

NATIONAL TRANSPORTATION SAFETY BOARD RELEASE OF WRECKAGE	ACCIDENT/INCIDENT IDENTIFICATION NUMBER ERA16FA150
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PART I - RELEASE OF WRECKAGE

REGISTERED OWNER (name and address) Mooney LLC Baton Rouge, LA 70808	REGISTRATION OR IDENTIFICATION NUMBER N96398
	MAKE Mooney

MODEL M20K	DATE OF ACCIDENT/INCIDENT 04/09/2016	LOCATION Ocala, FL
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The National Transportation Safety Board has not has completed its investigation of the wreckage described above. All wreckage except that listed on the reverse side is hereby released to the registered owner, or owner's representative, for appropriate disposition. (If no parts are retained, insert NONE.)


See Attached

SIGNATURE OF NTSB REPRESENTATIVE Brian C. Rayner (on file)	TITLE: Senior Air Safety Investigator	DATE 10/23/2017
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(This section may be signed by a person, not the owner or owner's representative, who has knowledge of the disposition of the wreckage and its parts. Such signature does not place a responsibility for disposition of the wreckage upon that person.)

I HEREBY ACKNOWLEDGE:

- Receipt of the above described wreckage.
- Removal of the parts, if any, listed on the reverse side of this form.

SIGNATURE 	TITLE Acct Manager	DATE 10/24/17
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REMARKS:



National Transportation Safety Board

Other Device Return Form

NTSB Number: <u>ERA16FA150</u>	Date of Event: 04/09/2016
Location: Ocala, Florida	Operator: Private
Vehicle Registration: N96398	Vehicle Type: Mooney M20K
Date Sent: October 5, 2017	Sent By: James Cash

Return Address:

Florida Air Recovery
 455 Tresca Road
 Jacksonville, FL 322256566
 904-998-9101

Other Device Description

- Garmin Aera 560
- Electronics International CGR-30P
- Electronics International EDC-33P
- Electronics International r-1-6-G30R270
- JPI FS-450

Name and Signature of NTSB Specialist

X  Recorder Specialist October 5, 2017
 Tuccio Title Date

Please sign and fax this document to: [REDACTED]

Or

Sign, scan and email this document to:

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

Please verify that 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 **202-314-6522**.

Name and Signature of Addressee (or representative):

[REDACTED] Acct. Manager 10-11-17
 Signature Title Date
Whitney Duke [REDACTED] [REDACTED]
 Name Phone Number Email