

Statement from Witness, Pilot, Passenger

Date of Accident: 10/22/21 Time of Accident: around 6:00pm

Location of Accident: Atlantic Aviation, Orlando

Your Name (Print): Stephanie Dalton Occupation: Accounting

Address: [REDACTED]

City: Daniel Island State: SC Zip Code: 29492

Telephone number: [REDACTED] Email: [REDACTED]

Pilots Only- Grade of Certificate: _____

Where were you at the time of the Accident? back left seat of the plane

Tell in your own words what you saw or heard before and at the time the accident occurred.

Our wheels had just hit the runway when I started to feel the back end of the plane fish tailing. We swerved from the right to the left pretty moderately about two times. The plane then started to swerve more aggressively. I could not tell what the plane was doing or what direction we were headed at that point, it just felt like we were being slung side to side. We then hit the grass at a very high speed, so it thrashed us around the cabin even more. The plane then rolled onto the right wing. It felt like the plane was about to roll all the way over, but then was caught by the wing and fell back down on its wheels and came to a stop. I was afraid

Signature: [REDACTED]

Date: 10/25/21

Time: 3:40pm

the plane." I grabbed Bowman, my husband grabbed Penkey. My husband managed to

get the door open. We ran down the stairs and through the grass until we felt we were a safe distance away. My husband left us where we stood and ran back to the plane to check on the pilot because he did not get off the plane with us. We stayed in the grass until the medics arrived