

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents																																																					
BASIC INFORMATION																																																					
Accident/Incident Location Nearest City/Place: <u>Cleveland Ga</u> State: <u>Ga.</u> ZIP: _____ Country: <u>USA</u> Latitude: <u>34.56°N</u> Longitude: <u>83.71°W</u> (Enter in decimal degrees or degrees:minutes:seconds)					Accident/Incident Date/Time Date: <u>07/11/2016</u> Local Time: <u>13:00</u> mm/dd/yyyy Time Zone: <u>E</u>																																																
Collision with Other Aircraft: Midair On-ground <u>(None)</u>																																																					
AIRCRAFT INFORMATION																																																					
Registration Number: <u>N23483</u> Manufacturer: <u>Cessna</u> Model: <u>150</u> Serial Number: _____ Year of Manufacture: <u>1976</u> Amateur-Built: Yes ☐ If Yes: Kit/Plans Make: _____ No ☒ Original Design					IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>1750</u> lbs Weight at Time of Accident/Incident: <u>1660</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: _____ Passenger Seats: <u>1</u> Number of Engines: <u>1</u>																																																
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Standard</td> <td style="width: 50%;">Special</td> </tr> <tr> <td>☐ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) None _____ Unknown _____		Standard	Special	☐ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear (Check all that apply) ☐ Retractable ☒ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Other Launch/Recovery System ☐ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel		Engine Type (Select one) ☒ Reciprocating ☐ Turbo Shaft ☐ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ Liquid Rocket ☐ Solid Rocket ☐ Hybrid Rocket ☐ None ☐ Unknown Fuel System Type (Reciprocating) ☒ Carburetor ☐ Fuel-Injected																															
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Last Inspection Type 100-Hour _____ Continuous Airworthiness AAIP _____ Conditional Inspection Annual _____ Unknown Date Last Inspection: <u>09/01/2015</u> mm/dd/yyyy Airframe Total Time: <u>5565</u> hrs hours measured at (Select one) Last Inspection _____ Time of Accident/Incident _____				Propeller 1 Fixed Pitch _____ Controllable Pitch _____ Ground Adjustable _____ Manufacturer: <u>SENSENICH</u> Model: <u>74DM653-0-58</u>				Propeller 2 Fixed Pitch _____ Controllable Pitch _____ Ground Adjustable _____ Manufacturer: _____ Model: _____																																													
Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness Other, specify: _____				ELT Installed: ☒ Yes ☐ No If Yes: <u>ACK</u> ELT Manufacturer: <u>E-01</u> Model or Part No.: _____ TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz) Was ELT still mounted in aircraft? ☒ Yes ☐ No Was ELT still connected to antenna? ☒ Yes ☐ No Did ELT Activate? Yes ☐ No ☒ If activated: Did ELT Aid in Locating Aircraft: Yes ☐ No ☒ If not activated: Indicate Reason: Impact Damage _____ Fire Damage _____ Battery Expired/Damaged _____ <u>Unknown</u>				Additional Equipment (Check all that apply) ☐ ADS-B ☐ Airframe Parachute ☐ Angle of Attack Indicator ☐ Autopilot ☐ Data Recorder ☐ Electronic Flight Bag or Handheld Device ☐ Electronic Multifunction Display ☐ Electronic Primary Flight Display ☐ Handheld GPS ☐ Heads Up Display ☐ Onboard Weather ☐ Satellite Tracking Device ☐ Stall Warning System ☐ Video Recording Device Other, Specify: _____																																													
Description of Fire Extinguishing System ☒ None Specify: _____																																																					

OWNER/OPERATOR INFORMATION																																													
Registered Aircraft Owner Name: <u>Anthony B. Manzo, William Lanham, Dale Ward</u> Fractional Ownership Aircraft: Yes No		City: <u>Gainesville</u> State: <u>Ga</u> ZIP: <u>30506</u> Country: <u>USA</u>																																											
Operator of Aircraft <i>Same As Registered Owner</i> Name: <u>Anthony B. Manzo</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<i>Same Address as Registered Owner</i> City: _____ State: _____ ZIP: _____ Country: _____																																											
Operating Certificates Held <i>(Check all that apply)</i> ☐ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation ☐ Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under <table style="width: 100%; border: none;"> <tr> <td><u>FAR 91</u></td> <td>FAR 129</td> <td>FAR 415</td> </tr> <tr> <td>FAR 103</td> <td>FAR 133</td> <td>FAR 431</td> </tr> <tr> <td>FAR 121</td> <td>FAR 135</td> <td>FAR 435</td> </tr> <tr> <td>FAR 125</td> <td>FAR 137</td> <td>FAR 437</td> </tr> </table> ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	<u>FAR 91</u>	FAR 129	FAR 415	FAR 103	FAR 133	FAR 431	FAR 121	FAR 135	FAR 435	FAR 125	FAR 137	FAR 437	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <table style="width: 100%; border: none;"> <tr> <td>☐ Scheduled or Commuter</td> <td>☐ Domestic</td> </tr> <tr> <td>☐ Non-Scheduled or Air Taxi</td> <td>☐ International</td> </tr> </table> ☐ Passenger ☐ Cargo ☐ Mail Contract Only		☐ Scheduled or Commuter	☐ Domestic	☐ Non-Scheduled or Air Taxi	☐ International																										
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Revenue Sightseeing Flight Yes <u>No</u>		Air Medical Flight Yes <u>No</u>																																											
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>																																													
Airport Name: <u>Mountain Airpark</u> Airport Identifier: <u>06E5</u> Proximity to Airport: Off Airport/Airstrip <u>On Airport/Airstrip</u> N/A		Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: <u>11406'</u> ft. msl																																											
Runway Information Runway ID: <u>06E5</u> (L/R/C) Length: <u>1500</u> ft Width: <u>100</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td>☒ Dry</td> <td>☐ Snow-Compacted</td> <td>☐ Water-Calm</td> </tr> <tr> <td>☐ Holes</td> <td>☐ Snow-Crusted</td> <td>☐ Water-Choppy</td> </tr> <tr> <td>☐ Ice Covered</td> <td>☐ Snow-Dry</td> <td>☐ Water-Glassy</td> </tr> <tr> <td>☐ Rough</td> <td>☐ Snow-Wet</td> <td>☐ Wet</td> </tr> <tr> <td>☐ Rubber Deposits</td> <td>☐ Soft</td> <td></td> </tr> <tr> <td>☐ Slush-Covered</td> <td>☐ Vegetation</td> <td>☐ Unknown</td> </tr> </table>		☒ Dry	☐ Snow-Compacted	☐ Water-Calm	☐ Holes	☐ Snow-Crusted	☐ Water-Choppy	☐ Ice Covered	☐ Snow-Dry	☐ Water-Glassy	☐ Rough	☐ Snow-Wet	☐ Wet	☐ Rubber Deposits	☐ Soft		☐ Slush-Covered	☐ Vegetation	☐ Unknown																								
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[illegible]

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																				
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew																																																																																																				
"Flight Crewmember 2" was pilot flying Yes No																																																																																																				
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> Certificate Number: _____																																																																																																				
Degree of Injury None Fatal Minor Unknown Serious			Seat Occupied Left Front Unknown Right Rear Center Single			Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown			Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown																																																																																											
Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer																																																																																																				
Principal Occupation Pilot Other Unknown		Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown			Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance			Date of Last Medical _____ <i>mm/dd/yyyy</i>																																																																																												
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: _____ Model: _____																																																																																																
Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport																																																																																														
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Address					Seat Occupied		Injury			
First Name: _____ City of Residence: _____					Left _____ Front _____		None _____			
Middle Initial: _____ State: _____ ZIP: _____					Center _____ Rear _____		Minor _____			
Last Name: _____ Country: _____					Right _____ Single _____		Serious _____			
					Unknown _____		Fatal _____			
					Unknown _____		Unknown _____			
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints			
None _____ Flight Instructor _____ Commercial _____ US Military _____					Available		Used			
Private _____ Recreational _____ Airline Transport _____ Foreign _____					None _____		None _____			
Student _____ Sport _____ Flight Engineer _____					Lap Only _____		Lap Only _____		Not Installed _____	
					3-point _____		3-point _____		Installed _____	
					4-point _____		4-point _____		Not Deployed _____	
					5-point _____		5-point _____		Deployed _____	
					Unknown _____		Unknown _____		Unknown _____	
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Yes _____ No _____										
Crew Name and Address					Seat Occupied		Injury			
First Name: _____ City of Residence: _____					Left _____ Front _____		None _____			
Middle Initial: _____ State: _____ ZIP: _____					Center _____ Rear _____		Minor _____			
Last Name: _____ Country: _____					Right _____ Single _____		Serious _____			
					Unknown _____		Fatal _____			
					Unknown _____		Unknown _____			
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints			
None _____ Flight Instructor _____ Commercial _____ US Military _____					Available		Used			
Private _____ Recreational _____ Airline Transport _____ Foreign _____					None _____		None _____			
Student _____ Sport _____ Flight Engineer _____					Lap Only _____		Lap Only _____		Not Installed _____	
					3-point _____		3-point _____		Installed _____	
					4-point _____		4-point _____		Not Deployed _____	
					5-point _____		5-point _____		Deployed _____	
					Unknown _____		Unknown _____		Unknown _____	
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Yes _____ No _____										
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)										
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age		
First Name: _____ City: _____			Left _____ Center _____ Right _____ Unknown _____ Row: _____	None _____ Minor _____ Serious _____ Fatal _____ Unknown _____	Available		Used		Not Installed _____ Installed _____ Not Deployed _____ Deployed _____ Unknown _____	Under 5 years _____ If Under 5, _____ Child Restraint _____ Lap-Held _____ Unknown _____
Middle Initial: _____ State: _____ ZIP: _____					None _____		None _____			
Last Name: _____ Country: _____					Lap Only _____		Lap Only _____			
Crew _____ Passenger _____ Other _____					3-point _____		3-point _____			
					4-point _____		4-point _____			
			5-point _____		5-point _____					
			Unknown _____		Unknown _____					
First Name: _____ City: _____			Left _____ Center _____ Right _____ Unknown _____ Row: _____	None _____ Minor _____ Serious _____ Fatal _____ Unknown _____	Available		Used		Not Installed _____ Installed _____ Not Deployed _____ Deployed _____ Unknown _____	Under 5 years _____ If Under 5, _____ Child Restraint _____ Lap-Held _____ Unknown _____
Middle Initial: _____ State: _____ ZIP: _____					None _____		None _____			
Last Name: _____ Country: _____					Lap Only _____		Lap Only _____			
Crew _____ Passenger _____ Other _____					3-point _____		3-point _____			
					4-point _____		4-point _____			
			5-point _____		5-point _____					
			Unknown _____		Unknown _____					
First Name: _____ City: _____			Left _____ Center _____ Right _____ Unknown _____ Row: _____	None _____ Minor _____ Serious _____ Fatal _____ Unknown _____	Available		Used		Not Installed _____ Installed _____ Not Deployed _____ Deployed _____ Unknown _____	Under 5 years _____ If Under 5, _____ Child Restraint _____ Lap-Held _____ Unknown _____
Middle Initial: _____ State: _____ ZIP: _____					None _____		None _____			
Last Name: _____ Country: _____					Lap Only _____		Lap Only _____			
Crew _____ Passenger _____ Other _____					3-point _____		3-point _____			
					4-point _____		4-point _____			
			5-point _____		5-point _____					
			Unknown _____		Unknown _____					
First Name: _____ City: _____			Left _____ Center _____ Right _____ Unknown _____ Row: _____	None _____ Minor _____ Serious _____ Fatal _____ Unknown _____	Available		Used		Not Installed _____ Installed _____ Not Deployed _____ Deployed _____ Unknown _____	Under 5 years _____ If Under 5, _____ Child Restraint _____ Lap-Held _____ Unknown _____
Middle Initial: _____ State: _____ ZIP: _____					None _____		None _____			
Last Name: _____ Country: _____					Lap Only _____		Lap Only _____			
Crew _____ Passenger _____ Other _____					3-point _____		3-point _____			
					4-point _____		4-point _____			
			5-point _____		5-point _____					
			Unknown _____		Unknown _____					

FLIGHT ITINERARY INFORMATION									
Last Departure Point Airport ID: <u>ØGES</u> City: <u>Cleveland</u> State: <u>GA</u> Country: <u>USA</u>		Time of Departure Time: <u>13:00</u> Time Zone: <u>E</u>		Destination Airport ID: <u>ØGES (LOCAL)</u> City: _____ State: _____ Country: _____		Type Flight Plan Filed None Company VFR Military VFR VFR VFR/IFR IFR Unknown Activated? Yes No Unknown			
Type of ATC Clearance/Service (Check all that apply)									
None VFR		Special VFR IFR		Special IFR VFR On Top		VFR Flight Following Traffic Advisory		Cruise Unknown / NA	
Airspace where the accident/incident occurred (Check all that apply)									
Class A Class B Class C Class D Class E		Class G Demo Area Warning Area Prohibited Area Restricted Area		Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93		Special Air Traffic Control Area Unknown		Altitude of In-Flight Occurrence: <u>on ground rollout</u> ft msl	
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE									
Source of Pilot Weather Information (Check all that apply)					Weather Observation Facility				
National Weather Service Flight Service Station TV/Radio Automated Report <u>ATIS</u> Commercial Weather Service (DUATS) On-Board Weather					Company Military Internet None Unknown				
Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true									
Basic Conditions VMC IMC Unknown			Light Condition Dawn Day <u>Day</u> Dusk Night Night Dusk Night Bright Night Unknown						
Sky/Lowest Cloud Condition Clear Few Partial Obscuration Scattered			Ceiling None (Clear) Broken Overcast			Obscured Indefinite Unknown		Temperature: _____ (C) or <u>80°</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	
Lowest Cloud Condition Height _____ ft agl			Ceiling Height _____ ft agl						
Wind Direction <u>Variable</u> -OR- Direction: _____ degrees true		Wind Speed <u>Calm</u> Light and Variable -OR- Speed: _____ kts		Wind Gusts <u>Not Gusting</u> -OR- Speed: _____ kts		Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft			
Intensity of Precipitation Light Moderate Heavy N/A Unknown		Type of Precipitation (Check all that apply) None Rain Snow Hail Rain Showers				Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals			
Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle				Restriction to Visibility (Check all that apply) None Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust				Fog Ground Fog Haze Ice Fog Smoke Unknown	
Icing Forecast Amount Type None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown			Icing Actual Amount Type None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown			Turbulence Type (Check all that apply) None Clear Air Terrain-Induced Convective Turbulence			
Severity Light Moderate Severe Extreme									
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 									

DAMAGE TO AIRCRAFT AND OTHER PROPERTY					
Aircraft Damage		Aircraft Fire		Aircraft Explosion	
None Minor	Substantial Destroyed Unknown	None In-Flight On-Ground	Both Ground and In-Flight Fire at Unknown Time Unknown	None In-Flight On-Ground	Both Ground and In-Flight Explosion at Unknown Time Unknown
Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) Prop, LEFT gear box, LEFT wing, Fire wall dimpled, Sheet metal on Rt side of Cockpit damaged, empennage (tail structure) all damaged					
NARRATIVE HISTORY OF FLIGHT (Please type or print in ink) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible. After landing at Mountain Airpark, during the rollout, (the landing was smooth and rollout was straight). The aircraft began a sudden tight hand turn and was unresponsive to left rudder and brake inputs. At the same time the left wing began to drop and then the nose also dropped. The aircraft came to rest at the edge (RT) of the runway. The landing gear (L) had become unattached from the airframe and had been dragged along by the brake line, leaving a large groove in the runway (approx. 100') the LEFT wing was also dragged along. The speed at which the turn started was 25-35 MPH as it had planned to rollout to the end of the runway to make another takeoff. The terrain was smooth and dry at time of incident					

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

LEFT gear box failed on Cessna (tail wheel conversion)

Total Time/Cycles
On Part____ Hours
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

20 Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes ☐ ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

Opened Left and Right door and exited
1 each door**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

07/21/2016
mm/dd/yyyy

Name of Pilot

Signature:

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Signature:

-- or --

Check here to electronically sign this document

Title:

Pilot

FOR NTSB USE ONLY

NTSB Accident/Incident No.

GAA16CA374

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Eric Swenson

Date Report Received

7/22/2016