

Statement from Witness, Pilot, Passenger

Date of Accident: 10/22/21 Time of Accident: 5:45 - 6:00

Location of Accident: Atlantic Aviation Orlando

Your Name (Print): Brandon Dalton Occupation: Assembly Manager

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? Rear Passenger Seat

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

We had just made our initial landing. At first everything seemed fine, but then I noticed the plane rocking back & forth aggressively. At one point I felt the back of the plane break free & instantly knew something was wrong. We were still going at a high speed & I had the windows closed so I could not tell what was going on. I then noticed through the front windshield that we were heading into the grass. Once we hit the grass, the plane started bouncing around very hard. Once we came to a stop, me & my wife grabbed the children & exited the plane. Once we were a safe distance away, I returned to the plane to check on the pilot.

I noticed mud on the nose of the plane & the right wing damaged. Which led me to believe that those 2 parts dug into the ground & potentially prevented us from flipping over.

Signature: [REDACTED]

Date: 10/25/21

Time: 4:00 PM