



NTSB Investigation No. CEN22FA021
Date of Accident: 10-27-21
Accident Location: Lena, WI

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 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.

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.

Digitally signed by
Jennifer D. Barclay
Date: 2021.10.29
11:33:09 -05'00'

10-29-21

Signature

Date

Jennifer D. Barclay, Air Safety Investigator

Name & Title

Textron Aviation, Inc.

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. **CEN22FA021**

Date of Accident: **October 27, 2021**

Accident Location: **Lena, Wisconsin**

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Digitally signed by Joseph J. Contino
DN: cn=Joseph J. Contino, o=AVOX Systems

Date: 2021.12.16 13:41:18 -05'00'

December 16, 2021

Signature

Date

Joseph Contino V.P. Quality & Certification

Name & Title

AVOX Systems, Inc., dba Safran Aerosystems Oxygen US

Party Organization/Employer

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Signature

Date

Brad Stankey General Manager

Name & Title

Mountain High Oxygen

Party Organization/Employer

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