

National Transportation Safety Board

FACTUAL REPORT  
AVIATION

NTSB Accident /Incident Number

A T L O 2 F A 0 7 4 A

Supplement A

--- Wreckage Documentation, Single and Twin Reciprocating Engine and Unpowered Aircraft

1 Engine #1 Serial # <u>3206-15</u> A. Other	2 Engine #2 Serial #  A. Other <u>N/A</u>	3 Supercharger Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A. Other	4 Turbocharger Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A. Other	5 Propeller Manufacturer <u>SENSECH</u> A. Other	6 Propeller Model/Series <u>M76AM-2</u> A. Other
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7 Propeller Type (Multiple entry) 1 <input type="checkbox"/> Wood 2 <input checked="" type="checkbox"/> Metal 3 <input type="checkbox"/> Composite 4 <input checked="" type="checkbox"/> Constant speed-controllable pitch	5 <input type="checkbox"/> Ground Adjustable/variable 6 <input type="checkbox"/> Reversible 7 <input type="checkbox"/> Full automatic feathering 8 <input type="checkbox"/> Full manual feathering A. Other	8 Aircraft STOL Modification Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A. Other
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Landing Gear Positions (If fixed gear, go to block 12)	9 Nose/Tail 1 <input type="checkbox"/> Up 2 <input type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A. Other <u>FIXED</u>	10 Left Main 1 <input type="checkbox"/> Up 2 <input type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A. Other <u>FIXED</u>	11 Right Main 1 <input type="checkbox"/> Up 2 <input type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A. Other <u>FIXED</u>	For Rotorcraft or Ballon accidents, go to block 20
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Control Surface Positions	12 Left Trailing Edge Flap 1 <input type="checkbox"/> Up A. Other _____ deg B. Other <u>N/A</u>	13 Right Trailing Edge Flap 1 <input type="checkbox"/> Up A. Other _____ deg B. Other <u>N/A</u>	14 Speed Brakes 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Stowed 3 <input type="checkbox"/> Deployed A. Other	15 Spoiler 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Stowed 3 <input type="checkbox"/> Deployed 4 <input type="checkbox"/> Deployed Asymmetrically A. Other
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Trim Tab Positions	16 Left Aileron 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Up 4 <input type="checkbox"/> Down A _____ deg B. Other	17 Right Aileron 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Up 4 <input type="checkbox"/> Down A _____ deg B. Other	18 Rudder 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Left 4 <input type="checkbox"/> Right A _____ deg B. Other	19 Elevator/Stabilator/Ruddervator 1 <input type="checkbox"/> Neutral 2 <input checked="" type="checkbox"/> Up 3 <input type="checkbox"/> Down A <u>1/2</u> deg. B Other
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Cargo Restraint System	20 Cargo Restraint Installed (Multiple) 1 <input checked="" type="checkbox"/> None (Go to Block 26) 2 <input type="checkbox"/> Cargo Net 3 <input type="checkbox"/> Straps/tie down A Other	21 Cargo Restraint Used (Multiple) 1 <input checked="" type="checkbox"/> None (Go to Block 26) 2 <input type="checkbox"/> Cargo Net 3 <input type="checkbox"/> Straps/tie down A Other	22 Cargo Restraint Failed (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Cargo Net 3 <input type="checkbox"/> Straps/tie down A Other
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Computed Weight and Balance Information- Complete when weight and/or center of gravity limitations are exceeded on accident flight (Otherwise go to block 32)

Takeoff			
26 Weight _____Lbs	27 Center of Gravity A _____% MAC B _____Inches	28 CG Range (Multiple entry) 1 <input type="checkbox"/> At takeoff weight 2 <input type="checkbox"/> At max gross weight	A _____% MAC _____% MAC B _____Inches to _____Inches

Accident			32 Fuel on Board At Accident 1 <input checked="" type="checkbox"/> Estimated 2 <input type="checkbox"/> Verified A Total gallons <u>20</u> B Other
29 Weight _____Lbs	30 Center of Gravity A _____% MAC or B _____Inches	31 CG Range (Multiple entry) 1 <input type="checkbox"/> At takeoff weight A _____% MAC _____% MAC 2 <input type="checkbox"/> At max gross weight B _____Inches _____Inches	

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--- Wreckage Documentation, Single and Twin Reciprocating Engine and Unpowered Aircraft (continued)

Fuel Tanks	Fuel on Board at Accident			D Tank Construction				F Spillsafe Fittings			H Fuel Leakage/Rupture				
	A Gallons Estimated	B Gallons Verified	C Other	1 Wet Wing	2 Bladder	3 Metal	E Other	1 Yes	2 No	G Other	1 None	2 Line	3 Fitting	4 Tank	I Other
33 Left Wing	8					X			X		X				
34 Right Wing															
35 Left Tip															
36 Right Tip															
37 Fuselage															
38 (Specify) NOSE	12					X			X		X				

<b>41 Fuel Found in #1 Engine (Multiple entry)</b> 1 <input type="checkbox"/> None 2 <input checked="" type="checkbox"/> Lines 3 <input type="checkbox"/> Gascolator/strainer 4 <input checked="" type="checkbox"/> Carburetor/ fuel injector 5 <input type="checkbox"/> Engine driven pump 6 <input type="checkbox"/> Auxiliary fuel pump 7 <input type="checkbox"/> Filter(s) 8 <input type="checkbox"/> Selector valve 9 <input type="checkbox"/> Fuel manifold/spider 10 <input type="checkbox"/> Accumulator tank A. Other <u>WING FUEL TANK</u>	<b>42 Fuel Found in #2 Engine (Multiple entry)</b> 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lines 3 <input type="checkbox"/> Gascolator/strainer 4 <input type="checkbox"/> Carburetor/ fuel injector 5 <input type="checkbox"/> Engine driven pump 6 <input type="checkbox"/> Auxiliary fuel pump 7 <input type="checkbox"/> Filter(s) 8 <input type="checkbox"/> Selector valve 9 <input type="checkbox"/> Fuel manifold/spider 10 <input type="checkbox"/> Accumulator tank A. Other <u>N/A</u>
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<b>43 Flight Controls, Evidence or Operational Failure or Malfunction (Multiple entry)</b> 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Pitch control 3 <input type="checkbox"/> Roll control 4 <input type="checkbox"/> Yaw control A Other	<b>44 Airframe/Structure, Evidence of In-Flight Separation/Failure (Multiple entry)</b> 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Helicopter (Complete Supp.) 3 <input type="checkbox"/> General 4 <input type="checkbox"/> Left wing 5 <input type="checkbox"/> Right wing 6 <input type="checkbox"/> Left stab/elevator 7 <input type="checkbox"/> Right stab/elevator 8 <input type="checkbox"/> Vertical fin/rudder 9 <input type="checkbox"/> Canard 10 <input type="checkbox"/> Powerplant 11 <input type="checkbox"/> Cargo/cabin door A. Other	<b>45 Propeller, Evidence of In-Flight Separation/Failure</b> 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other	<b>46 Powerplant, Evidence of In-Flight Mechanical Malfunction</b> 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other
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<b>47 Fuel, Evidence of Improper Grade or Contamination</b> 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Improper grade 3 <input type="checkbox"/> Contamination A Other	<b>48 Oil, Evidence of Improper Grade or Contamination (Multiple entry)</b> 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Improper grade 3 <input type="checkbox"/> Contamination A Other
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**Emergency Locator Transmitter (ELT) Information**

<b>51 ELT Manufacturer</b> EMER BEACON CORP A Other	<b>53 ELT Model No.</b> unreadable A Other	<b>55 Preimpact ELT Location(s) (Multiple entry)</b> 1 <input type="checkbox"/> Cockpit 2 <input type="checkbox"/> Cabin 3 <input checked="" type="checkbox"/> Tailcone 4 <input type="checkbox"/> Empennage 5 <input type="checkbox"/> Raft 6 <input type="checkbox"/> Survival Kit A Other
<b>52 ELT Battery Type</b> 1 <input checked="" type="checkbox"/> Alkaline 2 <input type="checkbox"/> Cadmiu 3 <input type="checkbox"/> Nicad 5 <input type="checkbox"/> Nickel 6 <input type="checkbox"/> Lithium A Other	<b>54 ELT Battery Expiration Date (Nos for M, D, Y)</b> 01/31/03 A Other	

<b>56 ELT - Reason for Noneffectiveness/Failure (Multiple entry)</b> 1 <input type="checkbox"/> Operated effectively 2 <input type="checkbox"/> Insufficient G's 3 <input type="checkbox"/> Improper installation 4 <input type="checkbox"/> Battery dead 5 <input type="checkbox"/> Battery corroded 6 <input type="checkbox"/> Battery installation incorrect 7 <input type="checkbox"/> Incorrect battery 8 <input type="checkbox"/> Fire damage 9 <input type="checkbox"/> Impact damage 10 <input type="checkbox"/> Antenna broken/disc. 11 <input type="checkbox"/> Water submersion 12 <input type="checkbox"/> Unit not armed 13 <input type="checkbox"/> Shielded by wreckage 14 <input type="checkbox"/> Shielded by terrain 1 <input type="checkbox"/> Internal failure 16 <input type="checkbox"/> Test satisfactorily after accident 17 <input type="checkbox"/> Signal direction altered by terrain 18 <input type="checkbox"/> Packing device still installed 19 <input checked="" type="checkbox"/> Remote switch off A Other
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Supplement A

--- Wreckage Documentation, Single and Twin Reciprocating Engine and Unpowered Aircraft

1 Engine #1 Serial # <u>16314-27A</u> A. Other	2 Engine #2 Serial # _____ A. Other N/A	3 Supercharger Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A. Other	4 Turbocharger Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A. Other	5 Propeller Manufacturer <u>HARTZELL</u> A. Other	6 Propeller Model/Series <u>18F</u> A. Other
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7 Propeller Type (Multiple entry) 1 <input type="checkbox"/> Wood 2 <input checked="" type="checkbox"/> Metal 3 <input type="checkbox"/> Composite 4 <input checked="" type="checkbox"/> Constant speed-controllable pitch	5 <input type="checkbox"/> Ground Adjustable/variable 6 <input type="checkbox"/> Reversible 7 <input type="checkbox"/> Full automatic feathering 8 <input type="checkbox"/> Full manual feathering A. Other	8 Aircraft STOL Modification Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A. Other
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Landing Gear Positions (If fixed gear, go to block 12) 1 <input type="checkbox"/> Up 2 <input type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A. Other FIXED	9 Nose/Tail 1 <input type="checkbox"/> Up 2 <input type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A. Other FIXED	10 Left Main 1 <input type="checkbox"/> Up 2 <input type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A. Other FIXED	11 Right Main 1 <input type="checkbox"/> Up 2 <input type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A. Other FIXED	For Rotorcraft or Balloon accidents, go to block 20
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Control Surface Positions	12 Left Trailing Edge Flap 1 <input type="checkbox"/> Up A. Other _____ deg B. Other <u>DN 1ST NOTCH</u>	13 Right Trailing Edge Flap 1 <input type="checkbox"/> Up A. Other _____ deg B. Other <u>DN 1ST NOTCH</u>	14 Speed Brakes 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Stowed 3 <input type="checkbox"/> Deployed A. Other	15 Spoiler 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Stowed 3 <input type="checkbox"/> Deployed 4 <input type="checkbox"/> Deployed Asymmetrically A. Other
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Trim Tab Positions	16 Left Aileron 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Up 4 <input type="checkbox"/> Down A _____ deg B. Other	17 Right Aileron 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Up 4 <input type="checkbox"/> Down A _____ deg B. Other	18 Rudder 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Left 4 <input type="checkbox"/> Right A _____ deg B. Other	19 Elevator/Stabilator/Ruddervator 1 <input type="checkbox"/> Neutral 2 <input type="checkbox"/> Up 3 <input type="checkbox"/> Down A _____ deg. B Other UNKN
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Cargo Restraint System	20 Cargo Restraint Installed (Multiple) 1 <input checked="" type="checkbox"/> None (Go to Block 26) 2 <input type="checkbox"/> Cargo Net 3 <input type="checkbox"/> Straps/tie down A Other	21 Cargo Restraint Used (Multiple) 1 <input checked="" type="checkbox"/> None (Go to Block 26) 2 <input type="checkbox"/> Cargo Net 3 <input type="checkbox"/> Straps/tie down A Other	22 Cargo Restraint Failed (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Cargo Net 3 <input type="checkbox"/> Straps/tie down A Other
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Computed Weight and Balance Information- Complete when weight and/or center of gravity limitations are exceeded on accident flight (Otherwise go to block 32)

Takeoff			
26 Weight _____Lbs	27 Center of Gravity A _____% MAC B _____Inches	28 CG Range (Multiple entry) 1 <input type="checkbox"/> At takeoff weight 2 <input type="checkbox"/> At max gross weight	A _____% MAC _____% MAC B _____Inches to _____Inches

Accident			32 Fuel on Board At Accident 1 <input checked="" type="checkbox"/> Estimated 2 <input type="checkbox"/> Verified A Total gallons _____18_____ B Other
29 Weight _____Lbs	30 Center of Gravity A _____% MAC or B _____Inches	31 CG Range (Multiple entry) 1 <input type="checkbox"/> At takeoff weight A _____% MAC _____% MAC 2 <input type="checkbox"/> At max gross weight B _____Inches _____Inches	

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Fuel Tanks	Fuel on Board at Accident			D Tank Construction				F Spillsafe Fittings			H Fuel Leakage/Rupture				
	A Gallons Estimated	B Gallons Verified	C Other	1 Wet Wing	2 Bladder	3 Metal	E Other	1 Yes	2 No	G Other	1 None	2 Line	3 Fitting	4 Tank	I Other
33 Left Wing	8					X			X					X	
34 Right Wing	10					X			X		X				
35 Left Tip															
36 Right Tip															
37 Fuselage															
38 (Specify)															

<b>41 Fuel Found in #1 Engine (Multipl entry)</b> 1 <input type="checkbox"/> None 2 <input checked="" type="checkbox"/> Lines 3 <input type="checkbox"/> Gascolator/strainer 4 <input checked="" type="checkbox"/> Carburetor/ fuel injector 5 <input type="checkbox"/> Engine driven pump 6 <input type="checkbox"/> Auxilliary fuel pump	7 <input type="checkbox"/> Filter(s) 8 <input type="checkbox"/> Selector valve 9 <input type="checkbox"/> Fuel manifold/spider 10 <input type="checkbox"/> Accumulator tank A. Other L/R Fuel TANK	<b>42 Fuel Found in #2 Engine (Multiple entry)</b> 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lines 3 <input type="checkbox"/> Gascolator/strainer 4 <input type="checkbox"/> Carburetor/ fuel injector 5 <input type="checkbox"/> Engine driven pump 6 <input type="checkbox"/> Auxilliary fuel pump	7 <input type="checkbox"/> Filter(s) 8 <input type="checkbox"/> Selector valve 9 <input type="checkbox"/> Fuel manifold/spider 10 <input type="checkbox"/> Accumulator tank A. Other N/A
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<b>43 Flight Controls, Evidence or Operational Failure or Malfunction (Multiple entry)</b> 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Pitch control 3 <input type="checkbox"/> Roll control 4 <input type="checkbox"/> Yaw control A Other	<b>44 Airframe/Structure, Evidence of In-Flight Separation/Failure (Multiple entry)</b> 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Helicopter (Complete Supp. 3 <input type="checkbox"/> General 4 <input type="checkbox"/> Left wing 5 <input type="checkbox"/> Right wing 6 <input type="checkbox"/> Left stab/elevator 7 <input type="checkbox"/> Right stab/elevator 8 <input type="checkbox"/> Vertical fin/rudder 9 <input type="checkbox"/> Canard 10 <input type="checkbox"/> Powerplant 11 <input type="checkbox"/> Cargo/cabin door A. Other	<b>45 Propeller, Evidence of In-Flight Separation/Failure</b> 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other	<b>46 Powerplant, Evidence of In-Flight Mechanical Malfunction</b> 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other
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<b>47 Fuel, Evidence of Improper Grade or Contamination</b> 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Improper grade 3 <input type="checkbox"/> Contamination A Other	<b>48 Oil, Evidence of Improper Grade or Contamination (Multiple entry)</b> 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Improper grade 3 <input type="checkbox"/> Contamination A Other
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Emergency Locator Transmitter (ELT) Information

<b>51 ELT Manufacturer</b> ACK TECHNOLOGY A Other	<b>53 ELT Model No.</b> E-01 A Other	<b>55 Preimpact ELT Location(s) (Multiple entry)</b> 1 <input type="checkbox"/> Cockpit 2 <input type="checkbox"/> Cabin 3 <input type="checkbox"/> Tailcone 4 <input checked="" type="checkbox"/> Empennage 5 <input type="checkbox"/> Raft 6 <input type="checkbox"/> Survival Kit A Other
<b>52 ELT Battery Type</b> 1 <input checked="" type="checkbox"/> Alkaline 2 <input type="checkbox"/> Cadmiu 3 <input type="checkbox"/> Nicad 5 <input type="checkbox"/> Nickel 6 <input type="checkbox"/> Lithium A Other	<b>54 ELT Battery Expiration Date (Nos for M, D, Y)</b> 01/31/07 A Other	

<b>56 ELT - Reason for Noneffectiveness/Failure (Multiple entry)</b> 1 <input type="checkbox"/> Operated effectively 2 <input type="checkbox"/> Insufficient G's 3 <input type="checkbox"/> Improper installation 4 <input type="checkbox"/> Battery dead 5 <input type="checkbox"/> Battery corroded 6 <input type="checkbox"/> Battery installation incorrect 7 <input type="checkbox"/> Incorrect battery 8 <input type="checkbox"/> Fire damage 9 <input type="checkbox"/> Impact damage 10 <input type="checkbox"/> Antenna broken/disc. 11 <input type="checkbox"/> Water submersion 12 <input checked="" type="checkbox"/> Unit not armed 13 <input type="checkbox"/> Shielded by wreckage 14 <input type="checkbox"/> Shielded by terrain 1 <input type="checkbox"/> Internal failure 16 <input type="checkbox"/> Test satisfactorily after accident 17 <input type="checkbox"/> Signal direction altered by terrain 18 <input type="checkbox"/> Packing device still installed 19 <input checked="" type="checkbox"/> Remote switch off A Other
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