ADKINS</u>				Pilot Certificate No.		Address				Nationality <u>US</u>									
<b>Certificate(s)</b> 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 checked="" 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.)

<b>Rating(s)</b> 1. <input type="checkbox"/> None 2. <input checked="" 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		<b>Instrument Rating(s)</b> 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		<b>Instructor Rating(s)</b> 1. <input checked="" 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. Specify _____	
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<b>Type Ratings/Student Endorsements</b>		<b>Date Of Biennial Flight Review Or Equivalent (M/D/Y)</b>		<b>BFR Aircraft</b> 1. Make _____ 2. Model _____	
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<b>Medical Certificate</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input checked="" type="checkbox"/> Class 3		<b>Date Of Last Medical (M/D/Y)</b>		<b>Limitations</b> <b>Waivers</b>		<b>Date Of Birth</b>	
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<b>Degree Of Injury</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		<b>Seat Occupied</b> 1. <input checked="" type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear		<b>Seat Belt Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	
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<b>Seat Belt Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		<b>Source Of Pilot Flight Time Information</b> 1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. Specify _____	
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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	Passenger		Non-Occupant	FAA	Degree Of Injury			
				Non-Revenue	Revenue			Fatal	Serious	Minor	None
1.											
2.											
3.											
4.											
5.											
6.											

Flight Itinerary Information							
<b>Last Departure Point</b> 1. Airport ID <u>WV 59</u> 2. City/Place <u>FAYETTEVILLE</u> 3. State <u>WV</u>		<b>Time Of Departure</b> 1. Time <u>1310</u> 2. Time Zone <u>EST</u>		<b>Destination</b> 1. Airport ID <u>044</u> 2. City/Place <u>JOHNSON CITY</u> 3. State <u>TN</u>		<b>Flight Plan Filed</b> 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> VFR 3. <input type="checkbox"/> IFR 4. <input type="checkbox"/> VFR/IFR 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

Computer

<b>Fuel On Board At Last Takeoff</b> <u>14</u> Gallons or _____ Pounds		<b>Fuel Type</b> 1. <input type="checkbox"/> 80/87 2. <input type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input type="checkbox"/> Jet A 6. <input checked="" type="checkbox"/> Automotive 7. Specify _____	
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Other Services, If Any, Prior To Departure

Weather Information At The Accident Site			
<b>Source Of Weather Information</b> (Pilot/Operator, Weather Observation) <u>CLEAR (PILOT OBS)</u>		<b>Light Condition</b> 1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night	
<b>Visibility</b> <u>10</u> Miles		<b>Temp (°F)</b> <u>70</u>	

# Weather Information At The Accident Site (cont)

Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL		4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured	
Wind Information 1. Direction <u>SW</u> 2. Velocity <u>3</u> KTS 3. Gusts _____ KTS		Restriction To Visibility <u>none</u>	Type Precipitation <u>none</u>	Intensity Of Precipitation 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. Specify _____	

Turbulence (Multiple entry)  
1. ☐ None 2. ☐ Light 3. ☐ Moderate 4. ☐ Severe 5. ☐ Extreme 6. ☐ Clear Air 7. ☐ In Clouds

## Damage To Aircraft And Other Property

Degree Of Aircraft Damage 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Substantial 4. <input checked="" type="checkbox"/> Destroyed	Fire 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> In-Flight 4. <input type="checkbox"/> On Ground
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Description Of Damage To Aircraft And Other Property  
wings, nose gear, tail section destroyed

## Mechanical Malfunction/Failure

1. <input type="checkbox"/> No	Total Time	
2. <input checked="" type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure <u>LEFT MAGNETO</u> <u>FAA HAS PART</u>	On Part _____ Hours	At Overhaul _____ Hours

## Collision Accident

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed 2. <input type="checkbox"/> Substantial 3. <input type="checkbox"/> Minor 4. <input type="checkbox"/> None
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Registered Aircraft Owner	Address
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Pilot Name	Address	Pilot Certificate No.
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## Evacuation Of Aircraft

Assistance Received  
1. ☐ Outside Person(s) 2. ☐ Auxiliary Lighting 3. ☐ Slide 4. ☐ Rope 5. ☐ Ladder 6. ☐ Specify none

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)  
1. Main Door 2 2. Auxiliary Door \_\_\_\_\_ 3. Emergency Exit \_\_\_\_\_

## Recommendations (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)  
none

**Additional Flight Crew Members**

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

Name	FAA Certificate No.	Address	Title

**Certificate(s)**1. ☐ Student3. ☐ Commercial5. ☐ Flight Instructor7. ☐ Foreign2. ☐ Private4. ☐ Airline Transport6. ☐ Flight Engineer

8. Specify \_\_\_\_\_

**Ratings/Endorsements****Total Flight Time****Flight Time This Accident**

Name	FAA Certificate No.	Address	Title

**Certificate(s)**1. ☐ Student3. ☐ Commercial5. ☐ Flight Instructor7. ☐ Foreign2. ☐ Private4. ☐ Airline Transport6. ☐ Flight Engineer

8. Specify \_\_\_\_\_

**Ratings/Endorsements****Total Flight Time****Flight Time This Accident**

Name	FAA Certificate No.	Address	Title

**Certificate(s)**1. ☐ Student3. ☐ Commercial5. ☐ Flight Instructor7. ☐ Foreign2. ☐ Private4. ☐ Airline Transport6. ☐ Flight Engineer

8. Specify \_\_\_\_\_

**Ratings/Endorsements****Total Flight Time****Flight Time This Aircraft**

**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 More Space Is Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

I hereby certify that the above information is complete and accurate to the best of my knowledge.

Date Of This Report

15 SEP 2010

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.

ERA10LA475

Reviewed By NTSB Office Located At

XACA, FL

Name Of Investigator

Jose Obregon

Date Report Received

20 Sep 2010