

**NATIONAL TRANSPORTATION SAFETY BOARD**

RETENTION / RELEASE OF WRECKAGE RELATED TO ACCIDENT NUMBER ►

ACCIDENT NUMBER:

**CEN19FA259**

For Use In All Modal Investigations

|                                                                                                                                                                                                                                                                                             |                            |                                         |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------|------------------|
| REGISTERED OWNER (name and address)<br>Air Advantage, Inc.<br>[REDACTED]<br>Mount Pleasant, IA 52641                                                                                                                                                                                        |                            | IDENTIFICATION NUMBER<br>N6113C         |                  |
|                                                                                                                                                                                                                                                                                             |                            | MAKE<br>Air Tractor                     |                  |
| LOCATION<br>Sumner, Iowa                                                                                                                                                                                                                                                                    | DATE OF ACCIDENT<br>8/8/19 | MODEL<br>AT-502B                        |                  |
| RETAINED BY NTSB REPRESENTATIVE<br>Timothy Sorensen [REDACTED]                                                                                                                                                                                                                              |                            | TITLE<br>Aviation Accident Investigator | DATE<br>8/9/19   |
| <small>The National Transportation Safety Board has <input checked="" type="checkbox"/> has not <input type="checkbox"/> completed its investigation of the wreckage described above. All recovered wreckage except that listed in the evidence control form(s) is hereby released.</small> |                            |                                         |                  |
| <input checked="" type="checkbox"/> NO PARTS RETAINED                                                                                                                                                                                                                                       |                            |                                         |                  |
| RELEASED BY NTSB REPRESENTATIVE<br>Timothy Sorensen [REDACTED]                                                                                                                                                                                                                              |                            | TITLE<br>Aviation Accident Investigator | DATE<br>5/5/20   |
| <small>(This section may be acknowledged by a person, not the owner or owner's representative, who has knowledge of the disposition of the recovered wreckage and its parts. Such acknowledgement does not place responsibility for disposition of the wreckage upon that person.)</small>  |                            |                                         |                  |
| <b>I HEREBY ACKNOWLEDGE:</b>                                                                                                                                                                                                                                                                |                            |                                         |                  |
| <input checked="" type="checkbox"/> Receipt of the above described wreckage.                                                                                                                                                                                                                |                            |                                         |                  |
| <input type="checkbox"/> Removal of the parts, if any, listed in the evidence control form(s).                                                                                                                                                                                              |                            |                                         |                  |
| PERSON MAKING ACKNOWLEDGEMENT<br>[REDACTED] for<br>Old Republic Aerospace, Inc.                                                                                                                                                                                                             |                            | TITLE<br>Sr. Claims Manager             | DATE<br>5-7-2020 |
| ADDRESS<br>[REDACTED]                                                                                                                                                                                                                                                                       |                            | PHONE NUMBER & EMAIL<br>[REDACTED]      |                  |
| REMARKS:<br><br>-- None --                                                                                                                                                                                                                                                                  |                            |                                         |                  |