



NTSB Investigation No. CEN18LA363
Date of Accident: 09/01/2018
Accident Location: Crete, Nebraska

CERTIFICATION OF PARTY REPRESENTATIVE¹

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 lose party status 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, if the party coordinator for my party, take all reasonable steps to ensure that the employees and participants of my organization 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 coordinator or 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 Investigator-in-Charge (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's 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.

04/04/2019

Signature

Date

Kurt Gibson - Air Safety Investigator

Name & Title

Continental Aerospace Technologies

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. CEN18LA363

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Accident Location: Crete, NE

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Signature

4/5/19
Date

Les Doud - Air Safety Investigator
Name & Title

Hartzell Engine Technologies
Party Organization/Employer

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NTSB Investigation No. CEN18LA363

Date of Accident: 9/1/18

Accident Location: Crete, Nebraska

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Signature

Date

5-13-2019

Name & Title

Larry Vitatoe, Pres

Party Organization/Employer

Vitatoe Aviation LLC

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I further acknowledge that I have familiarized myself with the attached copies of the revised 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, if the party coordinator for my party, take all reasonable steps to ensure that the employees and participants of my organization 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.

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[Redacted Signature]

10-31-19

Signature

Date

Ricardo Asensio

Senior Air Safety Investigator

Name & Title

Textron Aviation

Party Organization/Employer

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