

Claim Number:

## LOSS STATEMENT

### 1) PILOT-IN-COMMAND INFORMATION

Name: DENNIS HEINTENSTEIN Occupation: GENERAL CONTRACTOR  
Street Address: [REDACTED]  
Driver's License # and State: [REDACTED] Date of Birth: [REDACTED]  
Home Phone No.: [REDACTED] Work Phone No.: [REDACTED]  
Pilot Certificate No.: [REDACTED] Date Issued: 10/24/17  
License: Student ☐ Private ☒ Comm. ☐ ATP ☐ CFI ☐ CFII ☐ CFIME ☐  
Ratings: Airplane ☒ SEL ☒ MEL ☐ Sea ☒ Inst. ☐ Helicopter/Rotorcraft ☐  
Medical Cert. Date: [REDACTED] Class: III  
Limitations: NONE  
BFR Date: 10/24/17  
Flight Experience: Total Time: 745  
Total Category: [REDACTED] Total Class: 51.7 Total Make & Model: 51.7  
Last 12 Months: 82.8 Last 90 Days: 20.4

### 2) AIRCRAFT INFORMATION

N# 9855B Year 59 Make ARONCA-CHAMP Model 7EC  
Date Last Annual 10/13/18 Time Since Annual 8.1  
Tach Time Now 75.9 100 Hr Inspection [REDACTED]  
Name & Address Registered Owner DENNIS HEINTENSTEIN  
Current Location of Aircraft JACKSONVILLE FL

### 3) ACCIDENT/LOSS INFORMATION

Date 10/4/18 Time 230 PM Location 38820 TAYLOR RD. MAPLE CREEK FL  
If at an airport, name of airport [REDACTED]  
Type of Loss: In Flight Loss ☒ Ground Loss ☐  
Aircraft use if IN FLIGHT: Pleasure/Personal ☒ Business ☐ Instructional ☐ Commercial ☐

### 4) DESCRIBE EVENTS AND CIRCUMSTANCES THAT LED TO THE ACCIDENT OR LOSS, AND THE NATURE OF THE ACCIDENT OR LOSS. Include a sketch if appropriate. Attach additional sheets if more space is needed.

STARTED DEPARTURE RUN INTO WIND. SHORTLY AFTER  
LIFT OFF ATTEMPTED SMALL RIGHT HAND TURN. TO AVOID  
TREE LINE. BUT THEN MADE CONTACT WITH CONCRETE  
COLUMNS.