

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>GA STATE AIRPORT WILLIAMSBURG</u> State: <u>GA</u> ZIP: <u>30272</u> Country: <u>USA</u> Latitude: <u>33-11.004</u> (dd:mm:ss N/S) Longitude: <u>84-22.776</u> (ddd:mm:ss E/W)	Date/Time Date: <u>03/15/2015</u> Local Time: <u>1134</u> mm/dd/yyyy Time Zone: <u>EDT</u>
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Phase of Operation ☐ Standing ☐ Taxi ☐ Climb ☐ Descent ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Maneuvering ☐ Approach ☐ Other ☐ Unknown	Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None	Altitude of In-Flight Occurrence <u>926</u> ft MSL
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AIRCRAFT INFORMATION

Manufacturer: <u>Cessna</u> Model: <u>172C</u> Serial Number: <u>17248952</u> Registration Number: <u>N8452X</u> Amateur-built: ☐ Yes ☒ No	Max Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from ☐ nose or ☐ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>4</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
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Type of Maintenance Program ☐ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☒ Other, specify: <u>UB MAINT PROGRAM</u>	Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☐ Annual ☐ Unknown	Date Last Inspection: _____ mm/dd/yyyy Airframe Total Time: _____ 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 _____
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ELT Installed ☐ Yes ☐ No ☒ Unknown	ELT Activated ☐ Yes ☒ No	ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____
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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	Continental	O-300 SER						
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>RAH RSH FLYING CLUB LLC</u> Fractional Ownership: ☐ Yes ☒ No		Owner Address City: <u>WILLIAMSON</u> State: <u>GA</u> ZIP: <u>30292</u> Country: <u>USA</u>
Operator of Aircraft ☐ Same As Registered Owner Name: _____ Doing Business As: _____ 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 ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		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 (Check 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 air or 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.) NOSE GEAR PLATE ATTACHMENT TO FIREWALL - RIVETS (3) - ATTACHMENT BOLT (1) TORQUE LINKAGE - UPPER BOLT (1)		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 (use additional sheet if necessary)

N/A

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: GA 2 Distance From Airport Center: ON AIRPORT SM
 Airport Name: PACH STATE AIRPORT Direction From Airport: ON AIRPORT degrees MAG
 Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip Airport Elevation: 926 ft. MSL

Approach Segment (Select one)
☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)
☒ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VORT/VOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)
☐ 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
 Runway ID: 13 (L/R/C) Length: 2400 ft Width: 100 ft

Runway/Landing Surface (Check all that apply)
☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Snow

Condition of Runway/Landing Surface (Check all that apply)
☒ 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

FLIGHT INFORMATION

Last Departure Point
 Airport ID: GA 2
 City: WILLIAMSON
 State: GA
 Country: USA

Time of Departure
 Time: _____
 Time Zone: EDT

Destination
 Airport ID: GA 2
 City: WILLIAMSON
 State: GA
 Country: USA

Type Flight Plan Filed
☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
 Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service (Check all that apply)
☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown/NA

Airspace where the accident/incident occurred (Check all that apply)
☐ 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 (Check all that apply)
☐ 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 (convert from pounds, if necessary)
21 Gallons

Fuel Type
☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☐ 100 Low Lead ☐ Jet A ☐ JP4
☒ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

N/A

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

PILOT AND ONE PASSENGER ON BOARD. EACH PERSON
EXITED THE AIRCRAFT VIA THEIR RESPECTIVE DOOR**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: N/A

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ degrees MAG

Briefing Type/Completeness☐ Full ☐ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Not Briefed ☐ Not Applicable**Source of Weather Information**

(Check all that apply)

☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☒ Internet
☐ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS)**Method of Briefing**

(Check all that apply)

☐ In Person
☐ Teletype
☐ Telephone/Computer
☐ Aircraft Radio
☒ TV/Radio
☐ Unknown**Light Condition**☐ Dawn ☐ Dusk ☐ Dark Night
☒ Day ☐ Night ☐ Bright Night
☐ Not Applicable**Visibility**1000 miles**Sky/Lowest Cloud Condition**☒ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration
☐ Scattered ☐ Unknown**Ceiling**☒ None (clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☐ Unknown**Restriction to Visibility (Check all that apply)**☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown**Lowest Cloud Condition Height**N/A ft AGL**Ceiling Height**N/A ft AGL**Wind Direction**☐ Indicated: _____ degrees MAG
☒ Variable**Wind Speed**Velocity: _____ KTS
-or-
☒ Calm
☐ Light and Variable**Wind Gusts**Velocity: 0 KTS
☐ Gusting
☒ Not Gusting**Type of Turbulence (Check all that apply)**☒ 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

N/ATemperature: _____ (C)
or 71 (F)Altimeter Setting: NK in. Hg
or _____ MBDensity Altitude: 926 ftDew Point: UNK (C)
or _____ (F)**Icing Forecast**Amount
☒ None ☐ Moderate
☐ Trace ☐ Severe
☐ LightType
☐ Rime
☐ Clear
☐ Mixed**Icing Actual**Amount
☐ None ☐ Moderate
☐ Trace ☐ Severe
☐ LightType
☐ Rime
☐ Clear
☐ Mixed**Type of Precipitation (Check all that apply)**☒ None ☐ Drizzle
☐ Rain ☐ Ice Pellets
☐ Snow ☐ Snow Pellets
☐ Hail ☐ Snow Grains
☐ Rain Showers ☐ Ice Crystals
☐ Freezing Rain ☐ Ice Pellets Shower
☐ Snow Shower ☐ Freezing Drizzle**Intensity of Precipitation**☐ Light ☐ Moderate ☐ Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

☒ Pilot ☐ Copilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: DAVID
Middle Initial: N
Last Name: NIACK

City: LA
State: GA ZIP: 30245
Country: USA

Age at time of Accident/Incident: 52 Date of Birth: mm/dd/yyyy

Certificate Number: mm/dd/yyyy

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

Pilot Certificate(s)

Check all that apply

☐ None ☐ Student ☐ Recreational ☒ Commercial ☒ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☒ Airline Transport ☐ U.S. Military

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

11/11/2014
mm/dd/yyyy

Medical Certificate Limitations

HOLDER SHALL POSSESS GLASSES FOR NEAR/INTERMEDIATE VISION

Medical Certificate Waivers

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Check: 08/05/2014
mm/dd/yyyy

Flight Review Aircraft

Make: BOEING
Model: 767

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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

B-737
B757
B 767

DA-2000
DC-9 (SIC)
EMB-120

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	17065	3000	3100	14000	2000	1700	100			
Pilot in Command (PIC)	3000	3000		2000	500	200	200			
Time as Instructor	500	100	500	—	—	—	—			
This Make/Model					150	50	—			
Last 90 Days	240	2.5	2.5	240						
Last 30 Days	80	2.5	2.5							
Last 24 Hours	8	1.0								

ADDITIONAL F

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

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

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

PASSENGERS

[illegible]

NARRATIVE HISTORY OF FLIGHT

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.

ON 15MARCH 2016, I WAS PILOTING A CESSNA 172 (N8452X) FROM PEACH STATE AIRPORT (GAZ) FOR THE PURPOSE OF A LOCAL YFR FLIGHT. WE DEPARTED GAZ AT APPROXIMATELY 1020 EDT AND RE-ENTERED THE GAZ AT APPROXIMATELY 1130 EDT. ENTERED THE RIGHT HAND TRAFFIC SOUTH OF THE AIRPORT. THE PATTERN ENTRY WAS UNREMARKABLE, AND THE FINAL APPROACH WAS ON SPEED IN A NORMAL GLIDE PATH.

I EXECUTED A SOFT FIELD LANDING, ON THE MAIN WHEELS WITH A NOSE UP ATTITUDE. AS THE A/C DECELERATED I LOWERED THE NOSE AND A SIGNIFICANT SHIMMY/VIBRATION ENDED. I APPLIED ADDITIONAL BACK PRESSURE, AS THE A/C DECELERATED I AGAIN LOWERED THE NOSE AND A MORE SIGNIFICANT SHIMMY/VIBRATION OCCURRED. ADDITIONAL BACK PRESSURE WAS APPLIED UNTIL GROUND SPEED DELETED AND THE NOSE WHEEL WAS LOWERED THE FINAL TIME. AT THIS POINT A TOTAL NOSE GEAR FAILURE OCCURRED. THE NOSE GEAR ASSEMBLY SHEARED FROM THE A/C AND THE A/C CAME TO AN IMMEDIATE STOP RESTING ON THE LOWER COWL. CONT. ON ADDITIONAL INFO. SHEET.

RECOMMENDATION

Operator/Owner Safety Recommendation

ASSUMING ALL AD'S AND MAINTENANCE WERE COMPLIED WITH, INVESTIGATE TO SEE IF THIS WAS AN ISOLATED EVENT OR IF THERE IS A MORE WIDESPREAD ISSUE.

ADDITIONAL INFORMATION (Please type or print in ink)

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

AFTER THE A/C CAME TO A STOP, WE TRANSMITTED A MESSAGE OVER CTAF WE WERE DISABLED ON THE RUNWAY. AN IMMEDIATE EMERGENCY SECURING CHECK WAS COMPLETED AND WE EACH DEPARTED THE AIRCRAFT VIA OUR RESPECTIVE DOORS.

HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE			
Date of this Report 04.01.2015 mm/dd/yyyy		Signature and Name of Pilot/Operator Signature: [REDACTED] Type or Print Name: DAVID M. MONIACK	
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: _____ Title: _____			
FOR NTSB USE ONLY			
NTSB Accident/Incident No. ERA 15LA159	Reviewed by NTSB Regional Office ERA	Name of Investigator L. YEAGER	Date Report Received 4-3-2015