

NATIONAL TRANSPORTATION SAFETY BOARD
RELEASE OF WRECKAGE RELATED TO ACCIDENT NUMBER ►

ACCIDENT NUMBER:
ERA18FA150

For Use In All Modal Investigations

REGISTERED OWNER (name and address) Tom Williams [REDACTED] Aviation LS [REDACTED] Davidsonville, MD 21035		IDENTIFICATION NUMBER N6177W	
		MAKE PIPER	
LOCATION Chesapeake, VA	DATE OF ACCIDENT 5/22/2018	MODEL PA-28-140	
The National Transportation Safety Board has ☒ has not ☐ completed its investigation of the wreckage described above. All wreckage except that listed in the evidence control section of this form is hereby released to the registered owner, or owner's representative, for appropriate disposition. (If no parts are retained, insert NONE.) NONE			
NTSB REPRESENTATIVE Adam Gerhardt		TITLE Air Safety Investigator	DATE 11/26/2018
(This section may be acknowledged by a person, not the owner or owner's representative, who has knowledge of the disposition of the wreckage and its parts. Such acknowledgement does not place responsibility for disposition of the wreckage upon that person.) I HEREBY ACKNOWLEDGE: ☒ Receipt of the above described wreckage. ☐ Removal of the parts, if any, listed in the evidence control section of this form.			
PERSON MAKING ACKNOWLEDGEMENT [Signature]		TITLE President/owner	DATE 11-26-18
ADDRESS [REDACTED]		PHONE NUMBER & EMAIL [REDACTED]	
REMARKS: The completed evidence tracking forms following this form notes the return of all items to the main wreckage or their respective owner. No items have been retained, and the wreckage is released.			

NATIONAL TRANSPORTATION SAFETY BOARD EVIDENCE CONTROL	ACCIDENT NUMBER: ERA18FA150
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OFFICE Aviation Safety	DATE OF ACCIDENT 5/22/18	ACCIDENT LOCATION (City & State) Chesapeake, VA
EVIDENCE OBTAINED BY:		
☒ EVIDENCE OBTAINED FROM:	LOCATION OR PERSON INFORMATION Accident Site Chesapeake, VA	DATE 5/22/18
☐ EVIDENCE RECEIVED FROM:		GROUP 01
EVIDENCE CONTROL NUMBER ERA18FA150 - IIC - 01		
DESCRIPTION (☒ BIN ITEM - HAS BEEN SEPARATED ☐ 2 gyros, one gyro housing		

OWNER OR OWNER'S REPRESENTATIVE

FIRST NAME: Anglins Aircraft	LAST NAME:
ADDRESS: [REDACTED]	
PHONE: [REDACTED]	EMAIL:
RETURNED ☐	DATE: CONTACT: JJ Anglin

CHAIN OF CUSTODY

RELEASED BY: Gerhardt	RELEASED TO: NTSB Materials Lab (Via delivery by Pete Wentz)	DATE: 6/21/18
PURPOSE: Examination		
RELEASED BY: NTSB Lab (Zakar)	RELEASED TO: Gerhardt (IIC)	DATE: 10/15/18
PURPOSE: Examination complete		
RELEASED BY: Gerhardt (IIC)	RELEASED TO: Anglin's Aircraft Recovery	DATE: 11/20/18
PURPOSE: Examination complete, return to main wreckage (1ZA41W550294557085)		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		

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OFFICE Aviation Safety	DATE OF ACCIDENT 5/22/18	ACCIDENT LOCATION (City & State) Chesapeake, VA
EVIDENCE OBTAINED BY:		
☒ EVIDENCE OBTAINED FROM:	LOCATION OR PERSON INFORMATION	DATE
☐ EVIDENCE RECEIVED FROM:	ACCIDENT SITE (Chesapeake, VA)	5/22/18
EVIDENCE CONTROL NUMBER ERA18FA150 - IIC - 02		GROUP 01
DESCRIPTION (☐ BIN ITEM - HAS BEEN SEPARATED ☒ VACUUM PUMP		

OWNER OR OWNER'S REPRESENTATIVE

FIRST NAME: TOM	LAST NAME: WILLIAMS
ADDRESS: OLD REPUBLIC INSURANCE	
PHONE:	EMAIL:
RETURNED ☐	DATE:
CONTACT:	

CHAIN OF CUSTODY

RELEASED BY: GERHARDT	RELEASED TO: JERRY TOMS (FAA)	DATE: 9/19/18
PURPOSE: EXAMINATION AT AERO ACCESSORIES (1ZA41W550294345223)		
RELEASED BY: JERRY TOMS (FAA)	RELEASED TO: GERHARDT (IIC)	DATE: 10/5/18
PURPOSE: EXAM COMPLETE		
RELEASED BY: GERHARDT (IIC)	RELEASED TO: Anglin's Aircraft Recovery	DATE: 11/20/18
PURPOSE: Exam complete (1ZA41W550294557085)		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		

NATIONAL TRANSPORTATION SAFETY BOARD EVIDENCE CONTROL	ACCIDENT NUMBER: ERA18FA150
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For Use In All Modal Investigations

OFFICE Aviation Safety	DATE OF ACCIDENT 5/22/18	ACCIDENT LOCATION (City & State) Chesapeake, VA
EVIDENCE OBTAINED BY:		
☒ EVIDENCE OBTAINED FROM:	LOCATION OR PERSON INFORMATION Adam Comeau	DATE 9/1/18
☐ EVIDENCE RECEIVED FROM:		GROUP 01
EVIDENCE CONTROL NUMBER ERA18FA150 - IIC - 03		
DESCRIPTION (☒ BIN ITEM - HAS BEEN SEPARATED ☐) Logbooks		

OWNER OR OWNER'S REPRESENTATIVE

FIRST NAME: Comeau Family	LAST NAME:
ADDRESS: [REDACTED]	
PHONE: [REDACTED]	EMAIL:
RETURNED ☒	DATE: 11/20/18
CONTACT: Comeau Family	

CHAIN OF CUSTODY

RELEASED BY: Adam Comeau	RELEASED TO: Gerhardt (IIC)	DATE: 9/1/18
PURPOSE: Photograph		
RELEASED BY: Gerhardt (IIC)	RELEASED TO: Adam Comeau	DATE: 11/20/18
PURPOSE: Photographs complete (1ZA41W550395994939)		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		