

NTSB Investigation N	o0(升	11FA004
Date of Accident:	26 OCT	10
Accident Location:	MIL	

I acknowledge that I am participating in the above-referenced accident or incident investigation, on behalf of my employer who has been named a party to the National Transportation Safety Board (NTSB) safety investigation, for the purpose of providing technical assistance to the NTSB's evidence documentation and fact-finding activities. I understand that as a party participant, I and my organization shall be responsive to the direction of NTSB personnel and may be expelled from the investigation for conduct that is prejudicial to the investigation or inconsistent with NTSB policies or instructions. No information pertaining to the accident, or in any manner relevant to the investigation, may be withheld from the NTSB by any party or party participant.

I further acknowledge that I have familiarized myself with the attached copies of the NTSB Accident/Incident Investigation Procedures (49 C.F.R. Part 831) and "Information and Guidance for Parties to NTSB Accident and Incident Investigations," and will comply, and ensure all employees and representatives of my organization will comply, with these requirements. This includes, but is not limited to, the provisions of 49 C.F.R. §§ 831.11 and 831.13, which, respectively, specify certain criteria for participation in NTSB investigations and limitations on the dissemination of investigation information.

No party representative may occupy a legal position or be a person who also represents claimants or insurers. I certify that my participation is not on behalf of either claimants or insurers, and that, although factual information obtained as a result of participating in the NTSB investigation may ultimately be used in litigation (at the appropriate time, and in a manner that is not inconsistent with the provisions of 49 C.F.R. § 831.13 and 49 U.S.C. § 1154), my participation is to assist the NTSB safety investigation and not for the purposes of preparing for litigation. I also certify that, after the NTSB IIC releases the parties and party participants from the restrictions on dissemination of investigative information specified in 49 C.F.R. § 831.13, neither I nor my party organization will in any way assert in civil litigation arising out of the accident any claim of privilege for information or records received as a result of my participation in the NTSB investigation.

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Signature Signat	Date
JOHN A DAMO	ALLIDENT/NCIDENT INVESTIGATION
Name & Title	
ALLIED PILOTS ASSI	OUATIUN
Party Organization/Employer	

¹ In aviation investigations this form may also be referred to as "Statement of Party Representatives to NTSB Investigation."





NTSB Investigation	No. DC	111F	<u> ነ ውው የ</u>	1
Date of Accident:				
Accident Location:	MIA			

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Signature Date 1	
Charles Philip Corner, Sr. Alministrator FOOA Name & Title	
American Airlines	

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NTSB Investigation No. DCA IIFA 004
Date of Accident: 26 0ct 2010
Accident Location: WIA

CERTIFICATION OF PARTY REPRESENTATIVE¹

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	28 Oct 2010
Signature	Date
Aubrey Fulcher TWU Name & Title	Tech Crow Chief OFW
American Airlines Party Organization/Employer	

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NTSB Investigation	No. DCA		•	
Date of Accident:	OCTOBER	24 th	2010	
Accident Location:			·····	<u> </u>

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Signature	Date
Name & Title Alaxander Yannaccon e	Engheer
American Airlines Party Organization/Employer	

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NTSB Investigation	No. D	CAI	FA 00 4
Date of Accident:		OCT	2010
Accident Location:		MIA	

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Signature	Date
JohnLinn	Engineer -NDT
Name & Title	•
BOE 19 G Party Organization/Employer	

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NTSB Investigation No. DCA11FA004

Date of Accident: 1D-26-2010

Accident Location: VNIA

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I further acknowledge my responsibility to ensure that the NTSB is informed in writing, immediately and with specificity, when information or records provided to the NTSB, in any format, or other investigative activities, are subject to United States export controls, classification or licensing requirements, or sanctions restrictions. Similarly, commercially sensitive and/or proprietary material provided to the NTSB investigation should be clearly marked in accordance with the provisions of 49 C.F.R. Part 831.6.

Signature

Date

Date

Date

Transport Workers Union

Party Organization/Employer

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NTSB Investigation N	10. DCA1/	FA004
Date of Accident:	2600TIO	
Accident Location: _	MIA	<u></u>

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Signature	01	Date
SHANNON	G- HANKINS	ALLIED PROTS ASSOC AT
Name & Title	1	
AMERICAN	AIRENES A	74
Party Organization/Em	ployer	

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