

**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

*Corroborated GA 30117*

<b>Location</b>				
<b>Nearest City/Place, State, Zip Code</b> Bowden, GA Hwy. 166/Birwell Rd. <i>2152</i>	<b>Date of Accident</b> 08-21-95	<b>Local Time</b> (24 HOUR CLOCK) 1253L	<b>Zone</b> EDT	<b>Elevation At Accident Site</b> <u>1300</u> Feet MSL Approx _____ 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 checked="" type="checkbox"/> Beyond 3 Miles

<b>Airport Name</b>	<b>Airport Ident</b>	<b>Runway/Landing Surface And Conditions:</b>
		1. Direction:                      3. Width: 2. Length:                        4. Surface:                      5. Condition:

**Phase Of Operation:**

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 checked="" type="checkbox"/> Landing	10. <input type="checkbox"/> Altitude Of In-Flight Occurrence <u>18000</u> Feet MSL

**Aircraft Information**

<b>Registration Mark</b> N256AS	<b>Aircraft Manufacturer</b> Embraer	<b>Aircraft Type/Model</b> EMB-120RT	<b>Serial Number</b> 122	<b>Cert Max Gross WT</b> 25353
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<b>Type Of Aircraft</b>	<b>Type Of Airworthiness Certificate</b>	<b>Amateur Built</b>
1. <input checked="" type="checkbox"/> Airplane 2. <input type="checkbox"/> Helicopter 3. <input type="checkbox"/> Glider 4. <input type="checkbox"/> Balloon	5. <input type="checkbox"/> Blimp/Dirigible 6. <input type="checkbox"/> Ultralight 7. <input type="checkbox"/> Gyroplane 8. Specify _____	1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No
	1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Utility 3. <input type="checkbox"/> Acrobatic 4. <input checked="" type="checkbox"/> Transport	5. <input type="checkbox"/> Restricted 6. <input type="checkbox"/> Limited 7. <input type="checkbox"/> Experimental 8. Specify _____

<b>Landing Gear</b>	<b>No. Of Seats</b>
1. <input type="checkbox"/> Tricycle—Fixed 2. <input checked="" 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 type="checkbox"/> Skid 8. <input type="checkbox"/> Ski/Wheel 9. Specify _____	Flight/Cabin Crew <u>3</u> Pax <u>30</u>

<b>Stall Warning System Installed</b>	<b>IFR Equipped</b>	<b>Engine Type</b>
1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Reciprocating—Carburetor 2. <input type="checkbox"/> Reciprocating—Fuel Injected 3. <input checked="" type="checkbox"/> Turbo Prop 4. <input type="checkbox"/> Turbo Jet 5. <input type="checkbox"/> Turbo Fan 6. <input type="checkbox"/> Turbo Shaft

<b>Engine Manufacturer</b> Pratt & Whitney	<b>Engine Model/Series</b> PW118	<b>Engine Rated Power</b> 1. <u>1800</u> Horsepower 2. _____ Lbs. Thrust	<b>Type Of Fire Extinguishing System Used</b> 1. <input checked="" type="checkbox"/> None 2. Specify _____
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Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	11-86	115087	21538.2 Hours	2470.4 Hours	6679.5 Hours
Engine No. 2	03-89	115305	15292.9 Hours	4352.8 Hours	4352.8 Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

<b>Type Of Maintenance Program</b>	<b>Type Of Last Inspection</b>	<b>Date Last Inspection Performed</b>
1. <input type="checkbox"/> Annual 2. <input type="checkbox"/> Manufacturer's Inspection Program 3. <input type="checkbox"/> Other Approved Inspection Program (AAIP) 4. <input checked="" type="checkbox"/> Continuous Airworthiness 5. Specify <u>A, 2A, 3A time since 91.6 C Check Time since 3160.1</u>	1. <input type="checkbox"/> Annual 2. <input type="checkbox"/> 100 Hour 3. <input type="checkbox"/> AAIP 4. <input checked="" type="checkbox"/> Continuous Airworthiness	<u>08-06-95</u> (M/D/Y) Time Since Last Inspection <u>91.6</u> Hours Airframe Total Time <u>17151.3</u> Hours

<b>Emergency Locator Transmitter (ELT)</b> Disabled	<b>ELT Manufacturer</b>	<b>Model/Series</b>	<b>Serial Number</b>	<b>Battery Date (M/D/Y)</b>
	<b>Switch</b> 1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed	<b>Operated</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	<b>Aided In Accident Location</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	

<b>Registered Aircraft Owner</b> Atlantic Southeast Airlines, Inc.	<b>Address</b> 100 Hartsfield Centre Parkway Suite 800 Atlanta, GA 30354-1356
<b>Operator Of Aircraft</b> 1. <input checked="" type="checkbox"/> Same As Registered Owner 2. Name 3. DBS:	<b>Address</b> 1. <input checked="" type="checkbox"/> Same As Registered Owner 2. _____

**Owner/Operator Information (cont.)**

Operator (Certificate Number) ASOA 029B Operator Designator (4 Letter Designator) ASOA

**Purpose Of Flight And Type Of Operation**

**Regulation Flight Conductor Under**  
 1.  FAR 91 (only) 4.  FAR 121 7.  FAR 133  
 2.  FAR 91D 5.  FAR 125 8.  FAR 135  
 3.  FAR 103 6.  FAR 129 9.  FAR 137

**Operator Authority**  
 FAR 121: 1.  Domestic 2.  Flag 3.  Supplemental  
 FAR 133: 6.  Rotorcraft External Load  
 FAR 125: 7.  Large Aircraft  
 FAR 129: 8.  Foreign  
 FAR 135: 4.  On Demand 5.  Commuter

**FAR 121, 125, 127, 129, 135 Revenue Operations**  
 1.  Scheduled  
 2.  Non Scheduled  
 3.  Domestic  
 4.  International  
 5.  Passenger  
 6.  Cargo  
 7. Specify \_\_\_\_\_

**Purpose Of Flight**  
 1.  Personal 2.  Business 3.  Instructional 4.  Executive/Corporate 5.  Aerial Application  
 6.  Aerial Observation 7.  Other Work Use 8.  Public Use 9.  Ferry 10.  Positioning

**Pilot Information**

Pilot Name Gannaway, Edwin Craig Pilot Certificate No. [Redacted] Address [Redacted] Dublin, GA 31021 Nationality USA

**Certificate(s)**  
 1.  Student 2.  Private 3.  Commercial 4.  Airline Transport 5.  Flight Instructor 6.  Flight Engineer 7.  Military 8.  Foreign 9.  None 10. Specify \_\_\_\_\_

**Rating(s)**  
 1.  None 2.  Single Engine Land 3.  Single Engine Sea 4.  Multiengine Land 5.  Multiengine Sea  
 6.  Helicopter 7.  Glider 8.  Free Balloon 9.  Airship 10.  Gyroplane

**Instrument Rating(s)**  
 1.  None 2.  Airplane 3.  Helicopter

**Instructor Rating(s)**  
 1.  None 2.  Airplane S.E. 3.  Airplane M.E. 4.  Helicopter 5.  Glider  
 6.  Instrument Airplane 7.  Instrument Helicopter 8.  Ground Instructor 9. Specify \_\_\_\_\_

**Type Ratings/Student Endorsements** EMB-120

**Date Of Biennial Flight Review Or Equivalent (M/D/Y)** 08-07-95

**BFR Aircraft**  
 1. Make EMBRAER  
 2. Model 120RT

**Medical Certificate**  
 1.  None 2.  Class 1 3.  Class 2 4.  Class 3

**Date Of Last Medical (M/D/Y)** 04-03-95

**Limitations** corrective glasses for distant vision

**Waivers** [Redacted]

**Date Of Birth (M/D/Y)** [Redacted]-50

**Degree Of Injury**  
 1.  None 2.  Minor 3.  Serious 4.  Fatal

**Seat Occupied**  
 1.  Left 2.  Right 3.  Center 4.  Front 5.  Rear

**Person At Controls At Time Of Accident**  
 1.  Pilot In Command 2.  Second Pilot 3.  Both Pilots 4.  Non-Pilot 5.  No One

**Seat Belt Available**  
 1.  Yes 2.  No

**Seat Belt Used**  
 1.  Yes 2.  No

**Shoulder Harness Available**  
 1.  Yes 2.  No

**Shoulder Harness Used**  
 1.  Yes 2.  No

**Source Of Pilot Flight Time Information**  
 1.  Pilot Logbook 2.  Operators Estimate 3.  FAA Records 4.  Company 5. Specify Company estimate

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	9876.13	7348.68	1500	8376.13	1909.6	1250				
Pilot In Command (PIC)	8724.68	2186.94	1400	2581.94	852.97	356				
Instructor		0								
This Make/Model					1609.06	1082.88				
Last 90 Days	211.52	211.52	0	211.52	24.34	20.00				
Last 30 Days	67.20	67.20	0	67.20	8.0	6.0				
Last 24 Hours	6.36	6.36	0	6.36	0	0				

**Second Pilot Information**

**Second Pilot Responsibilities At The Time Of Accident**  
 1.  Co-Pilot 2.  Dual Student 3.  Safety Pilot 4.  Check Pilot 5.  None (Pilot-Rated Passenger)

**Pilot Name** Wamerdam, Matthew Mark **Pilot Certificate No.** [Redacted] **Address** [Redacted] Macon, GA 31210 **Nationality** USA

**Certificate(s)**  
 1.  Student 2.  Private 3.  Commercial 4.  Airline Transport 5.  Flight Instructor 6.  Flight Engineer 7.  Military 8.  Foreign 9.  None 10. Specify \_\_\_\_\_

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**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 checked="" 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 type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter	<b>Instructor Rating(s)</b> 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 _____
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<b>Type Ratings/Student Endorsements</b>	<b>Date Of Biennial Flight Review Or Equivalent (M/D/Y)</b> 04-20-95	<b>BFR Aircraft</b> 1. Make <u>EMBRAER</u> 2. Model <u>120</u>
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<b>Medical Certificate</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Class 1	3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3	<b>Date Of Last Medical (M/D/Y)</b> 06-15-95	<b>Limitations</b> NONE <b>Waivers</b>	<b>Date Of Birth</b> [REDACTED]-67
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<b>Degree Of Injury</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input checked="" type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal	<b>Seat Occupied</b> 1. <input type="checkbox"/> Left 2. <input checked="" 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 checked="" type="checkbox"/> Yes 2. <input 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 <u>Company Estimate</u>
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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	1192.64	362.64	590.0	602.64	121.53	81.1				
Pilot in Command (PIC)	229.0	0	490.0	229.0	85.0	62.0				
Instructor		0								
This Make/Model					36.53	19.1				
Last 90 Days	273.92	273.92	0	273.92	24.52	14.1				
Last 30 Days	94.08	94.08	0	94.08	8.0	5.0				
Last 24 Hours	6.36	6.36	0	6.36	0	0				

Name	Seat	Address (City & State)	Crew	Passenger		Non-Occupant	FAA	Degree Of Injury					
				Non-Revenue	Revenue			Fatal	Serious	Minor	None		
1. see attached list													
2.													
3.													
4.													
5.													
6.													

<b>Flight Itinerary Information</b>			
<b>Last Departure Point</b> 1. Airport ID <u>ATL</u> 2. City/Place <u>Atlanta</u> 3. State <u>GA</u>	<b>Time Of Departure</b> 1. Time <u>1210/1224</u> 2. Time Zone <u>EDT</u>	<b>Destination</b> 1. Airport ID <u>GPT</u> 2. City/Place <u>Gulfport</u> 3. State <u>MS</u>	<b>Flight Plan Filed</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> VFR 3. <input checked="" 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

<b>Fuel On Board At Last Takeoff</b> Gallons _____ or Pounds <u>2700</u>	<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 checked="" type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive 7. Specify _____
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Other Services, If Any, Prior To Departure  
 Minor Maintenance..Passenger service unit repair

<b>Weather Information At The Accident Site</b>			
<b>Source Of Weather Information (Pilot/Operator, Weather Observation)</b> AWOS -3 CTU	<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> 76°

**Weather Information At The Accident Site (cont.)**

<b>Dew Point</b> 75°	<b>Altimeter Setting</b> (*F) 20.08 "Hg	<b>Sky/Lowest Cloud Condition</b>	
		1. <input type="checkbox"/> Clear	4. <input type="checkbox"/> Overcast <u>600</u> Feet AGL
		2. <input type="checkbox"/> Scattered _____ Feet AGL	5. <input type="checkbox"/> Partial Obscuration
		3. <input type="checkbox"/> Broken _____ Feet AGL	6. <input type="checkbox"/> Obscured
<b>Wind Information</b>		<b>Restriction To Visibility</b>	<b>Type Precipitation</b>
1. Direction <u>130</u>			<b>Intensity Of Precipitation</b>
2. Velocity <u>2</u> KTS			1. <input type="checkbox"/> Light
3. Gusts <u>n/a</u> KTS			2. <input type="checkbox"/> Moderate
			3. <input type="checkbox"/> Heavy
			4. Specify _____
<b>Turbulence (Multiple entry)</b>			
1. <input checked="" type="checkbox"/> None    2. <input type="checkbox"/> Light    3. <input type="checkbox"/> Moderate    4. <input type="checkbox"/> Severe    5. <input type="checkbox"/> Extreme    6. <input type="checkbox"/> Clear Air    7. <input type="checkbox"/> In Clouds			

**Damage To Aircraft And Other Property**

<b>Degree Of Aircraft Damage</b>	<b>Fire</b>
1. <input type="checkbox"/> None    2. <input type="checkbox"/> Minor    3. <input type="checkbox"/> Substantial    4. <input checked="" type="checkbox"/> Destroyed	1. <input checked="" type="checkbox"/> Yes    3. <input type="checkbox"/> In-Flight
	2. <input type="checkbox"/> No    4. <input checked="" type="checkbox"/> On Ground

**Description Of Damage To Aircraft And Other Property** Left wing and engine assembly ripped from aircraft after ground impact. Fuselage destroyed by fire after a/c came to rest in field. Other property damage consisted of several sheared trees and fire damage to grass in field.

**Mechanical Malfunction Failure**

1. <input type="checkbox"/> No	<b>Total Time</b>	
2. <input checked="" type="checkbox"/> Yes    List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure	<b>On Part</b>	<b>At Overhaul</b>
#2 Prop blade, Hamilton Standard Part # RFC 11 M2-6A Serial #861398 Time since repair 2398.9	<u>14663.7</u> Hours	<u>5182.3</u> Hours

**Collision Accident**

If Collision Accident Occurred, Complete The Information For Other Aircraft

<b>Registration mark</b>	<b>Aircraft Manufacturer</b>	<b>Aircraft Type/Model</b>	<b>Degree Of Aircraft Damage</b>
			1. <input type="checkbox"/> Destroyed    3. <input type="checkbox"/> Minor
			2. <input type="checkbox"/> Substantial    4. <input type="checkbox"/> None

<b>Registered Aircraft Owner</b>	<b>Address</b>

<b>Pilot Name</b>	<b>Address</b>	<b>Pilot Certificate No.</b>

**Evacuation Of Aircraft**

**Assistance Received**

1. <input checked="" 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 type="checkbox"/> Specify _____

**Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)**

1. Main Door \_\_\_\_\_ 2. Auxiliary Door \_\_\_\_\_ 3. Emergency Exit \_\_\_\_\_ n/a fuselage separated

**Recommendation (How Could This Accident Have Been Prevented)**

Operator/Owner Safety Recommendation (Optional Entry)

Reserved until accident investigation is completed.

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## PASSENGER LIST

<u>NAME</u>	<u>SEAT</u>	<u>ADDRESS</u>	<u>DEGREE OF INJURY</u>
FECH, ROBIN	F/A	MACON, GA	SERIOUS
ADAIR, MARY JEAN	1B	NORTH HUNNTING, PA	SERIOUS
ALESHIRE, JASON	3A	KEESHER AFB, MS	MINOR
ARENAS, ALFRED	7A	ROME, GA	SERIOUS
BARRINGTON, ALAN	6C	ROSWELL, GA	MINOR
BARTON, CHARLES	9B	PURCELLVILLE, VA	FATAL
BRUCATO, JEAN	4C	WOODSTOCK, GA	MINOR
BUBIER, KEVIN	7C	EAST WATERBORROUGH, MA	MINOR
BURTON, LONNIE	5B	ASHEVILLE, NC	FATAL
BURTON, LUCILLE	5C	ASHEVILLE, NC	FATAL
CHAPMAN, RENEE	2A	PASAGOULA, MS	SERIOUS
DUMM, MARY DAWN	1C	ABINGDON, MD	SERIOUS
FETTERMAN, SONYA	10A	AUSTIN, TX	SERIOUS
GASKILL, BYRON	3B	MONROE FALLS, OH	MINOR
GRAY, EDWARD	4A	WEST PORT, CT	MINOR
GRUMBECK, JENNIFER	4B	BANGOR, ME	SERIOUS
HENDRIX, MICHAEL	9A	IJAMESVILLE, MD	SERIOUS(F)
KENNEDY, JAMES	5A	GERMANTOWN, MD	FATAL
LEMAY, CHARLES	6B	BELLEUVE, NE	MINOR
MCCORKELL, DAVID	7B	NORTHFIELD, MN	MINOR
PFISTERER, CHARLES A	6A	MADISON, CT	MINOR
RHUE, BONDE	10B	LAUREL, MA	SERIOUS(F)
BRUMFIELD, SARA	2C (NON REV)	NEW ORLEANS, LA	MINOR
SCHNEIDER, DAVID	8C	CENTERVILLE, VA	MINOR
THOMPSON, TODD	9C	PURCELLVILLE, VA	MINOR
TWEEDY, JOHN B.	2B	GAITHERSBURG, MD	MINOR
WILKINSON, STEVEN	8A	BILOXI, MS	SERIOUS(F)

**Additional Flight Crew Members**

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

N/A

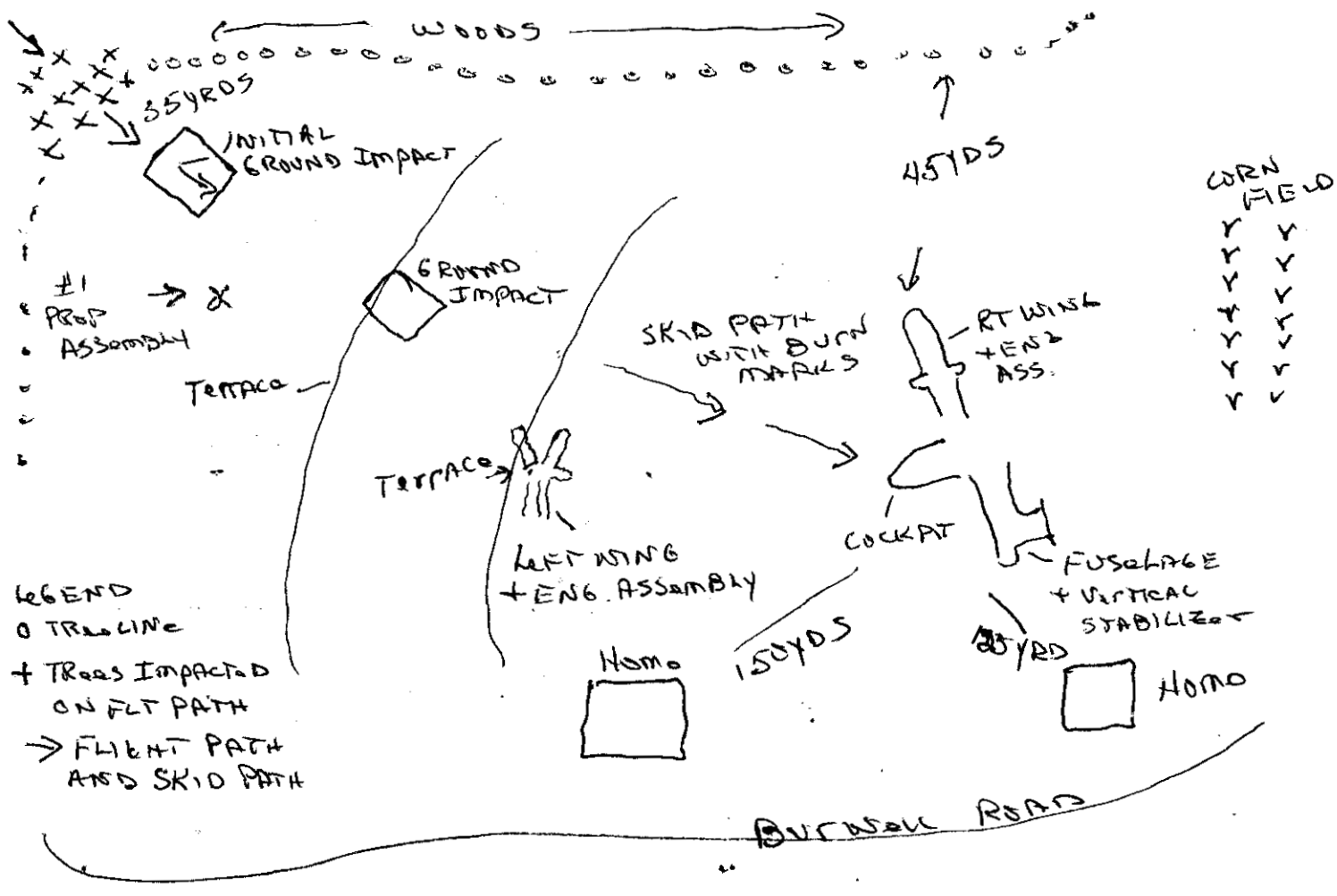
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student      3. <input type="checkbox"/> Commercial      5. <input type="checkbox"/> Flight Instructor      7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private      4. <input type="checkbox"/> Airline Transport      6. <input type="checkbox"/> Flight Engineer      8. 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"/> Foreign 2. <input type="checkbox"/> Private      4. <input type="checkbox"/> Airline Transport      6. <input type="checkbox"/> Flight Engineer      8. 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"/> Foreign 2. <input type="checkbox"/> Private      4. <input type="checkbox"/> Airline Transport      6. <input type="checkbox"/> Flight Engineer      8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Aircraft

(6)

**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 enroute to Gulfport MS (GPT) from Atlanta, GA (ATL). At approximately 1244, while climbing through FL180, crew reported #1 engine failed and they were returning to ATL. Approximately 2 minutes later, aircraft reported to ATC that they were going to need another airport quick and to get the trucks rolling. The aircraft reported to ATC that they were having trouble controlling the aircraft. At approximately 1252, aircraft crashed into hay field.



LEGEND  
 o TREELINE  
 + TREES IMPACTED ON FLT PATH  
 → FLIGHT PATH AND SKID PATH

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

Date Of This Report: 8-30-95  
 Signature Of Pilot/Operator: \_\_\_\_\_

Signature Of Person Filing Report Other Than Pilot/Operator: \_\_\_\_\_  
 1. Signature: \_\_\_\_\_  
 2. Type Or Print Name: TILDEN M. SHANAHAN  
 3. Title: V.P. FLIGHT OPERATIONS

For NTSB Use Only

NTSB Accident No. DCA95MA054	Reviewed By NTSB Office Located At Wash DC	Name Of Investigator MACINTOSH	Date Report Received SEP 05 REC'D
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①