

ACCIDENT NUMBER:

ERA16FA269

|                                                                                                                                                                                                                                                                              |                             |                                               |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------|-----------------|
| REGISTERED OWNER (name and address)<br>YAK FLIGHT LP<br>[REDACTED]<br>WAYNE, PA 19087                                                                                                                                                                                        |                             | IDENTIFICATION NUMBER<br>N5940                |                 |
|                                                                                                                                                                                                                                                                              |                             | MAKE<br>YAKOVLEV                              |                 |
| LOCATION<br>WEST MIFFLIN, PA                                                                                                                                                                                                                                                 | DATE OF ACCIDENT<br>7/25/16 | MODEL<br>YAK-11                               |                 |
| RETAINED BY NTSB REPRESENTATIVE<br>TODD GUNTHER [REDACTED]                                                                                                                                                                                                                   |                             | TITLE<br>AIR SAFETY INVESTIGATOR              | DATE<br>7/25/16 |
| 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. |                             |                                               |                 |
| <input checked="" type="checkbox"/> NO PARTS RETAINED                                                                                                                                                                                                                        |                             |                                               |                 |
| RELEASED BY NTSB REPRESENTATIVE<br>TODD GUNTHER [REDACTED]                                                                                                                                                                                                                   |                             | TITLE<br>AIR SAFETY INVESTIGATOR              | DATE<br>4/13/18 |
| (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.)  |                             |                                               |                 |
| I HEREBY ACKNOWLEDGE:                                                                                                                                                                                                                                                        |                             |                                               |                 |
| <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]                                                                                                                                                                                                                                  |                             | TITLE<br>President                            | DATE<br>4-13-18 |
| ADDRESS<br>[REDACTED]                                                                                                                                                                                                                                                        |                             | PHONE NUMBER & EMAIL<br>[REDACTED] [REDACTED] |                 |
| REMARKS:<br><br><br>                                                                                                                                                                                                                                                         |                             |                                               |                 |

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| <b>NATIONAL TRANSPORTATION SAFETY BOARD</b><br><b>EVIDENCE CONTROL</b> | ACCIDENT NUMBER:<br><b>ERA16FA269</b> |
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For Use In All Modal Investigations

|                                                                                                                                                                                                                                                 |                                 |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------|
| OFFICE<br><br>Aviation Safety                                                                                                                                                                                                                   | DATE OF ACCIDENT<br><br>7/25/16 | ACCIDENT LOCATION (City & State)<br><br>West Mifflin, PA |
| EVIDENCE OBTAINED BY:                                                                                                                                                                                                                           |                                 |                                                          |
| <input checked="" type="checkbox"/> EVIDENCE OBTAINED FROM:                                                                                                                                                                                     | LOCATION OR PERSON INFORMATION  | DATE                                                     |
| <input type="checkbox"/> EVIDENCE RECEIVED FROM:                                                                                                                                                                                                | Yakovlev 11 / N5940             | 1/11/17                                                  |
| EVIDENCE CONTROL NUMBER<br>ERA16FA269 - IIC - 001                                                                                                                                                                                               |                                 | GROUP<br>IIC                                             |
| DESCRIPTION ( <input type="checkbox"/> BIN ITEM - HAS BEEN SEPARATED <input type="checkbox"/><br>1 - Power Wire W/Bus Bar. 2 - Avionics Wiring. 3 - Fuel Sending Wires 4 - (C-4-A) Fuel Strainer and fuel Shutoff Valve 5 - Electric Fuel Pump. |                                 |                                                          |

**OWNER OR OWNER'S REPRESENTATIVE**

|                                                  |                                   |
|--------------------------------------------------|-----------------------------------|
| FIRST NAME:<br>Anglin Aircraft Recovery Services | LAST NAME:                        |
| ADDRESS: [REDACTED] Clayton, DE 19938            |                                   |
| PHONE: [REDACTED]                                | EMAIL: [REDACTED]                 |
| RETURNED <input checked="" type="checkbox"/>     | DATE: 4/11/18<br>CONT: [REDACTED] |

**CHAIN OF CUSTODY**

|                                  |                                                |               |
|----------------------------------|------------------------------------------------|---------------|
| RELEASED BY: T. Gunther (AS-ERA) | RELEASED TO: N. McAtee (RE-30)                 | DATE: 1/11/17 |
| PURPOSE: Examination             |                                                |               |
| RELEASED BY: N. McAtee           | RELEASED TO: T. Gunther (AS-ERA)               | DATE: 4/3/18  |
| PURPOSE: RETURN TO OWNER         |                                                |               |
| RELEASED BY: T. Gunther (AS-ERA) | RELEASED TO: ANGLIN AIRCRAFT RECOVERY SERVICES | DATE: 4/11/18 |
| PURPOSE: RETURN TO OWNER         |                                                |               |
| RELEASED BY:                     | RELEASED TO:                                   | DATE:         |
| PURPOSE:                         |                                                |               |
| RELEASED BY:                     | RELEASED TO:                                   | DATE:         |
| PURPOSE:                         |                                                |               |