

This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location

(Enter in decimal degrees or degrees:minutes:seconds)

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

Registration Number: N2504Z

Number of Engines: 1

☐ Carburetor ☒ Fuel-Injected

IV. System

☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☒ Stall Warning System
☐ Video Recording Device
☐ Other, Specify:

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Mark Joseph Watkins

City: Canon City

Fractional Ownership Aircraft: ☐ Yes ☒ No

State: CO

ZIP: 81215

Country: USA

Operator of Aircraft

☒ Same As Registered Owner

☒ Same Address as Registered Owner

Name:

City:

Doing Business As:

State: ZIP:

Air Carrier/Operator Designator (4 Character Code):

Country:

Operating Certificates Held
(Check all that apply)

☒ None

☐ Flag Carrier Operating Certificate (FAR 121)

☐ Supplemental Air Cargo

☐ Foreign Air Carriers (FAR 129)

☐ Rotorcraft External Load (FAR 133)

☐ Commuter Air Carrier (FAR 135)

☐ On-Demand Air Taxi (FAR 135)

☐ Commercial Air Tour (FAR 136)

☐ Agricultural Aircraft (FAR 137)

☐ Pilot School (FAR 141)

☐ Certificate of Authorization or Waiver (COA)

☐ Commercial Space Transportation Experimental Permit

☐ Commercial Space Transportation License

☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

☒ FAR 91

☐ FAR 129

☐ FAR 415

☐ FAR 103

☐ FAR 133

☐ FAR 431

☐ FAR 121

☐ FAR 135

☐ FAR 435

☐ FAR 125

☐ FAR 137

☐ FAR 437

☐ FAR 91 Special Flight

☐ Non-US, Commercial

☐ Non-US, Non-commercial

☐ Public Aircraft (Select one)

☐ Armed Forces

☐ Federal

☐ State

☐ Local

☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135
(Select one for each group)

☐ Scheduled or Commuter

☐ Domestic

☐ Non-Scheduled or Air Taxi

☐ International

☐ Passenger

☐ Cargo

☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137
(Select one)

☐ Aerial Application

☐ Firefighting

☐ Unknown

☐ Aerial Observation

☐ Flight Test

☐ Air Drop

☐ Glider Tow

☐ Air Race/Show

☐ Instructional

☐ Banner Tow

☐ Other Work Use

☐ Business

☒ Personal

☐ Executive Corporate

☐ Positioning

☐ External Load

☐ Skydiving

☐ Ferry

Revenue Sightseeing Flight

☐ Yes ☒ No

Air Medical Flight

☐ Yes ☒ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name:

Airport Identifier:

Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Distance From Airport Center: sm

Direction From Airport: degrees true

Airport Elevation: ft. msl

Runway Information

Runway ID: (L/R/C) Length: ft Width: 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

☐ Slush-Covered

☐ Vegetation

☐ Unknown

Approach/Departure Segment (Select one)

☐ Taxi

☐ VFR Departure

☐ On Instrument Approach

☐ Downwind

☐ Low Approach

☐ Takeoff

☐ IFR Departure Procedure Clearance

☐ Landing

☐ Base

☐ Go Around

☐ Initial Climb

☐ Final

☐ Aborted Landing (after touchdown)

☐ Crosswind

☐ Unknown

IFR Approach (Check all that apply)

☐ None

☐ ADE/NDB

☐ PAR

☐ MLS

☐ Practice

☐ SDF

☐ Sidestep

☐ LDA

☐ GPS

☐ VOR-TVOR

☐ ILS

☐ ASR

☐ Visual

☐ VOR DME

☐ Localizer Only

☐ Visual

☐ Contact

☐ TACAN

☐ LOC-back course

☐ Circling

☐ RNAV

☐ Unknown

VFR Approach (Check all that apply)

☐ None

☐ Traffic Pattern

☐ Stop and Go

☐ Straight-In

☐ Touch and Go

☐ Valley Terrain Following

☐ Simulated Forced Landing

☐ Go Around

☐ Forced Landing

☐ Full Stop

☐ Precautionary Landing

☐ Unknown

4

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

☒ Yes ☐ No

First Name: Mark City of Residence: Canon City
Middle Initial: J State: CO ZIP: 81215
Last Name: Watkins Country: USA
Age at time of Accident/Incident: 28 Date of Birth: mm dd yyyy

State: CO ZIP: 81215

Country: USA

Age at time of Accident/Incident: 28 Date of Birth: [REDACTED] mm dd yyyy

Certificate Number: _____

Degree of Injury	Seat Occupied	Restraint Type	Inflatable Restraints
☐ None ☒ Minor ☐ Serious	☐ Left ☐ Right ☐ Center ☒ Front ☐ Rear ☐ Single ☐ Unknown	Available ☐ None ☐ Used	☒ Not Installed ☐ Installed

Pilot Certificate(s) <i>(Check all that apply)</i>				☐ Lap only ☐ 3-point ☐ 4-point ☒ 5-point ☐ Unknown	☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
☐ None ☐ Private ☐ Student	☐ Flight Instructor ☐ Recreational ☐ Sport	☒ Commercial ☐ Airline Transport ☐ Flight Engineer	☐ US Military ☐ Foreign			

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☒ Pilot ☐ Other ☐ Unknown	☐ None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	<u>01/11/2016</u> <i>mm/dd/yyyy</i>

None

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	02/17/2015 <i>mm dd yyyy</i>	Flight Review Aircraft Make: Cessna Model: 172
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Airplane Rating(s) (Check all that apply)	Other Aircraft Rating(s) (Check all that apply)	Instrument Rating(s) (Check all that apply)	Instructor Rating(s) (Check all that apply)
☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift	☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings None	Student Endorsements <i>(Include dates)</i>
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Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	2905	330	2340	600	147	63	61	0	0	0
Pilot in Command (PIC)	2800	330	2260	560	147	63	61			
Time as Instructor	0	0	0	0	0	0	0			
This Make Model					9	0	0			
Last 90 Days	368	136	200	170	14	0	0			
Last 30 Days	55	23	170	20	5	0	0			
Last 24 Hours	4	4	4	0	3	0	0			

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)											
Crew Name and Address					Seat Occupied		Injury				
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown				
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints				
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Crew Name and Address					Seat Occupied		Injury				
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown				
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints				
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)											
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age			
First Name: <u>Emily</u> City: <u>Destin</u> Middle Initial: <u>P</u> State: <u>FL</u> ZIP: <u>32541</u> Last Name: <u>Smith</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other			☐ Left ☒ Center ☐ Right ☐ Unknown Row: <u>ECK</u>	☐ None ☒ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☒ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown			
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown			
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown			
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown			

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KDKX</u> City: <u>Knoxville</u> State: <u>TN</u> Country: <u>USA</u>	Time of Departure Time: <u>1325</u> Time Zone: <u>EST</u>	Destination Airport ID: <u>24A</u> City: <u>Sylva</u> State: <u>NC</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown
Type of ATC Clearance/Service <i>(Check all that apply)</i> ☒ None ☐ VFR ☐ Special VFR ☐ IFR ☐ Special IFR ☐ VFR On Top ☐ VFR Flight Following ☐ Traffic Advisory ☐ Cruise ☐ Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i> ☐ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class E ☒ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☐ Unknown Altitude of In-Flight Occurrence: _____ ft msl			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information <i>(Check all that apply)</i> ☒ National Weather Service ☐ Flight Service Station ☐ TV Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather ☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown		Weather Observation Facility Facility ID: <u>KDKX</u> Observation Time: <u>1255L</u> Time Zone: <u>EST</u> Distance from Accident Site: <u>4</u> nm Direction from Accident Site: <u>280</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown	
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl	
Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☐ Calm ☒ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>UNL</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>800</u> ft
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Type of Precipitation <i>(Check all that apply)</i> ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle	
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	
Turbulence Type <i>(Check all that apply)</i> ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence		Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: NONE			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage ☐ None ☐ Substantial ☐ Minor ☒ Destroyed ☐ Unknown	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Fire at Unknown Time ☐ On-Ground ☐ Unknown	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Explosion at Unknown Time ☐ On-Ground ☐ Unknown
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Description of Damage to Aircraft and Other Property *(Use additional sheet if necessary)*
Left wing failure, two locations: inboard and outboard internal fuel tank (internal and inboard of wing). Cockpit roof separation. Wind screen and window ejection. Tail torsion and failure. Door cracked. One propeller bent.

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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

On October 11, 2016, a Bellanca Super Decathlon model KCAB aircraft, bearing the FAA registration number N2504Z and owned by Mark J. Watkins, crashed during a visual flight rules (VFR) flight in daylight hours. The flight was operated pursuant to 14 C.F.R. Part 91. During the accident flight, the aircraft was occupied by Mark J. Watkins, as pilot-in-command (PIC), with one passenger aboard.

After conducting a preflight inspection, securing baggage in the rear of the aircraft, and ensuring that the sole passenger was comfortably seat belted and safety briefed, the aircraft was started at about 1315L EST. The engine reached normal operating temperature while situated in the parking structure of the Fixed Based Operation (FBO) before the PIC announced his intentions on the common traffic advisory frequency (CTAF)(i.e. 126.6) and began taxiing to runway 08.

An engine run-up was completed while holding short of runway 08. At the time, all engine and aircraft system indications appeared normal prior to departing runway 08 to the Southeast. The plan was to follow the French Broad River East away from Knoxville and clear of McGee Tyson Airspace prior to turning South in order to complete the trip Southeast to Jackson County Airport, NC (24A).

A safe enroute altitude had been established before necessity drove adjustments to be made due to birds and variable terrain to the North of the river. Within minutes of departure and less than five miles from the field, the aircraft experienced a rapid deceleration, pitch down and left yaw forces. The PIC continued to "fly" the aircraft through the unstable external conditions by applying full engine power and utilizing full pitch up, roll right, and yaw right forces from the aircraft aerodynamic control surfaces. The condition lasted only moments until the aircraft was "released" from the deceleration forces. With full power and full surface control deflection, a left slip and extreme loss of altitude were readily apparent. The PIC announced "Prepare for Impact!" The aircraft impacted the river.

Following impact, water completely filled the aircraft. The PIC initially exited through the aircraft passenger door, unrestrained the passenger, and pulled himself and his passenger out of the right rear of the aircraft to the surface of the river. After checking for injuries, the two aircraft occupants made their way to the river bank until finding a safe position to climb atop. Emergency crews arrived by ground and air extremely timely due to calls from local workers and residents.

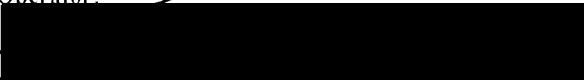
RECOMMENDATION (How could this accident/incident have been prevented?)		
Operator/Owner Safety Recommendation Increase altitude minimums by at least double to ensure adequate reaction time to avoid obstacles.		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
FUEL & SERVICES INFORMATION		
Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> 40 _____ Gallons	Fuel Type ☐ 80/87 ☐ 115/145 ☐ Jet B ☐ Other, specify _____ ☒ 100 Low Lead ☐ Jet A ☐ JP8 ☐ 100/130 ☐ Jet A-1 ☐ Automotive	
Other Services, if Any, Prior to Departure		
EVACUATION OF AIRCRAFT		
Was 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 unrestrained himself and passenger before facilitating the exit of the aircraft through the right and only passenger door, and the evacuation of the scene, breaching the surface of the river to the rear and right of the aircraft.		
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> aircraft)		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

*Missing Aircraft information resides in the Aircraft Logbooks last known to be located in a rear pocket inside in the cockpit of the aircraft. Coordination is underway with the salvage company to recover the information. Information omitted: [Page 3] Engine DOM and Times, Inspection Dates and Times, and ELT Information.

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

Date of this Report 10/28/2016 mm dd yyyy	Name of Pilot/Operator: Mark J. Watkins Signature:  -- or -- ☐ Check here to electronically sign this document
--	--

If a Person Other than Pilot/Operator is Filing Report

Name: _____	Title: _____
Signature: _____	
-- or -- ☐ Check here to electronically sign this document	

FOR NTSB USE ONLY

NTSB Accident/Incident No. ERA17CA012	Reviewed by NTSB Regional Office Ashburn, VA	Name of Investigator Monville	Date Report Received 10/31/2016
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