

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: Kissimmee (ISH) State: FL
 ZIP: 34746 Country: OSCEOLA
 Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)

Date/Time

Date: 09 Aug. 15 Local Time: AM
 mm/dd/yyyy Time Zone: EASTERN

Phase of Operation

☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☒ Descent ☐ Landing ☒ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

AT Extended Down
 _____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: CESSNA
 Model: 1961 C 172
 Serial Number: 17248870
 Registration Number: _____

Max Gross Weight: 2250 lbs
 Weight at Time of Accident/Incident: 2000 lbs

Location of Center of Gravity at Time of Accident/Incident:
 _____ inches from ☐ nose or ☐ datum
 -or- _____ Percent Mean Aerodynamic Cord (% MAC)

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: 4

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

Type of Maintenance Program

☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☒ Other, specify: AS Needed

Last Inspection Type

☐ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: July 2015
 mm/dd/yyyy

Airframe Total Time: 4000
 hours measured at (check one) 3800
☐ Last Inspection ☐ Time of Accident/Incident

IFR Equipped

☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☒ None
☐ Specify _____

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer:

UNKNOWN AT THIS TIME
 Model/Series: _____
 Serial Number: _____
 Battery Type: _____

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Battery Exp. Date: 2YR

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: _____

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)
Eng. 1	<u>Continental</u>	<u>300A</u>		<u>1961</u>	<u>1457</u>		<u>20</u>
Eng. 2							
Eng. 3							
Eng. 4							

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: LUIS LEON-CABALLERO, JORGE CAVEPA, SARCUL NAVARETE

Fractional Ownership Aircraft: ☐ Yes ☐ No

Operator of Aircraft ☒ Same As Registered Owner

Name: LUIS LEON-CABALLERO

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

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

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 ONE How many?
☐ Cargo _____ lbs
☐ Mail

Owner Address

City: _____
 State: FL ZIP: 34747
 Country: US

Operator Address ☒ Same As Registered Owner

City: _____
 State: _____ ZIP: _____
 Country: _____

Revenue Sightseeing Flight

- ☐ Yes ☒ No

Air Medical Flight

- ☐ Yes ☒ No

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)
☐ 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: N/A

Damage to Other Aircraft

- ☐ Destroyed ☐ Minor
☐ Substantial ☒ None

Registered Owner of Other Aircraft

First Name: _____
 Middle Initial: _____
 Last Name: _____

City: _____
 State: _____ ZIP: _____
 Country: _____

Pilot of Other Aircraft

First Name: _____
 Middle Initial: _____
 Last Name: _____

City: _____
 State: _____ ZIP: _____
 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.)

According to what I saw the Engine
 Stop working in Air.
 FAA Told me it was due to fuel
 Being contaminated.

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

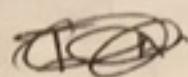
Aircraft Fire

- ☒ 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)



AIRCRAFT total loss

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

Airport Identifier: ISM

Distance From Airport Center: 2 SM

Airport Name: Kissimmee

Direction From Airport: 330 degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip

Airport Elevation: 84 ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach ☐ Landing ☒ Base leg ☐ Crosswind ☐ Downwind ☐ Low Approach

Extended Downwind After Tower request. ☒ Go Around

IFR Approach (Check all that apply)

☒ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ 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: _____ (L/R/C) Length: 7000 ft Width: 30 ft

Runway/Landing Surface (Check all that apply)

☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ 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 ITINERARY INFORMATION

Last Departure Point

Airport ID: ISM
City: Kissimmee
State: _____
Country: _____

Time of Departure

Time: AM
Time Zone: Eastern

Destination

Airport ID: SAF 15M
City: Kissimmee
State: FL
Country: US

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, as necessary)

30 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

☐ Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No **SELF**

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

I was By Myself. Exit. left door.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

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

Method of Briefing

(Check all that apply)

- ☐ In Person
☐ Teletype
☐ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

- ☐ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
☐ Abbreviated
☐ Unknown
☐ Not Pertinent

Light Condition

- ☒ Dawn
☐ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility

Clear miles

Sky/Lowest Cloud Condition

- ☒ Clear
☐ Few
☐ Partial Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling

- ☒ None (clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility

- ☒ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

☐ Indicated: _____ degrees MAG

☐ Variable

CALM.

Wind Speed

Velocity: _____ KTS

-or-

- ☐ Calm
☐ Light and Variable

CALM.

Wind Gusts

Velocity: _____ KTS

- ☐ Gusting
☐ Not Gusting

CALM

Type of Turbulence

- ☒ None
☐ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

- ☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

NOTAMS (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident

**Doing touch and go.
Airport pattern.**

Temperature: _____ (C)
 or _____ (F)

Altimeter Setting: _____ in. HG
 or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
 or _____ (F)

Sunny, Clear, Summer

Icing Forecast

Amount

- ☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Icing Actual

Amount

- ☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation

- ☒ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets Shower
☐ Freezing Drizzle

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy

NONE

PILOT "A" INFORMATION

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

☐ Pilot ☐ Co-Pilot ☒ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

STUDENT PILOT

Pilot "A" Identification

First Name: LUIS

Middle Initial: E.

Last Name: LEON-CABALLERO

City: celebration

State: FL ZIP: 34747

Country: US

Age at time of Accident/Incident: 44

Date of Birth: [REDACTED]

Certificate Number: [REDACTED]

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

STUDENT

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

08/20/2013
mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Waivers

NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

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

Student Pilot

Student Endorsements (Include dates)

Yes. SOLO.
07/26/2015

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Light Aircraft
						Actual	Simulated			
Total Time	140	125	140	0	5.4	0.3	4.1	/	/	/
Pilot in Command (PIC)	45	45	45	0	0	/	/	/	/	/
Time as Instructor	/	/	/	/	/	/	/	/	/	/
This Make/Model	[REDACTED]									
Last 90 Days	7.2	7.2	7.2	/	/	/	/	/	/	/
Last 30 Days	2.3	2.3	2.3	/	/	/	/	/	/	/
Last 24 Hours	/	/	/	/	/	/	/	/	/	/

PILOT "B" INFORMATION

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

☐ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew

NOW PILOT / CESSNA 172

Pilot "B" Identification

First Name: N/A
 Middle Initial: N/A
 Last Name: N/A

City: _____
 State: _____ ZIP: _____
 Country: _____

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

Certificate Number: _____

Degree of Injury

☐ None
 ☐ Fatal
 ☐ Minor
 ☐ Serious

Seat Occupied

☐ Left
 ☐ Right
 ☐ Center
 ☐ Front
 ☐ Rear
 ☐ Single
 ☐ Unknown

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
 ☐ Private
 ☐ Flight Instructor
 ☐ Recreational
 ☐ Sport
 ☐ Commercial
 ☐ Airline Transport
 ☐ Flight Engineer
 ☐ U.S. Military
 ☐ Foreign

Principal Occupation

☐ Pilot
 ☐ Other
 ☐ Unknown

Medical Certificate

☐ None
 ☐ Class 1
 ☐ Class 2
 ☐ Class 3
 ☐ Driver's License (Sport Pilot only)
 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
 ☐ With limitations/waivers
 ☐ Unknown

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

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
 ☐ Airplane Single-Engine
 ☐ Airplane Multi-Engine
 ☐ Gyroplane
 ☐ Powered Lift

☐ Instrument Airplane
 ☐ Instrument Helicopter
 ☐ Helicopter
 ☐ Glider
 ☐ Sport

Student Endorsements (Include dates)

Type Ratings

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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

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.

I was doing Touch and goes,
had just started, on
Downwind, The tower asked
if I could extend the Downwind
to what I Agreed, a few seconds
later, The Engine and Propeller Stop.
I declared an emergency and since I
had extended my downwind I tried to
glide back to Airport, Made it but a tree was
on the way (Palm trees) hitting my Plane and Making me crash

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

I was told there was water
on the fuel by FAA, on my
1961 Cessna 172C.
it had Rained a lot ~~a~~ Week prior
Not sure if that was the reason
because I sample the Drain, and Fuel
samplers and no water was found.

ADDITIONAL INFORMATION (Please type or print in ink)

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

Unfortunately Do not recall much
from the accident.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

1/28/2015

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name: LUIS LEON CABALLERO

Signature and Name of Person Filing Report if Other than Pilot/Operator

e:

Self

Print Name:

FOR NTSB USE ONLY

Accident/Incident No.

ERA15LA301

Reviewed by NTSB Regional Office

ERA

Name of Investigator

L. Yeager

Date

1/26

/16