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| RECORD OF <input type="checkbox"/> VISIT <input type="checkbox"/> CONFERENCE OR <input checked="" type="checkbox"/> TELEPHONE CALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    | TIME<br>3:00 PM         | DATE<br>12/10/2017 |
| NAME(S) OF PERSON(S) CONTACTED OR IN CONFERENCE AND LOCATION<br>Shawn James Darrell- Phone [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    | ROUTING                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | SYMBOL                  | INITIALS           |
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| SUBJECT<br>Aircraft Accident- N4494A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                         |                    |
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| DIGEST<br>I contacted the Mr. Shawn James which currently have a Pilot Certificate (ATP [REDACTED]),<br>flight instructor, Ground Instructor ([REDACTED]) and Mechanic certificate ([REDACTED]), because<br>in accordance with the accident witnesses at the Henry E. Rohlsen, airport in St. Croix,<br>Mr. David Richardson, the pilot of N4494A contacted a person named Shawn to request help<br>due to the aircraft problems. When I called Shawn, I asked him if they was aware about an<br>aircraft accident with N4494A. The told me that he knew about the aircraft accident. I<br>asked about the interaction with Mr. Richardson and he told me that he received a phone<br>call from Mr. Richardson requesting assistance because the left engine wont started and<br>red alternator light came on. Mr. James informed me, that he recommended Mr. Richardson<br>to leave the plane on the ground and verify it next day since it was at night and<br>apparently he did not follow his recommendations. |                                    |                         |                    |
| On December 12, 2017 I contacted Shawn James to verify the possibility to obtain written<br>statement or information about any instruction that provided to Mr. David Richardson. He<br>told me that he can provide me something, but at this time no information have been<br>received.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                         |                    |
| CONCLUSION, ACTION TAKEN, OR REQUIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                         |                    |
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| DATE<br>12/20/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TITLE<br>Aviation Safety Inspector | SIGNATURE<br>[REDACTED] |                    |