Oct 18 2017 15:17:11 Via Fax

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		AFETY BOARD ACCIDENT NUMBER > WPR1	CCIDENT NUMBER: 7FA139
	·	odel Investigations	
REGISTERED OWNER (name an		IDENTIFICATION NUMBER	
Louise Wallace		N492XB	
		MAKE	
		North Wing	
LOCATION	DATE OF ACCIDENT	MODEL	
Chelan, WA	7/1/2017	Scout XC Light Sport	
RETAINED BY NTSB REPRESEN	TATIVE	TITLE	DATE
Maja Smith		Aviation Accident Investig	atc 7/1/2017
except that listed in the evidence control form(s) is hereby released. NO PARTS RETAINED RELEASED BY NTSB REPRESENTATIVE Maja Smith		TITLE Aviation Accident Investig	DATE
HEREBY ACKNOWLEDGE: Receipt of the above described Removal of the parts, if any, list		n(s).	
Receipt of the above described	ted in the evidence control form	n(s).	DATE
Receipt of the above described Removal of the parts, if any, list	ted in the evidence control form	TITLE SPOUSE	DATE
Receipt of the above described Removal of the parts, if any, list PERSON MAKING ACKNOWLEDGE COLUMN SERVICES	THE NURSE NO.	TITLE	
Receipt of the above described Removal of the parts, if any, list PERSON MAKING ACKNOWLEDGE COLUMN SERVICES FOR SERVICES F	ted in the evidence control form	TITLE SPOUSE	
Receipt of the above described Removal of the parts, if any, list PERSON MAKING ACKNOWLEDG DOWNESS	THE NURSE NO.	TITLE SPOUSE	
Receipt of the above described Removal of the parts, if any, list ERSON MAKING ACKNOWLEDG COUNTY TO A	THE NURSE NO.	TITLE SPOUSE	
Receipt of the above described Removal of the parts, if any, list ERSON MAKING ACKNOWLEDG ODRESS	THE NURSE NO.	TITLE SPOUSE	
Receipt of the above described Removal of the parts, if any, list PERSON MAKING ACKNOWLEDG DOWNESS	THE NURSE NO.	TITLE SPOUSE	
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NTS8 FORM \$120 (5 (Rev. 05/10)