

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

Location					
Nearest City/Place, State, Zip Code Newberry, SC		Date of Accident July 13, 2004	Local Time (24 HOUR CLOCK) 0530	Zone EDST	Elevation At Accident Site Feet MSL 500 Feet MSL
If The Accident Occurred On Approach, Takeoff Or Within 3 Miles Of An Airport, Complete The Following Information					
Proximity To Airport					
1. <input type="checkbox"/> On Airport	3. <input type="checkbox"/> Within 1/2 Mile	5. <input type="checkbox"/> Within 1 Mile	7. <input type="checkbox"/> Within 3 Miles		
2. <input type="checkbox"/> Within 1/4 Mile	4. <input type="checkbox"/> Within 3/4 Mile	6. <input type="checkbox"/> Within 2 Miles	8. <input type="checkbox"/> Beyond 8 Miles		
Airport Name		Airport Ident	Runway Land Surface and Conditions 1. Direction: 3. Width: 2. Length: 4. Surface: Condition:		
Phase of Operations					
1. <input type="checkbox"/> Standing	3. <input type="checkbox"/> Takeoff	5. <input type="checkbox"/> Cruise	7. <input type="checkbox"/> Approach	9. <input type="checkbox"/> Hover/Maneuver	
2. <input type="checkbox"/> Taxi	4. <input type="checkbox"/> Climb	6. <input type="checkbox"/> Descent	8. <input type="checkbox"/> Landing	10. <input type="checkbox"/> Altitude of In-Flight Occurrence _____ Feet MSL	
Aircraft Information					
Registration Mark N503MT	Aircraft Manufacturer Bell Helicopter	Aircraft Type/Model 407	Serial Number 53498	Cert Max Gross WT 5250	
Type of Aircraft 1. <input type="checkbox"/> Airplane 2. <input checked="" type="checkbox"/> Helicopter 3. <input type="checkbox"/> Glider 4. <input type="checkbox"/> Balloon		Type of Airworthiness Certificate 1. <input checked="" type="checkbox"/> Normal 2. <input type="checkbox"/> Utility 3. <input type="checkbox"/> Acrobatic 4. <input type="checkbox"/> Transport		Amateur Built 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No	
5. <input type="checkbox"/> Blimp/Dirigible 6. <input type="checkbox"/> Ultralight 7. <input type="checkbox"/> Gyroplane 8. Specify _____		5. <input type="checkbox"/> Restricted 6. <input type="checkbox"/> Limited 7. <input type="checkbox"/> Experimental 8. Specify _____			
Landing Gear 1. <input type="checkbox"/> Tricycle - Fixed 2. <input type="checkbox"/> Tricycle - Retractable 3. <input type="checkbox"/> Tailwheel - Fixed 4. <input type="checkbox"/> Tailwheel - Retractable 5. <input type="checkbox"/> Tailwheel - Retractable Mains 6. <input type="checkbox"/> Amphibian				7. <input checked="" type="checkbox"/> Skid 8. <input type="checkbox"/> Ski/Wheel 9. Specify _____	
No. of Seats Flight/Cabin Crew 1 Pax 4					
Stall Warning System Installed 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		IFR Equipped 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Engine Type 1. <input type="checkbox"/> Reciprocating - Carburetor 2. <input type="checkbox"/> Reciprocating - Fuel Injected 3. <input type="checkbox"/> Turbo Prop 4. <input type="checkbox"/> Turbo Jet 5. <input type="checkbox"/> Turbo Fan 6. <input checked="" type="checkbox"/> Turbo Shaft	
Engine Manufacturer Allison/Rolls Royce		Engine Model/Series 250 C47B		Engine Rated Power 1. 650 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	April 2001	CAE847542	710.6	54.3	N/A
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours
Type of Maintenance Program 1. <input type="checkbox"/> Annual 2. <input type="checkbox"/> Manufacturer's Inspection Program 3. <input checked="" type="checkbox"/> Other Approved Inspection Program (AAIP) 4. <input type="checkbox"/> Continuous Airworthiness 5. Specify _____		Type of Last Inspection 1. <input type="checkbox"/> Annual 2. <input type="checkbox"/> 100-Hour 3. <input checked="" type="checkbox"/> AAIP 4. <input type="checkbox"/> Continuous Airworthiness		Date Last Inspection Performed 07-05-2004 Time Since Last Inspection 8 Hours Airframe Total Time 710.6 Hours	
Emergency Locator Transmitter (ELT)	ELT Manufacturer Pointer	Model/Series 3000-10	Serial Number 343108	Battery Date (M/D/Y) 07-2005	
Switch 1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input checked="" type="checkbox"/> Armed	Operated 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		Aided In Accident Location 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		
Registered Aircraft Owner AVN Air LLC			Address Hunt Valley MD 21030		
Operator of Aircraft 1. Same As Registered Owner 2. Name Med-Trans Corporation 3. DBA:			Address 1. <input type="checkbox"/> Same As Registered Owner Bismarck, ND 58502		

Owner/Operator Information (cont.)											
Operator (Certificate Number) M3XA227H					Operator Designator (4 Letter Designator) M3XA						
Purpose of Flight and Type of Operation											
Regulation Flight Conducted Under 1. 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 checked="" type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137					Operator Authority FAR 121 1. Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 133 6. <input type="checkbox"/> Rotorcraft External Load 7. <input type="checkbox"/> Large Aircraft FAR 125 FAR 129 8. <input type="checkbox"/> Foreign FAR 135 4. <input checked="" type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			FAR 121, 125, 127, 129, 13 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input checked="" 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 <u>Air Ambulance</u>			
Purpose of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input checked="" 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											
Pilot Information											
Pilot Name Giard, Robert Allen			Pilot Certificate No. [REDACTED]		Address Landrum, SC 29356			Nationality USA			
Certificate(s) 1. <input type="checkbox"/> Student 3. <input checked="" type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____											
Rating(s) 1. <input type="checkbox"/> None 6. <input checked="" type="checkbox"/> Helicopter 2. <input 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 type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane					Instrument Rating(s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input checked="" type="checkbox"/> Helicopter			Instructor Ratings 1. None 6. <input type="checkbox"/> Instrument Airplan 2. <input type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicop 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			
Type Ratings/Student Endorsements					Date of Biennial Flight Review or Equivalent (M/D/Y) 04/27/04		BFR Aircraft 1. Make <u>Bell</u> 2. Model <u>B407</u>				
Medical Certificate 1. <input type="checkbox"/> None 3. <input checked="" type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3			Date of Last Medical (M/D/Y) 09/18/2003		Limitations Holder Shall Posses Glasses That Correct For Near Vision Waivers NONE			Date of Birth (M/D/Y) [REDACTED]			
Degree of Injury 1. None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input checked="" type="checkbox"/> Fatal		Seat Occupied 1. Left 4. <input checked="" type="checkbox"/> Front 2. <input checked="" type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		Person at Controls at Time of Accident 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				Seat Belt Availab 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No			
Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source of Pilot Flight Time Information 1. <input type="checkbox"/> Pilot Logbook 4. <input checked="" type="checkbox"/> Company 2. <input type="checkbox"/> Operator's Estimate 5. Specify <u>Military Reco</u> 3. <input checked="" type="checkbox"/> FAA Records					
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Light Than
Total Time		2133	103.9			250	0	48	2133		
Pilot in Command (PIC)		2069	103.9			250	0	0	2069		
Instructor							0				
This Make/Model								.9			
Last 90 Days		14.7	14.7			5.7	0	0	14.7		
Last 30 Days		6.1	6.1			2.7	0	0	6.1		
Last 24 Hours		.3	.3			.3	0	0	.3		
Second Pilot Information											
Second Pilot Responsibilities at the Time of Accident											
1. <input type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input checked="" type="checkbox"/> None (Pilot-Rated Passenger)											
Pilot Name			Pilot Certificate No.		Address			Nationality			
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <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 _____											

Owner/Operator Information (cont.)												
Rating(s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea 6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane			Instrument Rating(s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			Instructor Ratings 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. Specify _____						
Type Ratings/Student Endorsements			Date of Biennial Flight Review or Equivalent (M/D/Y)			BFR Aircraft 1. Make _____ 2. Model _____						
Medical Certificate 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3			Date of Last Medical (M/D/Y)		Limitations _____ Waivers _____		Date of Birth (M/D/Y)					
Degree of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal			Seat Occupied 1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Front			Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No						
Seat Belt Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source of Pilot Flight Time Information 1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operator's Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. Specify _____						
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time												
Pilot in Command (PIC)												
Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												
Name		Seat	Address (City & State)	Crew	Passenger		Non-Occupant	FAA	Degree of Injury			
					Non-Revenue	Revenue			Fatal	Serious	Minor	None
1. David S Bacon Jr		RR	203 Bramford Simson Ville SC 29680	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Glenda Tessnear		LR	869 Salem Church Rd Bostic NC 28018	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Patient Unk		Litter		<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flight Itinerary Information												
Last Departure Point			Time of Departure			Destination			Flight Plan Filed			
1. Airport ID <u>Regional 1 Helipad</u>			1. Time <u>0504</u>			1. Airport ID <u>N/A HI26 MP64</u>			1. <input type="checkbox"/> None			
2. City/Place <u>Spartanburg</u>			2. Time Zone <u>EDST</u>			2. City/Place <u>Newberry</u>			2. <input type="checkbox"/> VFR			
3. State <u>SC</u>						3. State <u>SC</u>			3. <input type="checkbox"/> IFR			
									4. <input type="checkbox"/> VFR/IFR			
									5. X 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 DUAT, Computerized weather, AWOS												
Fuel On Board At Last Takeoff				Fuel Type								
_____ Gallons				1. <input type="checkbox"/> 80/88								
or				2. <input type="checkbox"/> 100 Low Lead								
<u>700</u> (2 hours) Pounds				3. <input type="checkbox"/> 100/130								
				4. <input type="checkbox"/> 115/145								
				5. X Jet A								
				6. <input type="checkbox"/> Automotive								
				7. Specify _____								
Other Services, if Any, Prior To Departure												
N/A												
Weather Information At The Accident Site												
Source Of Weather Information (Pilot/Operator, Weather Observation)				Light Condition				Visibility		Temp (°F)		
DUATS Computer Observation and Forecast				1. <input type="checkbox"/> Dawn				Miles				
Local AWOS				2. <input type="checkbox"/> Daylight								
				3. <input type="checkbox"/> Dusk								
				4. X Dark Night								
				4. <input type="checkbox"/> Bright Night								

Weather Information At The Accident Site				
Dew Point (°F)	Altimeter Setting inHg	Sky/Lowest Cloud Condition 1. <input type="checkbox"/> Clear 2. 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>Variable to Calm</u> 2. Velocity _____ KTS 3. Gusts _____ KTS		Restriction To Visibility	Type Precipitation	Intensity of Precipitation
Turbulence (Multiple entry) 1. None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. Clear Air 7. <input type="checkbox"/> In Clouds				
Damage To Aircraft And Other Property				
Degree of Aircraft Damage 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. Substantial 4. <input checked="" type="checkbox"/> Destroyed			Fire 1. <input checked="" type="checkbox"/> Yes 3. <input type="checkbox"/> In-Flight 2. No 4. <input checked="" type="checkbox"/> On Ground	
Description of Damage to Aircraft and Other Property Aircraft was destroyed. Fire involved.				
Mechanical Malfunction Failure				
1. <input checked="" type="checkbox"/> No 2. Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Damage		Total Time 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 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None	
Registered Aircraft Owner		Address		
Pilot Name	Address		Pilot Certificate No.	
Evacuation of Aircraft				
Assistance Received 1. <input type="checkbox"/> Outside Person(s) 3. <input type="checkbox"/> Slide 5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting 4. <input type="checkbox"/> Rope 6. <input checked="" type="checkbox"/> Specify NONE _____				
Method of Exit (State Approximate Number of Persons Using Each of the Following) 1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____				
Recommendation (How Could This Accident Have Been Prevented) Operator/Owner Safety Recommendation (Optional Entry)				

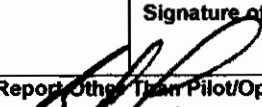

Additional Flight Crew Members			
For Each Additional Flight Crew Members, Exclusive of Cabin Attendants, Complete the Following Information:			
Name N/A	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident

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.

Aircraft was dispatched from Regional 1 in Spartanburg to respond to an accident scene at Mile Post 64 on Interstate 26 Newberry SC. The aircraft landed on the interstate and picked up the patient. The aircraft then departed to the North East and turned North West towards Spartanburg. A short time later a loud noise was heard and the aircraft was found to have crashed into the trees approximately ¼ mile from the point of departure.

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

Date of This Report 7-15-2004	Signature of Pilot/Operator 
Signature of Person Filing Report Other Than Pilot/Operator	
1. Signature 	
2. Type or Print Name Bert Levesque	
3. Title Director of Operations	

For NTSB Use Only

NTSB Accident No. CHI04/MA182	Name of Investigator WEST CHICAGO, IL 	Date Report Received 7/15/04
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