NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location Neurost (GryPteer Parations State: WV Date:	DASI	C INFORM/	ATION							- 1000			
Country: USA Lutinus: 79 T2284 W Time Zone: EST	Accident/Incident Location						Accident/Incident Date/Time						
Collision with Other Aircraft: O Midair OOh-ground O'No Collision with Other Aircraft: O'No Collision with Other Aircraft: O'No Collision with Other Aircraft: O'No Collision With Other Aircraft O'No Collision with Other Aircr						State: 1	I	Date: 10	7/202	Z Lo	cal Time:	14:05	
Collision with Other Aircraft: O Midair On-ground (No. AIRCRAFT INFORMATION	ZIP: 26	287	Country: US	A				mm	ddyyyy				
Amaufacture: Consisting with Other Aircraft Consisting with	Latitude	39.1807 N	and the same of th	Longitude: 79.7	72284 W		. 1			- 11	me Zone:		
Registration Number: 262 bF Manufacturer: CREEN DG CONDECT Unmanned Aircraft Maximum Gross Weight: Let 0 bs Weight at Time of Accident/Incident: 1286 bs Number of Seats: Passenger Seats: Cabin Crew Seats: Cabin Crew Seats: Passenger Seats: Cabin Crew Seats: C	(Enter in decimal degrees or degrees:minuses:seconds)					•	Collision wit	h Other Air	eraft: () Midair	QOn-grou	nd GNo	
Manufacture: Conserved Dot D	AIRC	RAFT INFO	RMATIO	N									
Manifiacturer: CREEN D C1 LD CV.	Registr	ation Number:	262	DF									
Serial Number: 4 6 9					ご れ	00 10				ght			
Year of Manufacture: 199													
Amateur-Built: 67cs by Yes: OKit/Plans Make: Original Design ONo Original Design Original Costing Original C								Weight at T	ime of Accid	lent/Inci	dent:	286	lbs
Amateur-Built: Offes Fee: OkirPlans Make: Ochrighal Design Category of Airrarft Original Design Category of Airrarft Type of Airworthiness Certificate Check all that apply) Category of Airrarft Type of Airworthiness Certificate Check all that apply) Check all that apply Check all tha	Year of	Manufacture:	199	16				Number of S	eats:	2_	Flight Cn	ew Seats:	1
Category of Aircraft O'Airplane O'Airplane O'Airplane O'Balloon O'	Amate							Cabin Crew Se	sats;				
Check all that apply Chec	6.4								ingines:		DOM:		
Standard Special Restricted Tricycle Tricycle Turbo Shaft Oxford Rocket Oxford					ertificate								id Doebat
OBlimpDirigible Olider O					icted Tricycle sional Amphibia al Flight Emergent rimental Float al Light-Sport Hull rimental Light-Sport or Waiver (COA)					O Turi	procating to Shaft		
Olympolane			_				Amphibian High		Tailwheel	OTurt	oo Prop		
Observed Lift									High Skid			-	
Other Continuous Airworthiness Other Date Last Inspection Type Conditional Inspection Other Approved Inspection Program (AIP) Other Approved Inspection Program (Other Specify: Other Approved Inspection Program (Other Specify: Other Approved Inspection Program (Other Approved Inspection Program (AIP) Other Approved Inspection Program (Other Approved Inspection Program (Other Approved Inspection Program (AIP) Other Approved Inspec	_									-		Ocia	ino min
Certificate of Authorization or Waiver (COA) Other Launch/Recovery System Piet System Type (Reciprocating) Ocarburetor	-								Classificant				
Certificate of Authorization or Warver (COA) None Unknown None Unknown	OUltra	light		The same of the sa				nunch/Recovery System					
Engine Engine Manufacturer Engine Model/Series Manufacturer's Serial Number Manufacturer's Serial Number Manufacturer's Model Power of Mits. Manufacturer's Serial Number Manufacturer's Model Power of Mits. Manufacturer's Model Power of Manufacturer (hours) Manufacturer Model Power of Manufacturer (hours) Manufacturer: Model Power of Manufacturer (hours) Manufacturer Model Power of Manufacturer (hours) Model Manufacturer Model Model Power of Manufacturer Model	OUnkn	own											-Injected
Engine Engine Manufacturer Model/Series Serial Number of Mfg. OHorsepower of Chours) (hours) (hours) Ing. 1			None		Unknown		None	-	-				
Eng. 1 Ly com in 6 To - 32 Coming To - 32	Engine	Engine Manufi	icturer					of Mfg. O'Horse		nower or	Time	Inspection	Overhau
Eng. 3 Eng. 4 E	ling, 1	Lycomin	6	IO . 32	0						,	1	
Last Inspection Type													
Last Inspection Type Oloo-Hour Ocontinuous Airworthiness OAAIP Oconditional Inspection OAnnual OUnknown Date Last Inspection: Date Las						-		-	-	-			
Other Approved Inspection Office Extinguishing System Other Approved Inspection Office Indicate Indicate Reason: Impact Damage Other Specify: Ocontrollable Pitch Office Adjustable Ocontrollable Pitch Office Inches Office Indicate	Eng. 4				D		Officed Bis	-				Pine I Pine I	
OAD Hour Ocntimous Airworthiness OCnoditional Inspection OAIP OUnknown OUnknown OUnknown OUnknown OUnknown OIP OUNKnown OI	Last I				Propeller	1	,		Prope	eller 2	_		Pitch
Outs Last Inspection: Date Inspection: Date Last Inspection: Date Last Inspection: Date Inspection: Date Last	2										_		
Date Last Inspection: D3/11/2022 Model: Model:				ction	Manufacturer: LARTZEL Manufacturer:								
Airframe Total Time: GPG			03/1	7/2002					Mode	d:			
hours measured at (Select one) Type of Maintenance Program (Select one) O Annual Conditional (Amateur-built only) Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O None O Specify: Did ELT Aid in Locating Aircraft: OYes ONo Impact Damage Other, Specify: Airframe Parachute Autopilot Cold Attack Indicator Autopilot Data Recorder Office (406 MHz) One Office (406 MHz) Office	Date L	ast inspection.	mm/dd/yy	09	ELT Installed: O'cs ONo								
Model or Part No.: Type of Maintenance Program (Select one) O Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O None O Specify: Model or Part No.: TSO No.: OC91 (121.5 MHz) OC91a (12				hrs	If Yes:	If Yes:					schute		
Type of Maintenance Program (Select one) O Annual O Conditional (Amsteur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O None O Specify: TSO No.: OC91 (121.5 MHz) OC91a (121.5 MHz) CO2126 (406 MHz) Was ELT still mounted in aircraft? Syes ONo Was ELT still connected to antenna? OVes ONo Did ELT Activate? OYes ONo Did ELT Activate? OYes ONo If activated: Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Indicate Reason: Impact Dantage Other, Specify: Did ELT Activated: O None O Specify: Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Did ELT Activated: O None O Specify: Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Did ELT Activated: O None O Other, Specify: Did ELT Activated: Did ELT Activated: Did ELT Activated: Did ELT Activated: O Other, Specify: Did ELT Activated: O Other, Specify: Did ELT Activated: O Other, Specify:					Model or P	nactur	er: FIC of		- ⊠Ang	de of Atta	ck Indicate	×	
O Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O None O Specify: DElectronic Flight Bag or Handheld Device Electronic Multifunction Display	Type of Maintenance Program (Select one) O Annual Conditional (Amsteur-built only) Mass EL Was EL							291a (121.5 M		Autopilot			
O Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O None O Specify: Was ELT still mounted in aircraft? Syes ONo Did ELT Activate? Oyes ONo If activated: Did ELT Aid in Locating Alreraft: Oyes ONo If not activated: Indicate Reason: Impact Dantage Other, Specify: Battery Expired/Damaged Continuous Airworthiness Co						OC126	(406 MHz)	115	☐ Elec	tronic Fli	ght Bag or	Handheld De	evice
O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O None O Specify: Did ELT Activate? O'res ONo If activated: Did ELT Aid in Locating Aircraft: O'res ONo If not activated: Indicate Reason: Impact Dantage O'ther, Specify: Did ELT Activate? O'res ONo If activated: Statellite Tracking Device O'ther, Specify: O'ther Approved Inspection Program (AAIP) If activated: Indicate Reason: Impact Dantage O'ther, Specify: O'ther Approved Inspection Program (AAIP) I Handheld GPS I Headheld GPS					Was ELT s	still mo	unted in aircraft	? OYes ON	lo DElec	tronic Mu	ultifunction	Display	
O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Did ELT Aid in Locating Aircraft: OYes ONo Description of Fire Extinguishing System O None O Specify: Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Indicate Reason: Impact Damage Other, Specify: Did ELT Aid in Locating Aircraft: OYes ONo Description of Fire Extinguishing System O None O Specify: Did ELT Aid in Locating Aircraft: OYes ONo Description of Fire Extinguishing System O None O Specify: Did ELT Aid in Locating Aircraft: OYes ONo Display Onboard Weather Stall Warning System O Video Recording Device Other, Specify:					Was ELT's	still con	nected to antenn	a? OYes O	467			it Display	
O Other, specify: Did ELT Aid in Locating Aircraft: O'Yes ONo Description of Fire Extinguishing System O None O Specify: Did ELT Aid in Locating Aircraft: O'Yes ONo Impact Damage Stall Warning System O'None Impact Damage O'None O Specify: Battery Expired/Damaged Other, Specify:	Conta Approved inspectator Frogram (AAATF)						Ores ON	9	_				
Description of Fire Extinguishing System O None O Specify: Indicate Reason: Impact Damage Stall Warning System Video Recording Device Other, Specify: Other, Specify:	<u> </u>						ocating Aircraft	OYes ON					
O None O Specify: Indicate Reason: Impact Damage Fire Damage Other, Specify: DBattery Expired/Damaged	MINISTER STREET, STREE	A STATE OF THE PARTY OF THE PAR	tinguishine	System	-				E Sau				
O Specify: □ Fire Damage □ Other, Specify: □ Battery Expired/Damaged	O None				Indicate Re	cason:	☐ Impact Dans	ige	□Vid	eo Record	ling Device		
Unknown	O Spec	ify:					Fire Damage		Oth	er, Specify	y:		
							Unknown	redrizamaged					

OWNER/OPERATOR INFORMA	ATION							
Registered Aircraft Owner		City: FREDERY CLASSOURLO						
Name: DANED CIENTHORY) e	State: VA ZIP: ZZ	107					
Fractional Ownership Aircraft: O Yes G		Country: USA						
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner						
Name:		City:						
Doing Business As:								
Air Carrier/Operator Designator (4 Charact	er Code):		Country:					
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	der Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)						
None □Flag Carrier Operating Certificate (FAR 121) □Supplemental □Air Cargo	ÖFAR 91 ÖFAR 129 ÖFAR ÖFAR 103 ÖFAR 133 ÖFAR ÖFAR 121 ÖFAR 135 ÖFAR ÖFAR 125 ÖFAR 137 ÖFAR	131 O Non-Scheduled or Air Taxi O International 135						
Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135)	OFAR 91 Special Flight ONon-US, Commercial	O Passenger O Cargo O Mail Contract Only						
□On-Demand Air Taxi (FAR 135) □Commercial Air Tour (FAR 136) □Agricultural Aircraft (FAR 137)	O Non-US, Non-commercial O Public Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)						
□ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	O Armed Forces		Unknown					
Revenue Sightseeing Flight	Air Medical Flight	O External Load OSkydiving						
OYes ONo	OYes ONo	OFerry						
AIRPORT INFORMATION								
AIRPORT INFORMATION (FIII In	if accident/incident occurred on app	roach, landing, takeoff, departure, or within 3 miles of	an airport)					
Airport Name: NONE		Distance From Airport Center:	sm					
Airport Identifier: NONE		Direction From Airport: de	grees true					
Proximity to Airport: O Off Airport/Airstri	p @6n Airport/Airstrip ON/A	Airport Elevation: ft.	msl					
Runway Information Runway ID: 30 (L/R/C) Length: 2 Runway/Landing Surface (Check all that a class) Asphalt Grass/Turf Macc Concrete Gravel Meta Dirt Glee Snow	ndam Water I/Wood	Condition of Runway/Landing Surface Check all that	Calm Choppy Glassy					
Approach/Departure Segment (Select one)							
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Ap OLanding	oroach ODownwind OLow Approach OGo Around OFinal OAborted Landing (after too OCrosswind OUnknown	ichdown)					
IFR Approach (Check all that apply)		VFR Approach (Check all that apply) □None						
□ADF/NDB □PAR □SDF □Sidestep □VOR/TVOR □ILS	□MLS □Practice □LDA □GPS	☐ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☐ Touch and Go	f Landing					
□VOR/DME □Localizer Only □TACAN □LOC-back course □RNAV	□ASR □Visual □Contact □Circling □Unknown	□ Valley/Terrain Following □ Simulated Forces □ Go Around □ Forced Landing □ Full Stop □ Precautionary La □ Unknown						

"FLIGHT CREWMEMBER 1" INFORMATION											
"Flight Crewmember 1" Re		Time of A DFlight Ins) Flig	ht Engineer	O Other	Flight Crew			
"Flight Crewmember 1" wa	s pilot flying	es 🛮 No									
"Flight Crewmember 1" Ide First Name: DAV\\				City	of Re	eidense:	FREDE	-Rid	236W6	260	
Middle Initial: W				Our	OI IX	114		700	2418	7	
Last Name: CLW}	been			State	-	V ~	CA	ZIP: _ Z	2407		
		1.1		Cour	ntry:						
Age at time of	Accident/Incident: _		Date of Birth:				m/dd/yyyy				
		Cen	tificate Number:	_							
Degree of Injury	Seat Occupied	/		Restrai	int Ty	ype			Inflatable !	Restraints	
O None O Fatal O Left O Font O Unknown O Minor O Unknown O Serious O Center O Single O None O Single O None O Single											
Pilot Certificate(s) (Check al	l that apply)				3-poir		O3-point	.	Not De		
☐ None ☐ Flight I			US Military		4 poir		O4-point	- 1	Deploy		
☐ Private ☐ Recreat ☐ Student ☐ Sport		e Transport t Engineer	t Foreign	The second of	5-poir Unkn		O Unknow	vn	Unkno	WII	
ш эрон	L right	Cogmeca		1 3			•	100			
Principal Occupation !	Medical Certificate		M-N	Medica	l Cer	tificate Va	lidity		Date of La	st Medical	
	O None O Clas					nitations/wai		nknown	05/22	12022	
	O Class 1 O Driv O Class 2 O Unk		e (Sport Pilot only)	O With O Speci		tions/waiver	s ON	/A	mm/dd/y		
Medical Certificate Limitati	The second of th	arown.		Ospeci	ш 150ч	initive .			7		
Medical Certificate Special	Issuance										
Date of Last Flight Review		Flight F	Review Aircraft		J-11:		11-77-58				
or Equivalent, Including	=/==/====	Make:	VANS								
FAR 121/135 Cheeks:	5/24/2022 mm/dd/yyyy	Model:	RV.4								
Afastana Dartanra	Other Aircraft Ra		7				Ph - 1 - 1 - 1				
Airplane Rating(s) (Check all that apply)	(Check all that apply)		(Check all that	The second secon		(Check all	r Rating(s)				
□ None	☐ None		None	43000		None	4.4 27	i c	Instrument	Airelane	
☑ Single-Engine Land ☐ Single-Engine Sea	Airship		☐ Airplane		1	☐ Airplan	e Single-Engi	ine [Instrument	Helicopter	
☐ Multiengine Land	☐ Balloon ☐ Glider		☐ Helicopter ☐ Powered Lif			☐ Airplan ☐ Gyropla	e Multi-Engir		Helicopter Glider		
☐ Multiengine Sea	☐ Gyroplane		- Tomesed in			Powere			Sport		
	☐ Helicopter ☐ Powered Lift										
Type Ratings	L TOWARD CITY		<u> </u>		-	Student F	ndorsemen	ste (Include	olostur)		
						Ottorent K	anoor senier	res (menual	aunesy		
	,										
Flight Time (Enter appropriate number of hours in each box)	0.000	Make Model		rplane tiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time	1072 5	360									
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model	STATE OF THE STATE	digital a		OME				100		A SECTION	
Last 90 Days	1	19									
Last 30 Days											
I not 74 Mounts											

FLIGHT TIMERARY I	NFORMATIO	N									
Last Departure Point	Tim	e of Departure	Destination	on at	2	Type Fligh	ht Plan F	iled			
Airport ID:	06:(1)	Airport ID:	Chest 8	21/102	None	O VFR/IFR					
City: FREDERTCKSh		City:			O Company VFR O Military VFR		O IFR O Unknown				
State: VA	Time	Zone: EAT State:				O VFR	****	Cinciowii			
Country: 22407			Country:			Activated?	OYes	ONo OUnknown			
Type of ATC Clearance/Ser	vice (Check all that	apply)	201201200			100					
	Special VFR IFR	Spec	cial IFR R On Top		☐ VFR Flight Foll ☐ Traffic Advisory		□ Cruis	se sown / NA			
Airspace where the accident	/incident occurred	(Check all that a	apply)			5-79-20	Altitu	de of In-Flight			
	Class G Demo Area			Area (MOA)			200	rence:			
	Warning Area		ort Advisory Ar raining Area	rea	☐ Air Traffic Cont	roi Area		ft msl			
Class D	Prohibited Area	☐ TRS						34 3123			
	Restricted Area	FAR									
WEATHER INFORMA		ACCIDENT	INCIDEN								
Source of Pilot Weather Info	ormation			Weather Of	servation Facility	1					
(Check all that apply) National Weather Service	□ Com	Dany		Facility ID:							
Flight Service Station	Milit			Observation T	ime:						
☐TV/Radio ☐Automated Report ·	☐ Inter			Time Zone:							
Commercial Weather Service	(DUATS) Unkr					nm degrees true					
On-Board Weather				Direction from	Accident Site:		degrees	true			
Basic Conditions		Light Condition	on	.6							
O'MC O'MC		ODawn	O Dusk			nknown					
OUnknown		QPay	ONight	OBuš	ght Night						
Sky/Lowest Cloud Condition	0	Ceiling			Tomorestune		400	(T)			
	Thin Broken	O None (Clear)	0	Obscured		Temperature:(C) or(F)					
	Thin Overcast	O Broken	O	O Indefinite Dew Point:(C) or(F)							
O Partial Obscuration C O Scattered	Unknown	O Overcast		Unknown	Altimeter Sett	Setting: in. Hg					
Lowest Cloud Condition He	ight	Ceiling Height		or			MB				
	_ft agl	Ceiling Height	9,000	ft agl							
Wind Direction	Wind Speed		Wind Gusts		Visibility	77-12	miles				
☐ Variable	☐ Calm		☐ Not Gustin	wg.	DVD	:					
	Light and Varia	ble		-2.11	1						
-or- Direction: degrees true	-or- Speed:	kts	Speed:	kts	RVV		miles				
Intensity of Precipitation		-	Contract Con	KIS	Density Altitu			ft			
OLight	Type of Precipits None			ъ.	Restriction to			nat apply)			
OModerate	Rain	Drizzle lee Pellets	☐ Freezing ☐ Snow Si	g Kain hower	Blowing Du		Fog Ground Fo	e.			
Olicavy	□ Snow	Snow Pellets	☐ Ice Pelle	ets Shower	☐ Blowing Sa	nd 🔲	Haze	-			
ON/A OUnknown	☐ Plail ☐ Rain Showers	☐ Snow Grains ☐ Ice Crystals	☐ Freezin	g Drizzle	☐ Blowing Sn ☐ Blowing Sp	_	lee Fog Smoke				
Conkinown	Lam Snowers	ice Crystais			Dust		Unknown				
Icing Forecast		Icing Actual			Turbulence						
Amount Type		Amount	Type		Type (Check a	II that apply)	Set	verity			
O None O N/A O Trace O Rime		O Trace	O N/A O Rime		□ None □ Clear Air		_	.ight			
O Light O Clear		OLight	O Clear		Terrain-Indu	bood	-	Moderate Severe			
O Moderate O Mixed O Severe O Unknow		O Moderate	Q Mixe	_	Convective	Turbulence		Extreme			
O Severe O Unknown	0	O Severe O Unknown	O Unkn	own							
NOTAM: (D 1 PDC)	IDMES OF CO.										
NOTAMs (D and FDC), A	IKMETS, SIGM	IETs, PIREPs	in effect at	the time of t	he accident/incid	lent:					
NONE											

rcraft Da	mage	Aircraft Fire		Aircraft Explosion	
None Minor	Substantial O Destroyed O Unknown	O In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
PROPEL ENGI MAIN FUSEIA CANOY	lor sheared	BENT/FRACT SEPARATED SER STACT)	y (Use additional sheet if necessary))		
RRATI	E HISTORY OF	FLIGHT (Please type	or print in lnk)		

escribe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include reckage distribution sketch if pertinent, Attach extra sheets if needed. State departure time and and location, services obtained, and intended estination. Provide as much detail as possible.

Oct 7th, 2022 I departed EZF for a VFR flight into the Cheat River Airstrip, WV.

AMAGE TO AIRCRAFT AND OTHER PROPERTY

e flight was conducted under VFR, and the weather was VFR with estimated visibility of greater than 5 miles, celling estimated at over 300 ft.

isually located the airstrip. I made a radio call stating position 13.4 miles out for landing.

5 miles I updated radio position.

ntered the pattern and lowered flaps (fully) and slowed to approach speed.

hade my final radio call prior to landing. At that moment I checked my angle of attack indicator and noted there was excess lift and the uge and the needle had just begun to move. Double checking against airspeed I noted between 83-84 KTS, and expected the landing ould be normal and fine.

ere may have been wind gusts in the area. The aircraft was operating fine, and there was no indication of a problem.

elieve I impacted the ground less than 1 second later. The impact was substantial. Afterward, I believe I impacted nearly flat to-slightly se down attitude based on photos at the scene.

g-meter registered 11.2g.

Iso believe I was unconscious for some time, but was able to get out of the aircraft after turning off fuel and releasing my safety mess.

RECOMMENDATION (How could thi	s accident/incident ha	we been prevented	?)		
Operator/Owner Safety Recommendation					
	IN ADDRAGE	h -			
Possibly A stranglot.	no nymore				
MECHANICAL MALFUNCTION	/FAILURE (If mor	e space is needed,	continue on sepa	rate sheet)	
Was there Mechanical Malfunction/Fails	re? Yes No				Total Time/Cycles
(If yes, list the name of the part, manufacturer, p.		cribe the failure.)			On Part
					Hours
					Cycles
					Time Since This Part
					Inspected/Overhauled
					Hours
FILE & CEDWICES INFORMAT	TON!				
FUEL & SERVICES INFORMAT					
Fuel on Board at Last Takeoff	Fuel Type	_			
(Convert from pounds, as necessary)	Ø 80/87 O 100 Low Lead	O 115/145 O Jet A	O Jet B O JP8	O Other, specify	
32 Gallons	O 100/130	O Jet A-1	O Automotive		
Other Services, if Any, Prior to Departur	re				
	č.				
EVACUATION OF AIRCRAFT					
EVACOATION OF AIRCRAFT					
Was an emergency evacuation of the airc	raft performed?	☐ Yes ☐ No	1%		
Method of Exit - Describe how the occupe	ints exited and how ma	ny occupants evacu	ated each location		
Able to depart the Broken of separate	Rough the	open coc	KPit As	the CANODY	/ WAS
DONIGO ME SE PARATE	0 0		1	11-	
PLOKEN BLY TELLINE					
OTHER AIRCRAFT COLLISIO	M of the second				
OTHER AIRCRAFT - COLLISIO					
Aircraft Registration Number Manufac	cturer:				age to Other Aircraft
Model:					estroyed Minor
Registered Owner of Other Aircraft			of Other Aircraft		ubstantial None
11 79					
Name:		Name Name	:		
City: ZIP:		City:			
		State:	les:	ZIP:	
Country:		Count	иу.		

ADDITIONAL INFORMATION	ON (Please type or print in ink)		
Use this space if additional space	is needed for any answers.		
I HEREBY CERTIFY THAT TH	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE I	BEST OF MY KNOW! FDGF
		thoene	
11 /07/2022 Signature	11() ///	4/1-	
mm/dd/yyyy - or	Check here to electronically sign this		
		document	
If a Person Other than Pilot/Op			
Name:		Title:	
Signature:			
- or - Check here to	o electronically sign this document		
	FOR NTSB	LISE ONLY	
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
ERA22LA428	ERA	Alleyne	11/8/2022