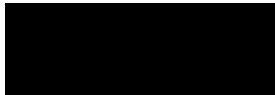


|                                                                                                             |  |                                       |
|-------------------------------------------------------------------------------------------------------------|--|---------------------------------------|
| <b>NATIONAL TRANSPORTATION SAFETY BOARD</b><br>RETENTION / RELEASE OF WRECKAGE RELATED TO ACCIDENT NUMBER ► |  | ACCIDENT NUMBER:<br><b>ERA13FA083</b> |
|-------------------------------------------------------------------------------------------------------------|--|---------------------------------------|

For Use In All Modal Investigations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                                                                              |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------|------------------|
| REGISTERED OWNER (name and address)<br>Trinity Equipment LLC<br>                                                                                                                                                                                                                                                                                                                                                 |                              | IDENTIFICATION NUMBER<br>N840DS                                                                              |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | MAKE<br>Diamond                                                                                              |                  |
| LOCATION<br>Lake Park, GA                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE OF ACCIDENT<br>12/10/12 | MODEL<br>DA 40                                                                                               |                  |
| RETAINED BY NTSB REPRESENTATIVE<br>Todd Gunther                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | TITLE<br>Air Safety Investigator                                                                             | DATE<br>12/11/12 |
| 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.<br><input type="checkbox"/> NO PARTS RETAINED                                                                                                                                                                        |                              |                                                                                                              |                  |
| RELEASED BY NTSB REPRESENTATIVE<br>Todd Gunther                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | TITLE<br>Air Safety Investigator                                                                             | DATE<br>8/20/13  |
| (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.)<br>I HEREBY ACKNOWLEDGE:<br><input checked="" type="checkbox"/> Receipt of the above described wreckage.<br><input checked="" type="checkbox"/> Removal of the parts, if any, listed in the evidence control form(s). |                              |                                                                                                              |                  |
| PERSON MAKING ACKNOWLEDGEMENT<br>ADAM ROISE                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              | TITLE<br>CLAIM MANAGER                                                                                       | DATE<br>8/21/13  |
| ADDRESS<br>                                                                                                                                                                                                                                                                                                                                                                                                    |                              | PHONE NUMBER & EMAIL<br> |                  |

|                                                                        |                   |
|------------------------------------------------------------------------|-------------------|
| <b>NATIONAL TRANSPORTATION SAFETY BOARD</b><br><b>EVIDENCE CONTROL</b> | ACCIDENT NUMBER:  |
|                                                                        | <b>ERA13FA083</b> |

For Use In All Modal Investigations

|                                                                                                                                                |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| OFFICE<br><br>Aviation Safety                                                                                                                  | DATE OF ACCIDENT<br><br>12/10/12             | ACCIDENT LOCATION (City & State)<br><br>Lake Park, GA |
| EVIDENCE OBTAINED BY:                                                                                                                          |                                              |                                                       |
| <input checked="" type="checkbox"/> EVIDENCE OBTAINED FROM:                                                                                    | LOCATION OR PERSON INFORMATION<br><br>N840DS | DATE<br><br>12/11/12                                  |
| <input type="checkbox"/> EVIDENCE RECEIVED FROM:                                                                                               |                                              | GROUP<br><br>IIC                                      |
| EVIDENCE CONTROL NUMBER<br>ERA13FA083 - IIC - 001                                                                                              |                                              |                                                       |
| DESCRIPTION ( <input type="checkbox"/> BIN ITEM - HAS BEEN SEPARATED <input type="checkbox"/> )<br>Bowden Cable Assembly - Elevator Pitch Trim |                                              |                                                       |

OWNER OR OWNER'S REPRESENTATIVE

|                                              |                                                                                                |
|----------------------------------------------|------------------------------------------------------------------------------------------------|
| FIRST NAME:<br><br>Adam                      | LAST NAME:<br><br>Royse                                                                        |
| ADDRESS: [REDACTED]                          |                                                                                                |
| PHONE: [REDACTED]                            | EMAIL: [REDACTED]                                                                              |
| RETURNED <input checked="" type="checkbox"/> | DATE: 1/15/15<br>CONTACT: DAVID HUIE, TECHNICAL SPECIALIST<br>PHOENIX AVIATION MANAGEMENT INC. |

CHAIN OF CUSTODY

|                          |                                                  |               |
|--------------------------|--------------------------------------------------|---------------|
| RELEASED BY: T.Gunther   | RELEASED TO: RE-30                               | DATE: 1/17/13 |
| PURPOSE: Examination     |                                                  |               |
| RELEASED BY: RE-30       | RELEASED TO: T. GUNTHER (AS-ERA)                 | DATE: 1/7/15  |
| PURPOSE: RETURN TO OWNER |                                                  |               |
| RELEASED BY: T. GUNTHER  | RELEASED TO: [REDACTED]<br>DAVID HUIE (PAM INC.) | DATE: 1/15/15 |
| PURPOSE:                 |                                                  |               |
| RELEASED BY:             | RELEASED TO:                                     | DATE:         |
| PURPOSE:                 |                                                  |               |
| RELEASED BY:             | RELEASED TO:                                     | DATE:         |
| PURPOSE:                 |                                                  |               |