NATIONAL	TRANSP	ORTATIO	ON	SAFETY E	BOARD				
NATIONAL PILOT/OPERATOR	AIRCR	AFT ACC		NT/INCID	ENT R	dents ar	nd incl	dents	
PILOT/OPERATOR This form to be used for report	ing civil								
BASIC INFORMATION			Date	/Time	······································		0000		
Accident/Incident Location	State:	CA	Date:	9/3/2010			. 0000		
Nearest only I wanted USA		(		mm/dd/yyyy		Time Zone	PACIFI	<u>c</u>	
ZIP: 93962       Country:         Latitude:(dd:mm:ss N/S)       Longitude:	(ddd:	mm:ss E/W)			1	G Alfifi	ide of In-	Flight	
Dhese of Operation				ision with Oth Aidair	er Ancia		rrence	-	
Standing Takeoff (incl. initial climb)	ring 🔲 C	lover )ther		)n-ground		]		ft MS	SL
Taxi   Climb   Maneuve     Descent   Landing   Approact		Inknown	N N	lone					
AIRCRAFT INFORMATION			<u> </u>	Max Gross We		2.85	0 lbs		
Manufacturer: BELL			Ĩ	Max Gross We Weight at Time	ignt:	ent/Inciden	t:	2,000	bs
Manufacturer	· · · · · · · · · · · · · · · · · · ·		. []	Weight at 1100 Location of Ce	nter of Gi	ravity at Til	ne of Acc	aent/Inclu	ent:
7071				LOCATION OF CC		- ahaa from I	1 0056 00	r i uatum	1
Serial Number: 1971 Registration Number: N4427F Ar	nateur-built:		NO	-01-		Percent Mean		Retractable	6
	and the second se	Number o	of Sea	ts:	2	Landing G Check any			
(Check all that apply)				how many seats f		configuration	on that app	lies:	
Balloon Standard Specia					1	Tricycle	6	🗌 Tailw	
Glider Utility Lim	ited				1	🗌 Amphil	oian Blaat	☑ High □ Skid	Skid
Gyrocraft Gyrocraft Prov Helicopter Exp	erimental				÷	Emerge	ency Ploat	🗍 Ski	
Powered lift	cial Flight ht Sport	1 43557				Hull	wo	🗍 ski/V	Vheel
Ultralight Lig						t Inspection		30/2010	
Type of Maintenance Program	Last Inspec	_		Linethinger	Date La	st inspection	mm/	dd/yyyy	-
Annual .	🚺 100 Hour 🗋 AAIP	Contu	nuous itional	Airworthiness Inspection		e Total Tin		7,936	b hrs
Conditional (Amateur-built only)	Annual	Unkn	own	1	6	- measured at	- Icheck on	e)	1
Other Approved Inspection Program (AAIP)						ast Inspection	i 🗍 Tin	ne of Acciden	t/Incident
Other, specify:		ing System I	Instal	led		Fire Exting			
IFR Equipped	Stall Warn	No 🗍 Unk	known	• • -	None None	fy			
Yes 🖌 No 🗌 Unknown	L				1 CJ Speci	iy			
					J				
ELT Installed ELT Activated	ELT Manu	ıfacturer: <u>N</u>	IA						
Yes No Yes No									
ELT Aided in Locating Accident/Incident						Battery	Exp. Da	te:	
Yes No	1	ype: Propeiler							
Engine Type Reciprocati System Typ	e	_		Manuf	acturer: B	ELL			
Reciprocating     Turbo Jet     Turbo Shaft     Turbo Fan     Fuel Injec	r fed	Fixed Pit	tch able Pi	ivianuia itch Model·	47G5				
Unknown					Engine	Rated		<b>7</b> .	Time
	1				as (che		Total	Time Since	Since
	١,	Manufacturer	r's	Date of Mfg.	M Ho	rsepower or of Thrust	Time (hours)	Inspection (hours)	Overhaui (hours)
Engine Manufacturer Model/Series		Serial Number		mm/dd/yyy		of thus	914	0	914

	Engine Manufacturer	Model/Series	Manufacturer's <u>Serial Number</u> L-3499-31	of Mig. mm/dd/yyyy 1/8/2007	lbs of Thrust	(hours) 914	(hours)
Eng. 2						<u> </u>	
Eng. 3 Eng. 4			1		1	<u></u>	<u></u>

OWNER/OPERATOR INFORMATIC	N		
Registered Aircraft Owner		Owner Address	SALINAS
Name: GOMES FARM AIR SERVICE, INC.		City:ZIP: 9	
Fractional Ownership Aircraft:  Yes  No		Country: USA	
Operator of Aircraft Same As Register	ed Owner	Operator Address Sa	. 1
Name;	· · · · · · · · · · · · · · · · · · ·	City: ZIP:	
The second		Country:	
Air Carrier/Operator Designator (4 Character Co	de):	Revenue Sightsceing Flight	
Regulation Flight Conducted Under	al Flight Public Use (select type)	Ves	No No
Image: Part of the sector o	mercial Commerci	Air Medical Flight	No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial Opera (Check all that apply)	ung Certificate ficto
Ior FAR 91, 103, 133, 137       (Select one)         Personal       Business         Executive/Corporate       Other Work Use         Instructional       Ferry         Positioning       Positioning	Scheduled or Commuter         Non-Scheduled or Air Taxi         Domestic or International         Domestic       International	<ul> <li>None</li> <li>Flag Carrier Operating Certit</li> <li>Supplemental</li> <li>Air Cargo</li> <li>Foreign Air Carriers (129)</li> <li>Commuter Air Carrier (135)</li> <li>On-Demand Air Taxi (135)</li> <li>Large Helicopter (127)</li> </ul>	
Acrial Application Acrial Observation Ari Drop Air Race / Show Flight Test Public Use	Cargo Operation Passenger/Cargo Passenger How many? Cargo Ibs Mail	Rotorcraft External Load (1: Or Agricultural Aircraft (137)     Other Operator of Large Air	
		the method for other aircraft	
OTHER AIRCRAFT - COLLISION	(if air or ground collision occurred, complete	This section for other anotati,	age to Other Aircraft
Aircraft Registration Number   Manufactur	er:	De	estroyed Minor bstantial None
Registered Owner of Other Aircraft	City:		
First Name:	State:	ZIP:	
Middle Initial: Last Name:	Countral		
Pilot of Other Aircraft			
First Name:	City: State:	ZIP:	
Middle Initial:	Country:		
Last Name:	AILURE (If more space is needed, continu	e on separate sheet)	
The Machanical Malfunction/Failure	? TYes No Unknown		Total Time/Cycles On Part
(if yes, list the name of the part, manufacturer, part	no., serial no., and describe the failure.)		
			Hours
			Cycles
			Time Since This Part Inspected/Overhauled
			Hours
			Hours
			1
DAMAGE TO AIRCRAFT AND O		Aircraft Explosion	
None Substantial No	Flight 🔲 Unknown Origin	None Bo	oth Ground and In-Flight hknown Origin
	Ground		

Description of Damage to Aircraft and Oth	er Property (use addition	onal sheet if n	ecessary)			
AND ATOR TALL BOTOR AIRERAME AND	CABIN APPEAR TO HA	VE SUSTAI	NED MAJOR DAM	AGE. THE TR	UE EXTENT	OF THE DAMAGE CAN
NLY BE ASCERTAINED AFTER FURTHER IN	ISPECTION AND EXAM	MINATION.				
					of on airport	complete this section)
AIRPORT INFORMATION (If the a	ccident/incident occur	red on appr	oach, takeoff or w	thin 3 miles (	or an airport,	2 SM
Airport Identifier: SNS		-	Distance From A			
Airport Name: SALINAS MUNICIPAL AIF	RPORT					10_degrees MAG 80_ft. MSL
Proximity to Airport 🗍 Off Airport/Airstrip	On Airport 0	n Airstrip	Airport Elevatio	on:		
Approach Segment (Select one)						🗌 Go Around
On Instrument Approach				nted Landing (2	after touchdowr	
Crosswind Downwir		Approach	VFR Approach			
IFR Approach (Check all that apply)		Practice	None	-	🗌 Sto	p and Go
ADF/NDB Sidestep		GPS	Traffic Pattern			uch and Go nulated Forced Landing
SDF LLS		Loran Unknown	Valley/Terrain	Following		rced Landing
VOR/TVOR     Localizer Only       VOR/DME     LOC-back course	Contact		Go Around			cautionary Landing
	Circling		Full Stop     Condition of Ru	nway/f.andii		Check all that apply)
Runway Information		۵		Snow-	-Compacted	Water-Calm
Runway ID:(L/R/C) Length:		II	Holes	Snow		☐ Water-Choppy ☐ Water-Glassy
Runway/Landing Surface (Check all that ap	am 🗌 Water		Ice Covered	Snow		Wei
Asphalt Grass/Turf Macad Concrete Gravel Metal/			Rubber Deposi	is 🗌 Soft	ation	Unknown
Dirt Ice Snow			LI Stusit Covercu			
FLIGHT ITINERARY INFORMAT					Tune Fligh	t Plan Filed
Last Departure Point	Time of Departure	Destinatio			None	∏ VFR/IFR
Airport ID: SNS	Time: 0550		"AREA 18" NAS (west of airp		Company	
City: SALINAS	Time Zone: PACIFIC	City: <u>SALI</u> State: <u>CA</u>	NAS (West of any		Military V	VFR 🗌 Unknown
State: Or	Time Zone: Trion To	Country: US	SΔ			🗌 Yes 🔲 No
Country: USA		Country: Of	57		L	
Type of ATC Clearance/Service (Check all	that apply)	al IFR	UVF.	R Flight Follow	ving	Cruise
□ None	VFR	On Top	Tra	ffic Advisory		Unknown / NA
Airspace where the accident/incident occi	irred (Check all that ap	ply)		□ 1.4 m - !!	~ 4 - 00	Special
Class A Class E	L] Pro	hibited Area stricted Area		☐ Jet Trainin ☐ TRSA	g Alea	Air Traffic Control Area
Class B Class G Demo Area	🗍 Мі	litary Operatio	ns Area (MOA)	🗌 FAR 93		Unknown
Class D Warning Area		port Advisory	Area			
Aircraft Load Description (Check all that	apply)			Livestock		
None Towing Glider	- Ēwa	achutists iter				
Cargo Other External	Ch	emical/Fertiliz	er/Seeds			
FUEL & SERVICES INFORMAT	ION					
Fuel on Board at Last Takeoff	Fuel Type	_	<u> </u>		ther, specify	
(convert from pounds, as necessary)	☐ 80/87 ☑ 100 Low Lead	☐ 115/145 ☐ Jet A	☐ JP3 ☐ JP4		men specify	
25 Gallons	100 Low Lead	Automot				
Other Services, if Any, Prior to Departu	re					
1						

EVACUATION OF AIRCRA	\FT									
Was an emergency evacuation of th	he aircraft pe	rformed		Yes No						
Method of Exit - Describe how the	occupants exi	ted and h	ow man	y occupants evac	uated each lo	ocation	1			
WEATHER INFORMATION	N AT THE	ACCIE	DENT	INCIDENT S	ITE				Method of	Briefing
Weather Observation Facility         Facility ID: SNS ATC TOWER         Observation Time: 0545         Time Zone: PACIFIC         Distance from Accident Site:		M	Sourc (Check	e of Weather Int all that apply) tional Weather Servi ght Service Station	ormation ce		Company Military Internet Unknown		(Check all th Check all th In Persor Teletype Telephor Aircraft J TV/Radi Unknow	nat apply) n ne/Computer Radio 0
Direction from Accident Site:	TUV degree		Light	Condition					Visibility	
Partial / Limited By Pilot	Abbreviated		Da Da	wn 🗍 Dus			rk Night ight Night ot Reported			miles
Sky/Lowest Cloud Condition         Clear       Thin         Few       Thin         Partial Obscuration       Unk         Scattered       Scattered		Ceiling None Broke Overo Ceiling	en cast		finite nown plu <sup>s</sup>		lowing Dust lowing Sand lowing Snow lowing Spray	2101114)	Z Fog	und Fog e Fog ike
Lowest Cloud Condition Height	GL			<u> </u>	AGL	<u> </u>			t	annhai
Wind Direction Wi Indicated: Vel degrees MAG	ind Speed	<u>0 KTS</u>		Wind Gusts Velocity:	_KTS		Clear Air erity of Turl Extreme	In Cl Vich Dulence	touds nity of Thund e lerate	
(v) variable	-					1		~	erate Chop	
NOTAMs (D, L and FDC), A				EPs in effect at	the time of	f the :	accident/in Type of Pro			ili that apply)
Temperature:(C) or(F) Altimeter Setting:in. H orMB	IG [	cing For Amo None Trace Light	unt 	Moderate Severe	Type Rime Clear Mixed		None Rain Snow Hail Rain Shov	wers Rain	Drizzle Ice Pelle Snow Pe Snow Gi Ice Crys Ice Pelle	ts Hets rains tals sts Shower
Density Altitude: Dew Point:(C) or(F)		Amo Z None Trace Light	ount	Moderate Severe	Type Type Rime Clear Mixed		Snow Sho	f Preci	Freezing pitation Moderate	g Drizzle

<b>PILOT "A" INFORMA</b>	TION									
Pilot "A" Responsibilities at				•	<u> </u>		<b>—</b> • •			
	Student Pilot	🗌 Flight l	Instructor	Check Pilot		t Engineer		Flight Crew		
Pilot "A" Identification										
First Name: FRANK				City	y: SALIN			~		
Middle Initial: W Last Name: GOMES, JR.					te: <u>CA</u> untry: <u>US</u>		ZIP: <u>9390</u>	<u>8</u>		
Age at time of Accident/Incide	ent: <u>62</u>	Date of Bi	irth: mm/dd/y		rtificate N	umber:				t
Degree of Injury	Seat Occup	ied		1	t Belt			Shoulder I	Harness	
None Fatal Minor Unknown Serious	Left Right Center	Front Rear Single	🗍 Unknov		-		No    No	Used Available	☐ Yes ☐ Yes	<b>2</b> No No
Pilot Certificate(s) (Check all	that apply)									
None     Stude       Private     Flight	ent t Instructor	Recre		Commerci			] Flight Engi ] U.S. Milita		Foreign	
Principal Occupation N	Iedical Certific	ate		Med	lical Cert	ificate Va	lidity	Date of L	ast Medica	al
D Other	Class 1	Class 3   Driver's Lice   Unknown	ense (Sport Pilot	only) 🛛 🖸 V		itations/wai ions/waiver		2/16/ 	2010 Vyyyy	
Medical Certificate Limitation	ons			<b>arit de l'anno 1</b>				an Anna an		
Medical Certificate Waivers										
Date of Last Flight Review		Fligh	t Review Airo	eraft						
or Equivalent, Including FAR 121/135 Checks:	11/18/08	Make	CESSNA							
FAR 121/155 CileCRS.	mm/dd/yyyy	Mode	ı: <u>182</u>							
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraf (Check all that a) (Check all that a) Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	pply)		pter		(Check all None Airplan Airplan Gyropla Powere	e Single-Eng e Multi-Engi ane d Lift	ine ne	] Instrument ] Instrument ] Helicopter ] Glider ] Sport	•
Type Ratings						Student F	Endorseme	nts (Include o	dates)	
Flight Time (enter appropriate number of hours in each box)	Ali Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Inst Actual	rument Simulated	Retercraft	Glider	Lighter Than Air
Total Time	15,928		-							
Pilot in Command (PIC)	15,928	10,000	1,200		880	-		14,500	ļ	<b>_</b>
Time as Instructor										
This Make/Model	100	the second		1.142	40	ļ	<b> </b>		The Second	Second Hold
Last 90 Days	120	120			40					
Last 30 Days	50	50			15			+		
Last 24 Hours			L	L	I	I	1	1	L	1

PILOT "B" INFORMATI										· · · ·
Pilot "B" Responsibilities at the	e Time of Acciden	t/Incident			<b>—</b>	A Denstration		light Craw		
	Student Pilot	Flight Instruc	tor C	heck Pilot	LJ Fligh	t Engineer		light Crew		
Pilot "B" Identification										
First Name:				_ City	:					
Middle Initial:				Stat	e:	ZIP	•			
Last Name:										
Age at time of Accident/Incident	: Dat	e of Birth: _	11.11	Cer	tificate N	lumber:				
_			mm/dd/yyyy		Belt		T	Shoulder Ha	rness	
	Seat Occupied □Left □F	ront	Unknown	Used		□Yes □	No	Used	🗌 Yes 🛛 [	] No
Minor Unknown	🗌 Right 🗌 R	lear	,	Avai		Yes D	No	Available	🗌 Yes 🛛	] No
		ingle								
Pilot Certificate(s) (Check all th				- <b>1</b>		<b>[]</b> 1	light Engir	иес Г	] Foreign	
None Student	2	Recreation Sport		🗌 Commerci 🔲 Airline Tra			light Engit I.S. Militar		a toroigu	
Private Flight I	dical Certificate					tificate Valio		Date of La	st Medical	
	None Class	s 3			Vithout lin	nitations/waive		ł		
	Class I 🗌 Driv	er's License (	Sport Pilot o	nly) 🗍 🖸 V	Vith limita	tions/waivers			w	
	Class 2 🗌 Unki	nown			Inknown					
Medical Certificate Limitation	IS									
								·		
Medical Certificate Walvers										
D. J. CT. of Difeld Desident		Rlight D4	view Airci							
Date of Last Flight Review or Equivalent, Including										
FAR 121/135 Checks:		[								
	mm/dd/yyyyy				<u> </u>	Instructor I	Zating(e)			
Luchano ranago)	Other Aircraft Ra (Check all that apply)			ent Rating(s that apply)	,	(Check all tha				
(Check un that apply)	None		None None	, upp.))		None None			nstrument A	
Single-Engine Land	Airship		🔲 Airplan			Airplane S	Single-Eng		nstrument H Ielicopter	encopter
Single-Engine Sea	Free Balloon Glider		Helicop	pter d Lift		Airplane M	annt-rußi:		Glider	
Multiengine Sca	Gyroplane			, 1		Powered I	Lift		Sport	
	Helicopter Powered Lift		ļ							
	LI rowered Lift		L			Student En	dorseme	nts (Include da	tes)	
Type Ratings										
						L				1
Flight Time (enter appropriate	All Th	is Make	Airplane Single	Airplane		Instr	ument			Lighter
number of hours in each box)		Model	Engine	Multiengine	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time				ļ						
Pilot in Command (PIC)				ļ						1
Time as Instructor										
This Make/Model					ăį					
Last 90 Days				ļ				_	<u> </u>	+
Last 30 Days	<u> </u>			<b>!</b>			<b> </b>		<u>├</u> ───	
Last 24 Hours		1		1			L	_ <u>_</u>	L	

ADDITIONAL FLIGHT CRE	MEMBERS	(Exclusive of cabin a	ttendants, complete the	following inform	ation)	
	W WEINDERS	(Projugito of ouville				
Pilot Name and Address		Citur			None Ninor	Fatal Unknown
First Name:		State:	ZIP:		Serious	
Middle Initial: Last Name:						
Pilot Certificate(s) (Check all that	apply)				Seat Occupie	Front
None Student	Recreational	Commercial	Flight Engineer	Foreign	Right	Rear
Private Flight Instructor	Sport	Airline Transport	Time at the Time		Center	
Type Rating/Endorsement for		of this Accide	nt/Incident:	hrs		Unknown
Accident/Incident Aircraft?	Yes No				Degree of In	iury
Pilot Name and Address					- None	🗌 Fatal
First Name:		City:	ZIP:		Minor	Unknown
Middle Initial:		State:		_	Serious	
Last Name:					Seat Occupi	- 1
Pilot Certificate(s) (Check all that	t apply)	Commercial	🗌 Flight Engineer	Foreign	Left	Front Rear
□ None □ Student □ Private □ Flight Instructor	Sport	Airline Transport	U.S. Military		Center	Single
Private Flight Instructor Type Rating/Endorsement for		Total Flight	Fime at the Time	1		Unknown
Accident/Incident Aircraft?	🗌 Yes 🔲 No	of this Accide	ent/Incident:	hrs		
					Degree of In	ıjury
Pilot Name and Address		C:			None Minor	Fatal
First Name:		City: State:	ZIP:		Serious	
Middle Initial: Last Name:		Country:				
Pilot Certificate(s) (Check all that					Seat Occup	ied Front
None Student	Recreational	Commercial	Flight Engineer	🗌 Foreign	Right	Rear
Private Flight Instructor	Sport	Airline Transport	U.S. Military		Center	Single
Type Rating/Endorsement for Accident/Incident Aircraft?	Yes No	Total Flight of this Accid	Time at the Time ent/Incident:	hrs		Unknown
Accident incluent All visit		1		rate sheet if nece	essary)	
PASSENGER(S) / OTHER	PERSONNEL	(include night attent	uamo, continuo en copu	1	ant le	Fatal Serious Injury Minor Injury No Anjury Unknown
				<u>+</u>	Crew Noa- Revenue Revenue Non- Occupant FAA	Fatal Serious Minor Minor Injury No Injury Unknown
				Seat	<u>Ũ ŽĂ Ă ŽŎ È</u>	<u>r Xazi j</u>
Name and Address		City				
First Name:		City: State:	ZIP:			
Middle Initial: Last Name:						
		City:				00000
First Name: Middle Initial:		State:	ZIP:		$\Box$	
Last Name:		Country:				
	· · · · · · · · · · · · · · · · · · ·	City:				
First Name: Middle Initial:		State:	ZIP:			$\square$ $\square$ $\square$ $\square$ $\square$
Last Name:		Country:				
		City:				
First Name: Middle Initial:		State:	ZIP:			
Last Name:		Country:				
		City:				
First Name: Middle Initial:			ZIP:	.		$  \Box \Box$
Last Name:						
		City:			Innnn	
First Name: Middle Initial:		State:	ZIP:			
Last Name:		Country:			<u> </u>	
		City:				
First Name: Middle Initial:		State:	ZIP:	-		
Last Name:		Country:				
		City:			Innnn	
First Name:		Stotay	ZIP:		μυυυι	ᅬᅛᅛᅛᄔ
a right a tate at		State.		J		
Middle Initial: Last Name:		Country:				

## 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. Intended agricultural aircraft operation was in Area 18, approximately 3 miles west of SNA airport. The accident occurred during the flight from the airport to

the first job site of the day.

All times are approximate and in Pacific Daylight Time (PDT). Aircraft start occurred at 0545. At 0550 pilot obtained weather from SNS ATCT, which reported 2 miles visibility with 100 foot-plus ceiling, due to fog. It was anticipated that fog would lift, as is usually the case in this area. Pilot obtained a Special VFR clearance from SNS ATCT to proceed to Area 18 at or below

Aircraft departed at 0555, heading southwest. Abeam the Tower, the aircraft turned west towards Highway 101. Cruising at 75' MSL, pilot could clearly see Spreckels, which was 2 miles away. Approaching Highway 101, the pilot climbed to 100' and remained clear of clouds with visibility of 2 miles-plus. At 0600, as the aircraft was over the median strip between the northbound and southbound lanes of Highway 101, visibility began to deteriorate and the pilot decided to turn around and return to the airport, descending in an attempt to re-establish visual contact. The aircraft tail contacted a guard rail on Highway 101 and the aircraft came to rest in the southbound lane.

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

Operator/Owner Safety Recommendation

•			
TIONAL INFORMATIO	N (Please lype or print in ink)		
his space it udditional space is no	eded for any answers.		
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			T OC WY KNOW! FOGE
EPERY CERTIFY THAT TH	TE ABOVE INFORMATION IS COMPI	LETE AND ACCURATE TO THE BES	UP MI AGOITLANCE
ate of this Report   Siguature	and Name at #Hol/Onerator		
		Λ	
	Int Name FRANK VA GOMES JR.	1	-
ignature and Name of Person	Filing Report if Other than Filot/Opera	V	······
ובחוזנטרפי			
ype or Print Name:			
iller		B USE ONLY	Date Report Receive
	Reviewed by NTSB Regional Office	Name of Investigator	
NTSB Accident/Incident No.	WPR, Seattle, CA	Thomas Little	Sep 20, <u>20</u>

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