

NATIONAL TRANSPORTATION SAFETY BOARD EVIDENCE CONTROL	ACCIDENT NUMBER:
	ERA18FA251

For Use In All Modal Investigations

OFFICE Aviation Safety	DATE OF ACCIDENT 9/15/2018	ACCIDENT LOCATION (City & State) WOBURN, MA
---------------------------	-------------------------------	--

EVIDENCE OBTAINED BY:

☒ EVIDENCE OBTAINED FROM:	LOCATION OR PERSON INFORMATION	DATE
☐ EVIDENCE RECEIVED FROM:	ACCIDENT SITE,	9/17/2018
EVIDENCE CONTROL NUMBER	WOBURN, MA	GROUP
-		-

DESCRIPTION (☐ BIN ITEM - HAS BEEN SEPARATED ☐)

LOOSE SD CARD BELIEVED TO BE
FROM GARMIN G1000 (N2536T)

OWNER OR OWNER'S REPRESENTATIVE

FIRST NAME: L. MICHAEL	LAST NAME: GRAVER
ADDRESS: [REDACTED] MANHASSET NY	
PHONE:	EMAIL:
RETURNED ☒	DATE: 10/1/2019
CONTACT: KEVIN OLSEN	

CHAIN OF CUSTODY

RELEASED BY: R. HICKS (IIC)	RELEASED TO: GERALD KAWAMOTO (NTSB)	DATE: 9/19/2018
PURPOSE: SHIP SD CARD TO NTSB HQ/RECORDERS LAB #17A3978T02934-30573		
RELEASED BY: GERALD KAWAMOTO	RELEASED TO: R. HICKS (IIC)	DATE: 9/26/2019
PURPOSE: RETURN TO IIC FROM LAB #17A4E7150292096651		
RELEASED BY: R. HICKS (IIC)	RELEASED TO: KEVIN OLSEN	DATE: 10/1/2019
PURPOSE: RETURN TO OWNER #17A3978T0295388312		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		



National Transportation Safety Board

Other Device Return Form

NTSB Number:	ERA18FA251	Date of Event:	09/15/2018
Location:	Woburn, MA	Operator:	Private
Vehicle Registration:	N2536T	Vehicle Type:	Columbia LC41-550FG
Date Sent:	September 26, 2019	Sent By:	Gerald Kawamoto

Return Address:

Ralph Hicks

Marietta, Georgia 30068

Other Device Description

Manufacturer: Garmin
G1000
Serial #: N/A - SD
Memory
Card

Original Media Returned

- ☐ Yes
☐ No
☐ Not Applicable

Media is:

- ☐ In Device
☐ Separately Enclosed
☐ Shipped Later
☐ Not Applicable

Comments:

Name and Signature of NTSB Specialist

X

Gerald Kawamoto

Recorder Specialist

Title

September 26, 2019

Date

Please sign and fax this document to:

Or

Sign, scan and email this document to:

Gerald Kawamoto
National Transportation Safety Board
490 L'Enfant Plaza East, SW
Washington, DC 20594

KEVIN M. OLSEN AND ASSOCIATES INC.
INSURANCE CLAIMS SPECIALISTS

the device (or components thereof), as itemized has been received by signing, dating, and faxing this document. The signed form may be mailed to the above address. If any discrepancies are found, immediately phone the specialist whose name appears above at

Name and Signature of Addressee (or representative):

KEVIN M. OLSEN AND ASSOCIATES INC.
INSURANCE CLAIMS SPECIALISTS

Name

Phone Number

Email