

AFFIDAVIT

STATE OF FLORIDA, IN AND FOR ST. JOHNS COUNTY

Last Name: Ffy First name: Daniel Middle Name: T Title: _____
 Race: _____ Sex: M Date of Birth: [REDACTED] Height: 69 Weight: 155 Hair: Brown Eye Color: Brown
 DL/ID#: [REDACTED] State: TN Nationality: USA
 City of Birth: Chattanooga TN County of Birth: Hamilton State of Birth: TN
 Address: [REDACTED] City: Daytona Beach State: FL Zip Code: 32119
 Home Phone: _____ Cell Phone: [REDACTED] E-Mail: [REDACTED]
 Occupation: Flight instructor Business Phone: _____
 Business Address: _____

Before me, the undersigned personally appeared, who being duly sworn, deposes and says:

That on the 22 day of Feb, 2016.

I landed with my student on RWY 13, ST AUGUSTINE.
Upon taxiing of the RW we noticed the engine had
STOPPED. AFTER attempting to restart my student
noticed smoke from near the engine compartment.
I quickly turned everything off and my student
and I exited the airplane. I called 911 and informed
them of my emergency.

DTE

I SWEAR / AFFIRM THE ABOVE STATEMENT IS TRUE AND CORRECT.

[REDACTED]
OFFICER / AFFIANT SIGNATUREDaniel Ffy
NAME (PRINTED)2/22/16
DATE

ID NUMBER

845 PM
TIME

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED

AUTHORITY THIS Mon, 22 DAY OF Feb, 2016.[REDACTED]
NAME / TITLE OF PERSON AUTHORIZED TO ADMINISTER OATH
(NOTARY PUBLIC OR LAW ENFORCEMENT OFFICER) PER FSS 117.10