Tach: 3635.8 Habbs: 8195.6

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		ii and public	aircrait	acciden	its and	a inci	dents	
Accident/Incident Location Nearest City/Place: Ohve Branch ZIP: 38654 Country: Latitude: 34, 9790 N Longitude: (Enter in decimal degrees or degrees: minutes)	89 7888 W	e: _/V\\\		09/202 10 vyyy	Loc Tir	ne Zone:	1630 Centr	al
			Collision with	Other Airc	craft: O	Midair	OOn-grou	ind O'Non
AIRCRAFT INFORMATION Registration Number: N5233P Manufacturer: Cessna Model: 152			□ IFR-Equip □ Commerci □ Unmanne	in Space Flig	rtified ght	1969		
Serial Number: 84898 Year of Manufacture: 1981	Make:	3	Maximum Gr Weight at Tin Number of Se Cabin Crew Sea	ne of Accidents:	ent/Incid	lent:	ew Seats:	
Powered Lift C Rocket Utility Spec Unknown Certificate of Authorization	tricted ited visional vial Flight erimental vial Light-Sport erimental Light-Spor	Landing Gear (Check all that a	tractable Tractable HFloat SS SS SS	ailwheel igh Skid kid	Engine Recip OTurbo OTurbo OTurbo OTurbo OElectr Fuel Syst	orocating Shaft Prop Jet Fan ic	O Liqu O Soli O Hyb O Non O Unk	nown
Engine Engine Manufacturer Eng. 1 AVGO Lycomby 0 -235 Eng. 2 Eng. 3 Eng. 4	Seria	ufacturer's al Number - 12868-15	Date of Mfg.	O Horsepo O lbs of Ti	ower or hrust (Total Time (hours)	Time Inspection (hours)	Since: Overhaul (hours) 446.6
Last Inspection Type Orono-Hour OContinuous Airworthiness OAAIP OConditional Inspection OLINGTON OUNKNOWN Date Last Inspection: 08/04/2\ mm/dd/yyyy Airframe Total Time: 13635.8 hrs hours measured at (Select one) OLast Inspection Time of Accident/Incident Type of Maintenance Program (Select one) Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: Description of Fire Extinguishing System None Specify:	Model: 1A 1C ELT Installed: If Yes: ELT Manufactu Model or Part N TSO No.: OC91 OC12 Was ELT still m Was ELT still co Did ELT Activat If activated:	irer: ACK 10.: E-0/ 1 (121.5 MHz) C9 26 (406 MHz) 10. ounted in aircraft? 10. ounted to antenparte? 10. OYes ONo 10. Locating Aircraft: (10. output)	e Pitch justable ACCESSON 1a (121.5 MHz OYes ONo OYes ONo	Model: Addition ADS- Airfra Angle Autop Data F Electre Electre Handh Heads Onboa Satelli Stall V	acturer: Lal Equip B Image Parach of Attack oilot Recorder onic Flight onic Multi onic Prima neld GPS Up Displa urd Weathe te Trackin Varning Sy Recording	oment (Coute Indicator t Bag or I function I ary Flight ary English Device system	landheld De Display Display	apply)

OWNER/OPERATOR INFORM	ATION	
Registered Aircraft Owner		Min Daniel
Name: Air Venture		City: Olive Branch State: MS ZIP: 38654
Fractional Ownership Aircraft: O Yes		Country: USA
	Registered Owner	Same Address as Registered Owner
Name:		City:
Doing Business As:		State: ZIP:
Air Carrier/Operator Designator (4 Charac	eter Code):	Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Under	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
□ 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)	OFAR 91 OFAR 129 OFAR 413 OFAR 103 OFAR 133 OFAR 433 OFAR 121 OFAR 135 OFAR 433 OFAR 125 OFAR 137 OFAR 433 OFAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	O Non-Scheduled or Air Taxi O International
□ 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	OPublic Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corrections O Flight Test O Glider Tow O Instructional O Other Work Use O Personal
Revenue Sightseeing Flight O Yes No	Air Medical Flight O Yes O No	O Executive/Corporate O External Load O Ferry O Skydiving
AIRPORT INFORMATION (Fill in	n if accident/incident occurred on appro	oach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: Olive Brang		
Airport Identifier: KOW		Distance From Airport Center: sm Direction From Airport: degrees true
Proximity to Airport: Off Airport/Airsts		Airport Elevation: 402 degrees true ft. msl
Runway Information Runway ID: 36 (L/R/C) Length:	ft Width: 100 ft	Condition of Runway/Landing Surface (Check all that apply) Dry
Runway/Landing Surface (Check all that Asphalt Grass/Turf Mac	apply) cadam	□ Holes □ Snow-Crusted □ Water-Choppy □ Ice Covered □ Snow-Dry □ Water-Glassy □ Rough □ Snow-Wet □ Wet □ Rubber Deposits □ Soft □ Slush-Covered □ Vegetation □ Unknown
Approach/Departure Segment (Select on	e)	Line of the last o
OTaxi OVFR Departure OTakcoff OIFR Departure Pro OInitial Climb	ocedure/Clearance On Instrument Approx	Obounwind OBase OFinal OCrosswind OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown
IFR Approach (Check all that apply) ☑None		VFR Approach (Check all that apply) □None
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □	☐ Traffic Pattern ☐ Stop and Go☐ Straight-In ☐ Touch and Go☐ Valley/Terrain Following ☐ Simulated Forced Landing☐ Forced Landing☐ Forced Landing☐ Precautionary Landing☐ Unknown ☐ Unknown

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: Olive Branch ZIP: 38654 Country: Latitude: 34,9790°N Longitude: 8 (Enter in decimal degrees or degrees: minutes:	9.7888°W		ate: <u>69</u> / 6	dent Date/Time OQ 202 d/yyyy Other Aircraft:	Time Zone:	: 1630 Centra	al
AIRCRAFT INFORMATION							
Registration Number: NS233P Manufacturer: Cessiva			☐ IFR-Equi ☐ Commerc ☐ Unmanne	pped and Certified ial Space Flight d Aircraft			
Model:	ake:	N C	Veight at Tir lumber of Se	ross Weight: ne of Accident/Ir rats: ts:	cident:	1450 'rew Seats:	
OUIralight OUIrknown Certificate of Authorization	icted ed sional al Flight rimental al Light-Sport rimental Light-Sport	Landing Gear (Check all that a	pply) tractable The cloat S S S	ailwheel OT othigh Skid kid ki/Wheel Fuel	ine Type (2) sciprocating arbo Shaft arbo Propurbo Jet arbo Fan ectric	O Liqu O Solic O Hybi O None O Unki	nown
Engine Engine Manufacturer Eng. AV&O Lycomby 0 -235- Eng.: Eng.: Eng.:	Serial N	acturer's Number	Date of Mfg. mm/dd/yyyy	Rated Power O Horsepower O lbs of Thrust	Total Time (hours)		Since: Overhaul (hours)
Last Inspection Type Or00-Hour OContinuous Airworthiness OAAIP OConditional Inspection OAnnual OUnknown Date Last Inspection: 08/09/21	Propeller 1 Manufacturer:	OFixed Pitch OControllable OGround Ad Mc Cauley	e Pitch justable Accesson	Propeller 2 Division Manufacturer Model:	0	Fixed Pitch Controllable Ground Adjus	
Airframe Total Time:hrs hours measured at (Select one) O Last Inspection O Time of Accident/Incident Type of Maintenance Program (Select one) 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:	ELT Installed: If Yes: ELT Manufacture Model or Part No. TSO No.: OC91 (OC126 Was ELT still mon Was ELT still complid ELT Activated: If activated: Did ELT Aid in Lo If not activated: Indicate Reason:	er:	la (121.5 MHz Yes ONo Yes ONo OYes ONo	Electronic F	rachute tack Indicate ler light Bag or fultifunction rimary Fligh PS isplay eather cking Device g System ding Device	or Handheld De Display nt Display	

"FLIGHT CREWMEM										
"Flight Crewmember 1" Res	O Student Pilo	t the Time of			_				Shajara 1	
"Flight Crewmember 1" was		Yes N		O Check Pilo	t OFligh	ht Engineer	O Other	Flight Crew		
"Flight Crewmember 1" Ide							0	1		
First Name: Kathe	eine				City of Re	esidence:	KI	perton		
Middle Initial:					State:	TN	1	ZIP:	38017	7
Last Name:	ge				Country:	-	110	A	20011	a nile
Age at time of		lent: 23	Date of	Birth:		997 "	m/dd/vvvv	1		-
		C	ertificate Nur				,,,,,			
Degree of Injury	Seat Occu				estraint Ty	/ne			Inflatable l	Dantualists
@None O Fatal	O Left	O Front	O Unkno		Available	•	Used		iniiatable i	Restraints
O M nor O Unknown	O Right O Center	O Rear O Single			ONone		ONone		Not Ins	stalled
Pilot Certificate(s) (Check all		O single			O 3-poir		O3-point		☐ Installe	
□ None □ Flight Ir		Commercial	USM	filitary	O 4-poir	nt	O 4-point		Deploy	
☐ Private ☐ Recreati	onal	Airline Transpo	ort Foreig		O 5-poir O Unkno		O 5-point O Unknow		Unknow	wn
☐ Student ☐ Sport		Flight Enginee	r		Ochkin	own	Ochkilos	WII		
Principal Occupation N	Iedical Certifi	icate		M	ledical Cer	tificate Va	lidity		Date of La	st Medical
		O Class 3		0	Without lin	nitations/wai	vers OU	Inknown	06/2	accopment to the
		O Driver's Lice O Unknown	nse (Sport Pilo	ot only)	With limital Special Issu	tions/waiver	s ON		mm/dd/v	
Medical Certificate Limitation		Onknown			opecial issu	iance	-		mm/aa/y	yyy
The state of the s		T ₂								
Must wear	(011	ective	ken	ses						
Medical Certificate Special I	ssuance									-
_										
Date of Last Flight Review		Flight	Review Air	craft						_
or Equivalent, Including	11/04/2									
FAR 121/135 Checks:	mm/dd/yyyy		: D	oches.	5				1930-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	_
Airplane Rating(s)	Other Aircra	100000000000000000000000000000000000000	1200	ent Rating		Instructo	- D-ti(-)			
(Check all that apply)	(Check all that		- Caragonal Seaton	ll that apply)			r Rating(s) that apply)		/	
□ None □ Single-Engine Land	None		☐ None			□ None		E	Instrument	Airplane
☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airpla ☐ Helic			Airplan	e Single-Eng e Multi-Engi	ine [Instrument	Helicopter
☐ Multiengine Land ☐ Multiengine Sea	Glider		Powe	red Lift		☐ Gyropla	ane		Helicopter Glider	
Multiengine Sea	☐ Gyroplane ☐ Helicopter					☐ Powere	d Lift		Sport	
	☐ Powered Life	ft								
Type Ratings						Student I	Endorsemen	nts (Include	dates)	
										.
Flight Time (Enter appropriate	All	This Make	Airplane		T	Inst	rument		T	
number of hours in each box)	Aircraft	& Model	Single Engine	Airplane Multiengin	e Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1351	10275D	1351	165	105	18.1	80	_	-	
Pilot in Command (PIC)	1255	750	1100	155	102		80	_	_	_
Time as Instructor	1050	735	910	140	50	10		_	-	-
This Make/Model					35	10	5			
Last 90 Days	250	150	200	50	15		3	-	-	1
Last 30 Days Last 24 Hours	100	70	80	20	5		3	_	-	
Last 24 Hours		-	4	_	_	-	_		-	-

"FLIGHT CREWME	EMBER 2" INF	ORMATIC)N						and ordered the real
"Flight Crewmember 2"	'Responsibilities at	the Time of	Accident/Incident						
OFfice Oco-Pilot	t Student Pilot	OFlight In	nstructor OCheck	10.00V Death	Flight Engineer	r OOthe	er Flight Crew	w	
"Flight Crewmember 2"		Yes D	No						
"Flight Crewmember 2"			anger of						
First Name:				City of I	Residence: _				
Middle Initial:	- 4-1			State:			ZIP:		
Last Name:				Country					-
Age at time	of Accident/Incident	d:	Date of Birth:	Country.	:	/Adhana			_
		Cer	tificate Number:			пт/шшуууу			
Degree of Injury	Seat Occupie			Restraint	Type			T	242
O None O Fatal O Minor O Unknown O Serious	O Left O Right O Center	OFront ORear OSingle	OUnknown	Availa O No	ible one	Used O None		Inflatable	e Restraints
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□ None □ Fligh	ght Instructor Coreational A	Commercial Airline Transpor		O 3-p O 4-p O 5-p	ooint ooint	O 3-poir O 4-poir O 5-poir	nt nt	□ Not D □ Deplo □ Unkno	
		Flight Engineer		O O III	known	O Unkno	own		
Principal Occupation	Medical Certifica	ite		Medical C	Certificate V	alidity		Date of I	ast Medical
O Pilot O Other		Class 3	And the second second	O Without I	limitations/wa	aivers O	Unknown	Date of L	ast Medicai
O Unknown	O Class 1 O I	Driver's Licens Unknown	se (Sport Pilot only)	O With limi	itations/waive	rs O	N/A		
Medical Certificate Limit				O Special L	ssuance			mm/dd/	לעעע
Date of Last Flight Review or Equivalent, Including	N	Flight F	Review Aircraft				1100		
FAR 121/135 Checks:		Make: _					i i	94- 6	
	mm/dd/yyyy	Model: _					4 7	= 10	
Airplane Rating(s) (Check all that apply)	Other Aircraft I (Check all that app	Rating(s)	Instrument Rati	ing(s)	Instructor	r Rating(s)			
☐ None	None	ly)	(Check all that app	nly)	(Check all th				2-0
☐ Single-Engine Land☐ Single-Engine Sea	☐ Airship		☐ Airplane		None Airplane	Single-Engi		Instrument A	Airplane
☐ Multiengine Land	☐ Balloon ☐ Glider		☐ Helicopter		☐ Airplane	Multi-Engin		Instrument I Helicopter	Helicopter
☐ Multiengine Sea	Gyroplane Helicopter Powered Lift		□ Powered Lift		Gyroplar Powered	ne		Glider Sport	Carl Ac
Type Ratings	L Fowered Litt								
					Student Li	ndorsemen	ts (Include d	lates)	
Flight Time (Enter appropria	ate All T		Airplane		Insti	rument	I	Т	
umber of hours in each box)		This Make & Model	Single Airpla Engine Multien			0== ===================================		-	Lighter
otal Time				gine	Actual	Simulated	Rotorcraft	Glider	Than Air
ilot in Command (PIC)					The second				
ime as Instructor									
his Make/Model ast 90 Days			《李瑟 】 [4] 李多						HOUSE TO
ast 30 Days								A CONTRACTOR	Mes See Seek
ast 24 Hours									

Crew Name and					Coat Occup			
First Name:	Kyleigh	City of Residence:	II.M BO	web	Seat Occup		Injury	
Middle Initial:		State: MS	71D. 35	1654	O Center	O Front O Rear	O None O Minor	
Last Name:	Teeter	Country:	(A	00	O Right	O Single	O Serious	
		County.	211	_		O Unknown	O Fatal O Unknown	
	(S) (Check all that apply)			The same	Restraint Ty	vne:	Inflatable	
None		Commercial	JS Military		Available	Used	Restraints	
Private Student	Recreational	· The state of the	e Transport			O None O Lap Only O Lap Only		
			O3-point	O 3-point	□ Not Installed □ Installed □ Not Deplement			
Type Rating/End	lorsement for	Total Flight Time	at the Time		O 4-point O 5-point	O 4-point O 5-point	☐ Not Deployed ☐ Deployed	
Accident/Inciden	at Aircraft? Yes No			.60 hrs	O Unknown	O Unknown	Unknown	
Crew Name and	Address				Seat Occupi	and and an artist of the second	Injury	
		City of Residence:			OLeft	OFront	O _{None}	
Middle Initial:		State:			O Center	O Rear	O Minor	
		Country:			ORight	O Single O Unknown	O Serious O Fatal	
		HIN DO Y		-		▼ DTISSEE AND STATE OF THE STA	O Fatal O Unknown	
(2.4)	(Check all that apply)	T = LNEWT			Restraint Ty		Inflatable	
None Private						Available Used O None O None		
Student	A STATE OF THE PARTY OF THE PAR	Airline Transport Fight Engineer	oreign	em. If mil	O Lap Only		Not Installed	
45104 1451 8 155					O 3-point O 4-point	☐ Installed ☐ Not Deployed		
Taml Dating/End	Orcomont tow	FRY WHERE	T.	O 4-point O 4-point O 5-point		☐ Deployed		
Type Rating/Endo	2 2 2 2	Total Flight Time			O 5-point	O 5-point		
Accident/Incident	t Aircraft? Yes No	of this Accident/Inc	cident:	hrs	OUnknown	O Haknowa	☐ Unknown	
Accident/Incident	2 2 2 2	of this Accident/Inc	cident:	hrs	OUnknown	O Unknown		
Accident/Incident	t Aircraft?	of this Accident/Inc	cident:	eparate sheet	O Unknown if necessary)	O Unknown Inflatable	Unknown	
Accident/Incident PASSENGER(S	t Aircraft?	of this Accident/Inc. (Include cabin crew;	cident:	hrs eparate sheet Restraint Ty	O Unknown if necessary)	O Unknown		
Accident/Incident PASSENGER(S Name and Addres	t Aircraft?	of this Accident/Inc. (Include cabin crew; Seat OLeft	continue on s Injury O None	Restraint Ty Available ONone	O Unknown if necessary) ype Used O None	O Unknown Inflatable Restraints	_ Unknown	
Accident/Incident PASSENGER(S Name and Addres First Name: Middle Initial:	t Aircraft?	of this Accident/Inc. (Include cabin crew; Seat OLeft OCenter	continue on s Injury O None O Minor	Restraint Ty Available O None O Lap Only	O Unknown if necessary) ype Used O None O Lap Only	O Unknown Inflatable Restraints Not Installed Installed	Age Under 5 years	
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Accident/Incident PASSENGER(S Name and Addres First Name: Middle Initial: Last Name: OCrew	t Aircraft?	of this Accident/Inc. (Include cabin crew; Seat OLeft OCenter ORight OUnknown Other Row:	continue on s Injury O None O Minor O Serious O Fatal	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown	Unknown If necessary) ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed	Age Under 5 years If Under 5, O Child Restrain	
Accident/Incident PASSENGER(S Name and Addres First Name: Middle Initial: Last Name: OCrew	t Aircraft?	of this Accident/Inc. (Include cabin crew; Seat OLeft OCenter ORight OUnknown Other Other	Injury ONONE OMINOT OSETIOUS OFatal OUNKNOWN	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point	Unknown if necessary) ype Used ONone OLap Only O3-point O4-point O5-point	Not Installed Installed Not Deployed Deployed Unknown	Age Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown	
Accident/Incident PASSENGER(S Name and Addres First Name: Middle Initial: Cast Name: OCrew First Name: Middle Initial:	Aircraft?	of this Accident/Inc. (Include cabin crew; Seat OLeft OCenter ORight OUnknown Row: OLeft OCher	ONONE OHNONE ONONE OHNONE ONONE OHNONE ONONE ONONE ONONE ONONE	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Unknown If necessary) Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Not Installed Deployed Unknown	Age Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years	
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Accident/Incident PASSENGER(S Name and Addres First Name: Middle Initial: Cast Name: OCrew First Name: Middle Initial:	Aircraft?	of this Accident/Inc. (Include cabin crew; Seat OLeft OCenter ORight OUnknown Other OLeft OCenter ORight OCenter ORight OUnknown	ONONE O Serious O None O Minor O Serious O Control O O None O Minor O Serious O O None O Minor O Serious	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O5-point O5-point O5-point	Used O Vone O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 5-point	Not Installed Deployed Unknown	Age Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5, O Child Restrain	
Accident/Incident PASSENGER(S Name and Addres First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew Crew Crew Crew Crew Crew Crew Crew	Aircraft?	of this Accident/Inc. (Include cabin crew; Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OUnknown Row:	ONONE OMINOR OVERTION ONONE OMINOR OVERTION ONONE OMINOR	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point OUnknown	Unknown If necessary) Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Deployed Deployed Deployed Deployed Deployed Deployed Deployed	Age Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5,	
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Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

Bid strike completely damaged windshield. However this was only damage + my knowledge.

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 and location, services obtained, and intended destination. Provide as much detail as possible.

After a routine training flight in our practice area, my student and I were returning to our Class D airport (KOW). Weather was beautiful - calm winds, clear skies, good visibility. On final for Kunnay 36, I observed a large bird. Knowing it was below, I decided to pitch up anyway to avoid it. To my surprise, the bird Hew upwards and straight through my windshield. Miraculously it did not hit the propeller, but broke through the glass and hit my student on the head. I landed the plane and advised ATC of the bird strike. We taxiied back to our flight school where my boss (who is a nuse) aided my student until her mother showed up t take her to the hospital. Meanwhile, I discovered that the red-tailed hawk had survived the strike as well and was resting in the back of my plane. An hour later, a representative for the Mississippi Wildlife Rehabilitation Center came + collect the bird. It had surgery and is still alive! My student is feeling a lot better but it is doubtful the will fly again.

RECOMMENDATION (How could this	s accident/incident have been p	revented?)		
Operator/Owner Safety Recommendation	Ala - 7			
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MECHANICAL MALFUNCTION	EAII LIDE (16 more anno le			
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(If yes list the name of the part, manufacturer, pa	ort no., serial no., and describe the fa	ilure.)	A MARIE	On Part
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				i hours signific
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ADDITIONAL INFORMATION (Please	type or print in ink)		
Use this space if additional space is needed for			
I HEREBY CERTIFY THAT THE ABOVE			BEST OF MY KNOWLEDGE
	or: Katherine	George	
OP/14/2021 Signature:			
- or - Check	here to electronically sign this	document	
If a Person Other than Pilot/Operator is Fil	ing Report		
Name:		Title	
Signature:		Title.	
or Check here to electronical			
NTSB Accident/Incident No. Reviewed	FOR NTSB by NTSB Regional Office		
NTSB Accident/Incident No. Reviewed CEN21LA417 CENTR		Name of Investigator S. WILLIAMS	Date Report Received