

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Bellefontaine</u> State: <u>OH</u> ZIP: <u>43311</u> Country: <u>USA</u> Latitude: <u>40-20-20.2</u> (dd:mm:ss N/S) Longitude: <u>083-49-09.4</u> (ddd:mm:ss E/W)		Date/Time Date: <u>07/29/2014</u> Local Time: <u>4:50 pm</u> mm/dd/yyyy Time Zone: <u>EDT</u>	
Phase of Operation ☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☒ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☐ Landing ☐ Approach ☐ Unknown		Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None	
		Altitude of In-Flight Occurrence <u>200</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Hughes (MD Helicopters)</u> Model: <u>369D</u> Serial Number: <u>1098D</u> Registration Number: <u>N892C</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>3,000</u> lbs Weight at Time of Accident/Incident: <u>2500</u> lbs Location of Center of Gravity at Time of Accident/Incident: inches from ☐ nose or ☐ datum Percent Mean Aerodynamic Cord (% MAC)	
Category of Aircraft ☐ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☒ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☒ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	
		Landing Gear ☐ Retractable Check any additional landing gear configuration that applies: ☐ Tricycle ☐ Tailwheel ☐ Amphibian ☒ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown	

Type of Maintenance Program ☐ Annual ☐ Conditional (Amateur-built only) ☒ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____	Last Inspection Type ☒ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown	Date Last Inspection: <u>07/19/2014</u> mm/dd/yyyy Airframe Total Time: <u>11275</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident/Incident
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IFR Equipped ☐ Yes ☒ No ☐ Unknown	Stall Warning System Installed ☐ Yes ☒ No ☐ Unknown	Type of Fire Extinguishing System ☐ None ☒ Specify <u>portable fire bottle</u>
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ELT Installed ☒ Yes ☐ No ☐ Not Activated ELT Activated ☐ Yes ☒ No	ELT Manufacturer: <u>KANNAD</u> Model/Series: <u>406 Compact</u> Serial Number: <u>2620097-0198</u> Battery Type: <u>D</u> Battery Exp. Date: <u>01/2015</u>	
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Engine Type ☐ Reciprocating ☐ Turbo Jet ☒ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown	Reciprocating Fuel System Type ☐ Carburetor ☐ Fuel Injected	Propeller ☐ Fixed Pitch ☐ Controllable Pitch Manufacturer: _____ Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Rolls Royce	Allison C20B	CAF 835911	06/04/1981	400	754	25	754
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>DAH Aircraft, LLC</u> Fractional Ownership Aircraft: ☐ Yes ☐ No		Owner Address City: <u>Lewes</u> State: <u>DE</u> ZIP: <u>11958</u> Country: <u>USA</u>
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: <u>Rotor Blade, LLC</u> Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under ☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ FAR 103 ☒ FAR 133 ☐ Non-US, Commercial ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces ☐ Public Use (select type) ☐ Federal ☐ State ☐ Local ☐ Unknown		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☐ Business ☐ Executive/Corporate ☒ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Select all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☒ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft
OTHER AIRCRAFT - COLLISION (If an on-ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number: _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) Fuel Exhaustion		Total Time/Cycles On Part ____ Hours ____ Cycles Time Since This Part Inspected/Overhauled ____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i>			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: _____		Distance From Airport Center: _____ SM	
Airport Name: _____		Direction From Airport: _____ degrees MAG	
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip		Airport Elevation: _____ ft. MSL	
Approach Segment <i>(Select one)</i>			
☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final		☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown) ☐ Go Around	
IFR Approach <i>(Check all that apply)</i>		VFR Approach <i>(Check all that apply)</i>	
☐ None ☐ PAR ☐ MLS ☐ Practice ☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS ☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ VOR/TWOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ TACAN ☐ RNAV ☐ Circling		☐ None ☐ Stop and Go ☐ Traffic Pattern ☐ Touch and Go ☐ Straight-In ☐ Simulated Forced Landing ☐ Valley/Terrain Following ☐ Forced Landing ☐ Go Around ☐ Precautionary Landing ☐ Full Stop ☐ Unknown	
Runway Information		Condition of Runway/Landing Surface <i>(Check all that apply)</i>	
Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		☐ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Unknown ☐ Slush Covered ☐ Vegetation	
Runway/Landing Surface <i>(Check all that apply)</i>			
☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
FLIGHT ITINERARY INFORMATION			
Last Departure Point		Time of Departure	
Airport ID: _____ City: <u>Bellefontaine</u> State: <u>OHIO</u> Country: <u>LODONT USA</u>		Time: _____ Time Zone: _____	
Destination		Type Flight Plan Filed	
Airport ID: _____ City: _____ State: _____ Country: _____		☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No	
Type of ATC Clearance/Service <i>(Check all that apply)</i>			
☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i>			
☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special ☐ Class B ☒ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area ☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown ☐ Class D ☐ Warning Area ☐ Airport Advisory Area			
Aircraft Load Description <i>(Check all that apply)</i>			
☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock ☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown ☐ Cargo ☒ Other External ☐ Chemical/Fertilizer/Seeds			
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff <i>(convert from pounds, as necessary)</i> <u>40</u> Gallons		Fuel Type	
☐ 80/87 ☐ 113/145 ☐ JP3 ☐ 100 Low Lead ☒ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5		☐ Other, specify _____	
Other Services, if Any, Prior to Departure			

EVACUATION OF AIRCRAFT				
Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No				
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location 				
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Weather Observation Facility Facility ID: <u>KEDJ</u> Observation Time: <u>1930z</u> Time Zone: <u>EDT</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ Unknown ☐ Commercial Weather Service (DUATS)		Method of Briefing <i>(Check all that apply)</i> ☐ In Person ☐ Teletype ☐ Telephone/Computer ☐ Aircraft Radio ☐ TV/Radio ☒ Unknown
Briefing Type/Completeness ☐ Full ☐ Abbreviated ☐ Partial / Limited By Pilot ☒ Unknown ☐ Partial / Limited By Briefer ☐ Not Pertinent		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☒ Day ☐ Night ☐ Bright Night ☐ Not Reported		Visibility <u>10</u> miles
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☒ Scattered		Ceiling ☐ None (clear) ☐ Obscured ☒ Broken ☐ Indefinite ☐ Overcast ☐ Unknown		Restriction to Visibility <i>(Check all that apply)</i> ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown
Lowest Cloud Condition Height <u>4000</u> ft AGL		Ceiling Height <u>7500</u> ft AGL		
Wind Direction ☒ Indicated: <u>230</u> degrees MAG ☐ Variable	Wind Speed Velocity: <u>5</u> KTS -or- ☐ Calm ☐ Light and Variable	Wind Gusts Velocity: _____ KTS ☐ Gusting ☒ Not Gusting	Type of Turbulence <i>(Check all that apply)</i> ☒ None ☐ In Clouds ☐ Clear Air ☐ Vicinity of Thunderstorm Severity of Turbulence ☐ Extreme ☐ Moderate ☐ Light ☐ Severe ☐ Moderate Chop	
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident <u>NA</u>				
Temperature: <u>20</u> (C) or _____ (F) Altimeter Setting: <u>30.03</u> in. HG or _____ MB Density Altitude: _____ ft Dew Point: <u>11</u> (C) or _____ (F)		 icing Forecast Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed		Type of Precipitation <i>(Check all that apply)</i> ☒ None ☐ Drizzle ☐ Rain ☐ Ice Pellets ☐ Snow ☐ Snow Pellets ☐ Hail ☐ Snow Grains ☐ Rain Showers ☐ Ice Crystals ☐ Freezing Rain ☐ Ice Pellets Shower ☐ Snow Shower ☐ Freezing Drizzle
 icing Actual Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed		Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy		

PILOT "A" INFORMATION																																																																																																			
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Pilot "A" Identification First Name: <u>Leo</u> City: <u>Manchester</u> Middle Initial: <u>B</u> State: <u>NH</u> ZIP: <u>03102</u> Last Name: <u>Boucher</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>50</u> Date of Birth: <u>mm/dd/yyyy</u> Certificate Number: <u>mm/dd/yyyy</u>																																																																																																			
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☒ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Seat Belt Used ☒ Yes ☐ No Available ☒ Yes ☐ No		Shoulder Harness Used ☐ Yes ☒ No Available ☒ Yes ☐ No																																																																																													
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Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown		Date of Last Medical <u>11/26/2013</u> mm/dd/yyyy																																																																																													
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/15/2013</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>HUGHES</u> Model: <u>369B</u>																																																																																																
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☒ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																													
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Pilot in Command (PIC)																																																																																																				
Time as Instructor																																																																																																				
This Make/Model																																																																																																				
Last 90 Days																																																																																																				
Last 30 Days																																																																																																				
Last 24 Hours																																																																																																				

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	☐ None	☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor	☐ Unknown
Last Name: _____	Country: _____	☐ Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
☐ None	☐ Student	☐ Recreational	☐ Commercial
☐ Private	☐ Flight Instructor	☐ Sport	☐ Airline Transport
		☐ Flight Engineer	☐ Foreign
		☐ U.S. Military	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	☐ None	☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor	☐ Unknown
Last Name: _____	Country: _____	☐ Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
☐ None	☐ Student	☐ Recreational	☐ Commercial
☐ Private	☐ Flight Instructor	☐ Sport	☐ Airline Transport
		☐ Flight Engineer	☐ Foreign
		☐ U.S. Military	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	☐ None	☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor	☐ Unknown
Last Name: _____	Country: _____	☐ Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
☐ None	☐ Student	☐ Recreational	☐ Commercial
☐ Private	☐ Flight Instructor	☐ Sport	☐ Airline Transport
		☐ Flight Engineer	☐ Foreign
		☐ U.S. Military	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants, continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
City: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
State: _____ ZIP: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
City: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
State: _____ ZIP: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
City: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
State: _____ ZIP: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
City: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
State: _____ ZIP: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Date of this Report

08/12/2014
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____ (Rotor Blade LLC)
Type or Print Name: Ashley S. Haddock (Rotor Blade)

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN14LA398Reviewed by NTSB Regional Office
Central RegionName of Investigator
Pam SullivanDate Report Received
08/14/2014