

National Transportation Safety Board

FACTUAL REPORT  
AVIATION

NTSB Accident / Incident Number

A T L 0 4 F A 0 5 1

Supplement A

Wings: Documentation, Single and Twin Reciprocating Engine and Propellers Aircraft

<b>1 Engine #1 Serial #</b> 521514 A. Other	<b>2 Engine #2 Serial #</b> 509974 A. Other	<b>3 Supercharger Installed</b> 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A. Other	<b>4 Turbocharger Installed</b> 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A. Other	<b>5 Propeller Manufacturer</b> McCauley A. Other	<b>6 Propeller Model/Series</b> 3AF32C515 A. Other
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<b>7 Propeller Type (Multiple entry)</b> 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	<b>5</b> <input type="checkbox"/> Ground Adjustable/variable pitch <b>6</b> <input type="checkbox"/> Reversible <b>7</b> <input type="checkbox"/> Full automatic feathering <b>8</b> <input checked="" type="checkbox"/> Full manual feathering A. Other	<b>8 Aircraft STOL Modification Installed</b> 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A. Other
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<b>Landing Gear Positions (if fixed gear, go to block 12)</b> 1 <input type="checkbox"/> Up 2 <input checked="" type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A. Other	<b>9 Nose/Tail</b> 1 <input type="checkbox"/> Up 2 <input checked="" type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A. Other	<b>10 Left Main</b> 1 <input type="checkbox"/> Up 2 <input checked="" type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A. Other	<b>11 Right Main</b> 1 <input type="checkbox"/> Up 2 <input checked="" type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A. Other	<i>For Rotorcraft or Balloon accidents, go to block 20</i>
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<b>Control Surface Positions</b>	<b>12 Left Trailing Edge Flap</b> 1 <input type="checkbox"/> Up A. Other 15 deg. B. Other	<b>13 Right Trailing Edge Flap</b> 1 <input type="checkbox"/> Up A. Other 15 deg. B. Other	<b>14 Speed Brakes</b> 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Stowed 3 <input type="checkbox"/> Deployed A. Other	<b>15 Spoiler</b> 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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<b>Trim Tab Positions (Multiple entry)</b>	<b>16 Left Aileron</b> 1 <input type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Up 4 <input type="checkbox"/> Down A _____ deg. B. Other DEST	<b>17 Right Aileron</b> 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	<b>18 Rudder</b> 1 <input type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input checked="" type="checkbox"/> Left 4 <input type="checkbox"/> Right A 5 deg. B. Other	<b>19 Elevator/Stabilator/Ruddervator</b> 1 <input checked="" type="checkbox"/> Neutral 2 <input type="checkbox"/> Up 3 <input type="checkbox"/> Down A _____ deg. B Other
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<b>Cargo Restraint System</b>	<b>20 Cargo Restraint Installed (Multiple entry)</b> 1 <input type="checkbox"/> None (Go to Block 26) 2 <input type="checkbox"/> Cargo Net 3 <input type="checkbox"/> Straps/tie down A Other Unk	<b>21 Cargo Restraint Used (Multiple entry)</b> 1 <input type="checkbox"/> None (Go to Block 26) 2 <input type="checkbox"/> Cargo Net 3 <input type="checkbox"/> Straps/tie down A Other Unk	<b>22 Cargo Restraint Failed (Multiple entry)</b> 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Cargo Net 3 <input type="checkbox"/> Straps/tie down A Other Unk
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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**

<b>26 Weight</b> _____ Lbs.	<b>27 Center of Gravity</b> A _____ % MAC or B _____ Inches	<b>28 CG Range (Multiple entry)</b> 1 <input type="checkbox"/> At takeoff weight 2 <input type="checkbox"/> At max gross weight	A _____ % MAC to _____ % MAC or B _____ Inches to _____ Inches
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<b>Accident</b>			<b>32 Fuel on Board At Accident</b> 1 <input checked="" type="checkbox"/> Estimated 2 <input type="checkbox"/> Verified A Total gallons 114 B Other
<b>29 Weight</b> _____ Lbs.	<b>30 Center of Gravity</b> A _____ % MAC or B _____ Inches	<b>31 CG Range (Multiple entry)</b> 1 <input type="checkbox"/> At takeoff weight 2 <input type="checkbox"/> At max gross weight	A _____ % MAC to _____ % MAC or B _____ Inches to _____ Inches

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AVIATION

A T L O 4 F A 0 5 1

Supplement A

Wing, Large Documentation, Single and Twin Deapropending 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															
34 Right Wing															
35 Left Tip <i>MAIN FUEL TANK</i>	25.5					X				X		X	X	X	
36 Right Tip <i>MAIN FUEL TANK</i>	25.5					X				X		X	X	X	
37 Fuselage <i>LEFT AUX</i>	31.5				X					X		X	X	X	
38 (Specify) <i>Right Aux</i>	31.5				X					X		X	X	X	

<b>41 Fuel Found in #1 Engine (Multiple entry)</b> 1 <input checked="" 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	<b>42 Fuel Found in #2 Engine (Multiple entry)</b> 1 <input checked="" 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
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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 type="checkbox"/> None 2 <input type="checkbox"/> Helicopter (Complete Supp. G) 3 <input type="checkbox"/> General disintegration 4 <input checked="" type="checkbox"/> Left wing 5 <input checked="" 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 (Multiple entry)</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> Ameri-King A Other	<b>53 ELT Model No.</b> AK450 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"/> Cadmium 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> _____ A Other <b>Unknown</b>	

<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 checked="" 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 15 <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 type="checkbox"/> Remote switch off A Other
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