FORM APPROVED FOR USE THROUGH 5/31/2017 BY OMB NO. 3147-0001

## NATIONAL TRANSPORTATION SAFETY BOARD **NTSB Form 6120.1 PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawali, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that ALL questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

#### **B. DEFINITIONS**

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

NATE AND INCOME. AN PERMIT IN COLUMN 4.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 Code of Federal Regulations (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/ Title49/49cfr830\_main\_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

### A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface. environment Contractor State State

**INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM** It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate. 

registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

NTSB Form 6120.1 (rev. 9/2013). This form replaces 6120.1/2.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION-Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION-These flights include aerial mapping/ photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP-Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW-Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations. EXECUTIVE/CORPORATE--Company flying with a paid,

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/ incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMS (D and FDC), AIRMETS, SIGMETS, PIREPS: Describe all NOTAMS (distant (D) or Flight Data Center (FDC), if known), AIRMETS, SIGMETS, and PIREPS in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as

professional crew.

FERRY-Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST-Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL-Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL-Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING-Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN-Use only if the primary purpose of flight is not known.

Other Aircraft-Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

appropriate.

1.0.51

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

PULLING AND INCOME.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report.* For additional definitions of questions and responses, please refer to www.ntsb.gov.

A 12 NOT THE OWNER AND A DOCUMENT

NTSB Form 6120.1 (rev. 9/2013). This form replaces 6120.1/2.

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

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

BASI	C INFORM	ATION		-									
Accide Nearest ZIP:	nt/Incident Loc City/Place: 54 33701 27.76618	country: <u>U</u>	ersburg nited Sto Longitude: 8	tes 2.5041	_State:_ 9° W	FL	Acci Date:	ident/Inci 11/12 mm/a	dent Date 2021 d/yyyy	/Time L	ocal Time: Time Zone:	~6:3 Erster	0pm n
	(Enter in decima	al degrees or a	degrees:minutes:s	econds)			Coll	ision with	Other Ai	rcraft:	O Midair	OOn-grou	und None
AIRC	RAFT INFO	RMATIO	N				-						
Registr	ration Number:	N586	ZW					IFR-Eoui	oped and C	ertified			
Manuf	acturer: Pi	rer						Commerc	al Space F	light			
Model:	PA28-1	30						Unmanne	d Aircraft	21	14.0		
Serial 1	Number: 28	-2376					Max	timum Gi	oss Weigl	ht:	100	Ibs	
Year of	f Manufacture:	1965	-				wei	gut at 11	ne of Acci	dent/Inc	Ident: /	2000	lbs
Amate	ur-Built: OYes	If Yes:	OKit/Plans M	ake.			Nun	aber of Se	ats:	-	Flight Cr	ew Seats:	
	No		O Original Design	n			Num	ther of Fr	gines.	1	Passenge	r Seats:	
OBallo OBlim OGlide OGyro OHelio OPowe ORock OUltra OUnkr	oon p/Dirigible er plane copter ered Lift tet light hown	Standar Norm Aerob Balloo Comn Transp Utility	d Special al Restri- batic Limit on Provis nuter Specia port Exper Specia Exper e of Authorization	icted ed sional al Flight rimental al Light-Spor rimental Ligh or Waiver Unknown	rt nt-Sport (COA)	Tricycle Tricycle Amphibia Emergence Float Hull Other Lau None	n ny Float	table	ailwheel igh Skid cid ci ci/Wheel tem	O Turi O Turi O Turi O Turi O Elec Fuel Sy Carb	procating to Shaft to Prop to Jet to Fan tric stem Type suretor	OLiqu OSoli OHyb ONon OUnk (Reciprocati OFuel	ing) Ind Rocket ind Rocket nown
			Engine		Manuf	cturer's		Date	Rated Pow	rer	Total	Time	Since:
Engine	Engine Manufa	cturer	Model/Series	^	Serial N	Number	11	m dd yyyy	O lbs of	power or Thrust	Time (hours)	Inspection (hours)	Overhaul (hours)
Eng. 2	Lycomina	2.25	0-360-A.	A	L-165	19-36A	01	102 202	0 180		~200 HA		~200HR
Eng. 3		-					-						
Eng. 4			the second second					2	100 E 100				
Last In O100-H OAAIP Annua Date La	al OUnkr	inuous Airwo litional Inspectiown 8/16/2	rthiness ction	Propelle Manufact Model:	turer: <u>^</u> 1A17	Fixed Proceed Proceed Proceed Proceedings	itch lable Pi Adjust / 7666	itch able	Prop Manu Mode	eller 2 Ifacturer:	01	Fixed Pitch Controllable Ground Adju	Pitch istable
Airfran hour OL	s measured at (Se ast Inspection	mm/dd/yy 4927 elect one) O Time of Ac	hrshrs	ELT Inst If Yes: ELT Man Model or TSO No.:	talled: ufacture Part No.	Yes O	No	121 6 1 67	Addition AD AD Addition Addition AD	onal Equ S-B frame Para le of Attac opilot	ipment (C chute ck Indicator	Check all tha	t apply)
Annue     Condi	Maintenance P	rogram (Sel	lect one)	Was FI T	OC126	(406 MHz)	CAIS (	121.5 MHz		a Recorder tronic Flig	t ght Bag or I	Handheld De	vice

O Continuoual (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
 None
 O Specify:

Unknown

3

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:



<b>OWNER/OPERATOR INFORMA</b>	TION	
Registered Aircraft Owner		City: Columbus
Name: Graham Blahart		States 0H 7D: 43730
Fractional One Line a Comment		State: UTT ZIF. 10200
Tactional Ownership Aircraft: O Yes O	No	Country: United States
Operator of Aircraft Same As Reg	zistered Owner	Same Address as Registered Owner
Name:		City:
Doing Business As:		State: ZIP:
Air Carrier/Operator Designator (4 Characte	er Code):	Country:
the stand hundred		Description for FAD 121 125 129, 135
Operating Certificates Held (Check all that apply)	<b>Regulation Flight Conducted Under</b>	(Select one for each group)
		O Scheduled or Committee O Domestic
Flag Carrier Operation Continue (EAD 121)	OFAR 103 OFAR 133 OFAR 415 OFAR 103 OFAR 133 OFAR 431	O Non-Scheduled or Air Taxi O International
Supplemental	OFAR 121 OFAR 135 OFAR 435	
Air Cargo	OFAR 125 OFAR 137 OFAR 437	
Foreign Air Carriers (FAR 129)	OFAD 01 Special Flight	O Passenger O Cargo
Commuter Air Carrier (EAP 135)	ONon-US. Commercial	O Mail Contract Only
On-Demand Air Taxi (FAR 135)	ONon-US, Non-commercial	
Commercial Air Tour (FAR 136)		Purpose of Flight for FAR 91, 103, 133, 137
Agricultural Aircraft (FAR 137)	OPublic Aircraft (Select one)	(Select one)
Pilot School (FAR 141)	O Armed Forces	OAerial Application OFirefighting OUnknown
Commercial Space Transportation	Orederal	O Aerial Observation OFhght Test
Experimental Permit	OLocal	O Air Drop O Air Bace/Show O Instructional
Commercial Space Transportation License	Olinhaum	O Banner Tow OOther Work Use
LOther Operator of Large Aircraft	CONKIOWI	O Business Personal
1		- OExternal Load OSkydiving
Revenue Sightseeing Flight	Air Medical Flight	OFerry
OYes No	OYes No	
		ch landing takeoff departure or within 3 miles of an airport)
AIRPORT INFORMATION (Fill in	If accident/incident occurred on approa	L 1
Airport Name: Albert Whitte		Distance From Airport Center: 0.1 sm
Airport Identifier: KSPG	1	Direction From Airport: 105 degrees true
Proximity to Airport: Off Airport/Airstri	o OOn Airport/Airstrip ON/A	irport Elevation: 7 ft. msl
		and then of Dunway (I and ing Surface (Check all that apply)
Runway Information		Der Comparted D Water_Calm
Runway ID: 07 (L/R/C) Length: 3	576 ft Width: 73 ft	Holes Snow-Crusted Water-Choppy
Denner I anding Surface (Chack all that a	pply)	Ice Covered Snow-Dry Water-Glassy
Runway/Lanoing Surface (Check an that a	dam 🗆 Water	Rough Snow-Wet Wet
Concrete Crass I un Chat	/Wood	Rubber Deposits Soft
Dirt Dice Snow	Unknown	Islusn-Covered L vegetation
		the second se
Approach/Departure Segment (Select one)	An Textering ant Among	ch ODownwind OLow Approach
OTEP Denarture	OOn monument Approx	
Olaxi Ovrk Departure	dure/Clearance OLanding	OBase OGo Around

IFR Approach ( None ADF/NDB SDF VOR/TVOR VOR/DME TACAN	Check all that apply)	□MLS □LDA □LDA □ASR □Visual □Contact □Circling	□ Practice □ GPS	VFR Approach (Check dil Indi None Traffic Pattern Straight-In Valley/Terrain Following Go Around Full Stop	Apply)  Stop and Go  Touch and Go Simulated Forced Landing Forced Landing Precautionary Landing Unknown
			4		

"Flight Crewmember 1"	Responsibilities at the O Student Pilot Was pilot fiving	OFlight In	Accident/Incident structor O Check	Pilot OF	ight Engin	eer O Other Flight	Crew
"Flight Crewmember 1" First Name: <u>Locey</u> Middle Initial: <u>H</u> Last Name: <u>Strak</u> Age at time	Identification Harrison S of Accident/Incident:	25 Cer	Date of Birth:	City of I State: Country	Residence OH Unit	Reynoldsbu ZIP: Led States mm/dd/yyyy	rg <u>43068</u>
Degree of Injury	Seat Occupied	ta anti-	Les-Methyles and	Restraint 7	Гуре		Inflatable Restrain
<ul> <li>None</li> <li>Minor</li> <li>O Unknown</li> <li>Serious</li> </ul>	O Left Right O Center	) Front ) Rear ) Single	O Unknown	Availat O Non	e e	Used O None Lap only	Not Installed
Pilot Certificate(s)(CheckNoneFlightPrivateRectStudentSport	all that apply) t Instructor Com reational Airli t Flight	mercial ne Transpor nt Engineer	US Military t DForeign	03-po 04-po 05-po 0 Unk	only ont ont ont nown	03-point 04-point 05-point 0Unknown	<ul> <li>Not Deployed</li> <li>Deployed</li> <li>Unknown</li> </ul>
Principal Occupation	Medical Certificate	- Province		Medical Ce	rtificate	Validity	Date of Last Medic
<ul> <li>Pilot</li> <li>Other</li> <li>Unknown</li> </ul>	O None O Cla O Class 1 O Dri O Class 2 O Uni	ss 3 ver's Licens	e (Sport Pilot only)	O Without li With limit O Special Is	mitations/waiv ations/waiv	vaivers O Unknow vers O N/A	n <u>1/13/2021</u> mm/dd/yyyy
Must weer Medical Certificate Specia	Corrective /	Flight R	eview Aircraft				
or Equivalent, Including	0712412021	Make:	Planonol				
or Equivalent, Including FAR 121/135 Checks:	mm/dd/vvvv	Model:	VA42NG				
AR 121/135 Checks: Arplane Rating(s) Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft Ra (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Model:	VA42 NG Instrument Ration (Check all that app None Airplane Helicopter Powered Lift	ing(s) dy)	Instruct (Check a None Airpla Airpla Gyrop	tor Rating(s) Il that apply) ane Single-Engine ane Multi-Engine blane red Lift	<ul> <li>Instrument Airplane</li> <li>Instrument Helicopter</li> <li>Helicopter</li> <li>Glider</li> <li>Sport</li> </ul>

			The Part of the Pa	T.	1. M. 1. 1. 1. 1. 1.	and the second sec		and the second s	and the second s	and the second second
Flight Time (Enter appropriate	All	This Make	Airplane	Aimlana		Inst	rument		12030	Lighter
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	720	108	633	a static entra	いの思	2 = 1.3	Service C.	Bernard	1 deste	1 Fine
Pilot in Command (PIC)	643	108	558	and a second	_				T. AS	
Time as Instructor	448	52	440	La materia				a series		No. States
This Make/Model		Herman Manager Lat	al the standard and the st		21.2.2	Sec. In		inter sectories		n assessment and
Last 90 Days	210	78	158	2.3.1 523	S		ł.	たったけた	destra.	Call Artes
Last 30 Days	108	44.2	65		1. S. A.	S 22.	1	1		
Last 24 Hours	7	7	7	L'accordinate		1 maril	1.000	1 mar and	1-20-21	

the man and the second state of the second sta ----

37

1.00

<b>"FLIGHT CREWME</b>	MBER 2" INFOR	MATION					and a second
Flight Crewmember 2" F OPilot OCo-Pilot Flight Crewmember 2" w	O Student Pilot	Flight Instr	uctor OCheck P	vilot OF	light Enginee	r O Other Flight Crev	V Contractor
"Flight Crewmember 2" I	dentification		and and a set of the		1	T Magazine States and	Contraction of the second second
First Name	uentification			City of I	Decidence		
Middle Teleist				City of F	Residence.		
	all sharing child			State:		ZIP:	
Last Name:	Charles Transmission of the other	ter content		Country	:	A second second	
Age at time o	f Accident/Incident:	1000000	Date of Birth:			mm/dd/yyyy	
141.35 Long 11	Genily 4.33	Certif	ficate Number:			01-2 01-2	
Degree of Injury O None O Fatal O Minor O Unknown O Serious	Seat Occupied OLeft ORight OCenter	OFront ORear OSingle	OUnknown	Restraint Availa O No	able one	Used O None O Lap only	Inflatable Restraints
Pilot Certificate(s) (Check	all that apply)			01-	point	O 3-point	□ Not Deployed
<ul> <li>None</li> <li>Private</li> <li>Student</li> <li>Sport</li> </ul>	t Instructor Commentional Airlin	nercial ne Transport t Engineer	US Military Foreign	04- 05- 0U	point point nknown	O 4-point O 5-point O Unknown	Deployed Unknown
Principal Occupation	Medical Certificate			Medical	Certificate	Validity	Date of Last Medica
O Pilot O Other O Unknown	O None O Clas O Class 1 O Driv O Class 2 O Unit	ss 3 ver's License cnown	e (Sport Pilot only)	O Without O With lin O Special	t limitations/ mitations/wa	waivers O Unknown ivers O N/A	mm/dd/yyyyy
Medical Certificate Specia	al Issuance	Ford	THE REAL PROPERTY OF	e Dane			
Name and Address.			Seut Da	jarr 11	Louis and	type Steam	shelp des
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	<b>V</b>	Flight H Make:	Review Aircraft	Name I	An ISA	Unit Charles (1998)	
	mm/dd/yyyyy	Model:	And an - I M		121923		Charles and I Charles a
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)	iting(s)	Instrument Ra (Check all that a	n <b>ting(s)</b> pply)	Instru (Check	ctor Rating(s) all that apply)	
<ul> <li>None</li> <li>Single-Engine Land</li> <li>Single-Engine Sea</li> <li>Multiengine Land</li> <li>Multiengine Sea</li> </ul>	<ul> <li>None</li> <li>Airship</li> <li>Balloon</li> <li>Glider</li> <li>Gyroplane</li> <li>Helicopter</li> <li>Powered Lift</li> </ul>		□ None □ Airplane □ Helicopter □ Powered Lift	12 lenn 13 finisk 15 ernsvis 17 janil		plane Single-Engine plane Multi-Engine roplane wered Lift	<ul> <li>Instrument Airplane</li> <li>Instrument Helicopte</li> <li>Helicopter</li> <li>Glider</li> <li>Sport</li> </ul>
Type Ratings			Roll		Stude	nt Endorsements (Ind	clude dates)
	a chi anni			Shies I	- 352.054 - 14 140	139600	et localist   Eldening
				Ashan	Colored Col	e Oleswerthe	and and the second second

tag nores			- Course	Ave Antisan			California -			Pri Pranta Lor
Flight Time (Enter appropriate	All	This Make	Airplane	Airplane	100	Inst	rument		105	Tichten
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	Wy	and the second	to to me	Some	1.05		3 - A - A - A - A - A - A - A - A - A -	The second	a long	and some
Pilot in Command (PIC)	- 1 - 4			1 Cohner	1,00		1. State 1. 1. 1.	fue d		
Time as Instructor	an other set			1421000	17.0			1 hours		
This Make/Model		u le gres e Reise ener		international states and the	161	de	0	and the second se		in in the second second
Last 90 Days					1.6.	108.0				
Last 30 Days				and respect to						
Last 24 Hours		1-20-00-0	a maria							

6

			and the second second		
ADDITIONAL F	LIGHT CREWMEMBERS	(Exclusive of cabin crew, complete the following	ing information)		
Crew Name and A	Address		Seat Occupied	1	Injury
First Name: Middle Initial: Last Name:	Cir Sta Co	ty of Residence: ZIP:	O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s	) (Check all that apply) Gright Instructor Co Recreational A Sport Fight	ommercial US Military irline Transport D Foreign light Engineer	Restraint Typ Available O None O Lap Only O 3-point	e: Used O None O Lap Only O 3-point	Inflatable Restraints
Type Rating/End Accident/Incident	orsement for Aircraft?	Total Flight Time at the Time of this Accident/Incident:hrs	O 4-point O 5-point O Unknown	O 4-point O 5-point O Unknown	Deployed Unknown
Crew Name and A	Address	39001044m 175	Seat Occupied	1	Injury
First Name: Middle Initial: Last Name:	Ci Sta Co	ty of Residence: ate:ZIP:	OLeft OCenter ORight	OFront ORear OSingle OUnknown	O None O Minor O Serious O Fatal

	all market and the state			Courses.	Brad A	and the second second		OUnknown
Pilot Certificate(s)	(Check all that apply)			- Desche	1.00	Restraint Ty	pe:	Inflatable
□ None □ Private □ Student	□ Flight Instructor □ □ Recreational □ □ Sport □	Commercial Airline Transp Flight Engine	port D For	Military eign		Available O None O Lap Only O 3-point	O None O Lap Only O 3-point	Restraints
Type Rating/Endor Accident/Incident A	sement for ircraft?	No of this A	light Time at Accident/Inci	t the Time dent:	hrs	O 4-point O 5-point O Unknown	O 4-point O 5-point O Unknown	Deployed Unknown
PASSENGER(S)	/ OTHER PERSONNI	EL (Include d	abin crew; c	ontinue on se	eparate shee	t if necessary)		
Name and Address		Longer and	Seat	Injury	Restraint T	уре	Inflatable Restraints	Age
First Name: Middle Initial: Last Name: OCrew	City :	O Other	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown	<ul> <li>Not Installed</li> <li>Installed</li> <li>Not Deployed</li> <li>Deployed</li> <li>Unknown</li> </ul>	□ Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown
First Name: Middle Initial: Last Name: O Crew	City :	OOther	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	<ul> <li>Not Installed</li> <li>Installed</li> <li>Not Deployed</li> <li>Deployed</li> <li>Unknown</li> </ul>	Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown
First Name: Middle Initial: Last Name: OCrew	City :	O Other	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown
First Name: Middle Initial: Last Name: OCrew	City :	O Other	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	<ul> <li>Not Installed</li> <li>Installed</li> <li>Not Deployed</li> <li>Deployed</li> <li>Unknown</li> </ul>	<ul> <li>Under 5 years</li> <li>If Under 5,</li> <li>O Child Restrain</li> <li>O Lap-Held</li> <li>O Unknown</li> </ul>

7

and the second sec

10

-----

the second secon

LIGHT ITINERARY IN	FORMATION				and the second		
Last Departure Point	Tim	e of Departure	Destination		Type Fligh	t Plan Filed	
Airport ID: KSPG		1.20	Airport ID: KOK	ZL	None	OV	FR/IFR
City: Saint Petersburg	Time	: 6:30pm	City: Orland	7	O Company	VFR OI	FR
State: FI	Time	Zone Est	State: 17		O Military	VFR OC	nknown
Country: Marted Stat	~	20110	Country Vartes	Stetrs	Activated?	OYes ON	OUnknown
Type of ATC Clearance/Serry	ce (Chack all that	amphu)	Country:				1
None	Special VFR		ial IFR	VFR Flight Fo	llowing	Cruise	
	FR	U VFR	On Top	Traffic Adviso	ry	Unknown	/NA
Airspace where the accident/i	ncident occurred	(Check all that a	ipply)			Altitude of	In-Flight
Class A DC	lass G	🗆 Milit	tary Operations Area (MC	DA) Special		Occurrence	e:
Class B	Demo Area	Airp	ort Advisory Area	Air Trattic Con	ntrol Area	1 100	ftmsl
	Varning Area		raining Area	LOuknown		1,100	
Class E	Restricted Area		.93				and second
WEATHER INFORMA	TION AT THE	ACCIDENT	/INCIDENT SITI		e and the second		
Source of Pilot Weather Info	rmation		Weath	er Observation Facili	ty		
(Check all that apply)			Facility	D:			
National Weather Service	Con	npany	Oheery	ation Time-		and the second	
TW/Redie	I Mili	tary	Ouserv				
Automated Report		met	Time Z	one:	11 20		
Commercial Weather Service (	DUATS) DUAK	nown	Distanc	e from Accident Site:		nm	
On-Board Weather			Directi	on from Accident Site:		degrees true	1
Basic Conditions	truit er a	Light Conditi	on	a the second sec	4 1 1		5 ° C S S S S S S S S S S S S S S S S S S
VMC		ODawn	ODusk	ODark Night O	Unknown		
OIMC	1 Proven	ODay	Night	OBright Night			
OUnknown							
		and the second	and the second	and the second second	Alter alter		a set of
Sky/Lowest Cloud Condition		Ceiling		Temperatur	re:	(C) or	(F)
Sky/Lowest Cloud Condition O Clear O	Thin Broken	Ceiling O None (Clear)	O Obscure O Indefinit	d Dew Point:	re:	(C) or	(F) (F)
Sky/Lowest Cloud Condition O Clear O O Few O O Partial Obscuration O	Thin Broken Thin Overcast Unknown	Ceiling O None (Clear) O Broken O Overcast	O Obscure O Indefinit O Unknow	d e m	re:	_(C) or (C) or	(F) (F)
Sky/Lowest Cloud Condition O Clear O O Few O O Partial Obscuration O O Scattered	Thin Broken Thin Overcast Unknown	Ceiling O None (Clear) O Broken O Overcast	O Obscure O Indefinit O Unknow	d e m Altimeter S	etting:	_(C) or (C) or in_Hg	(F) (F)
Sky/Lowest Cloud Condition O Clear O O Few O O Partial Obscuration O O Scattered Lowest Cloud Condition Hei	Thin Broken Thin Overcast Unknown	Ceiling O None (Clear) O Broken O Overcast Ceiling Heigh	O Obscure O Indefinit O Unknow	d e m Altimeter S	etting:	(C) or (C) or in Hg MB	(F) (F)
Sky/Lowest Cloud Condition O Clear O O Few O O Partial Obscuration O O Scattered Lowest Cloud Condition Hei	Thin Broken Thin Overcast Unknown Ight ft agl	Ceiling O None (Clear) O Broken O Overcast Ceiling Heigh	O Obscure O Indefinit O Unknow	d e m Altimeter S	etting:	(C) or	(F) (F)
Sky/Lowest Cloud Condition O Clear O O Few O O Partial Obscuration O O Scattered Lowest Cloud Condition Hei Wind Direction	Thin Broken Thin Overcast Unknown Ight ft agl Wind Speed	Ceiling O None (Clear) O Broken O Overcast Ceiling Heigh	O Obscure O Indefinit O Unknow ft age Wind Gusts	d e m Altimeter S Visibility	etting:	(C) or (C) or in Hg MB	(F) (F)
Sky/Lowest Cloud Condition	Thin Broken Thin Overcast Unknown Ight ft agl Wind Speed	Ceiling O None (Clear) O Broken O Overcast Ceiling Heigh	O Obscure O Indefinit O Unknow ft age Wind Gusts	d e m Altimeter S Visibility	etting:	(C) or (C) or in Hg MB MB	(F) (F)
Sky/Lowest Cloud Condition	Thin Broken Thin Overcast Unknown Ight ft agl Wind Speed Calm Calm Light and Var	Ceiling O None (Clear) O Broken O Overcast Ceiling Heigh	O Obscure O Indefinit O Unknow It ft age Wind Gusts D Not Gusting	d e m Altimeter S Visibility R	re:	(C) or	(F) (F)
Sky/Lowest Cloud Condition O Clear O Few O Few O Partial Obscuration O Scattered Lowest Cloud Condition Her Wind Direction Variable -or-	Thin Broken Thin Overcast Unknown Ight ft agl Wind Speed Calm Calm Calm Light and Var -or-	Ceiling O None (Clear) O Broken O Overcast Ceiling Heigh	O Obscure O Indefinit O Unknow ft age ft age Wind Gusts D Not Gusting -or-	d e m Altimeter S Visibility R R	etting:	(C) or	(F) (F)
Sky/Lowest Cloud Condition O Clear O O Few O O Partial Obscuration O O Scattered Lowest Cloud Condition Her Wind Direction Variable -or- Direction:degrees true	Thin Broken Thin Overcast Unknown ight ft agl Wind Speed Calm Calm Light and Var -or- Speed:	Ceiling O None (Clear) O Broken O Overcast Ceiling Heigh	O Obscure O Indefinit O Unknow t ft agi Wind Gusts D Not Gusting -or- Speed:	d e m Altimeter S Visibility R kts Density Alt	re:	(C) or	(F) (F)
Sky/Lowest Cloud Condition   O Clear   O Few   O Partial Obscuration   O Scattered   Lowest Cloud Condition Her   Wind Direction   Variable   -or-   Direction:	Thin Broken Thin Overcast Unknown ight ft agl Wind Speed Calm Calm Calm Light and Var -or- Speed: Type of Precipi	Ceiling O None (Clear) O Broken O Overcast Ceiling Heigh	O Obscure O Indefinit O Unknow t ft age Wind Gusts I Not Gusting -or- Speed:	d e m Altimeter S Visibility R kts Density Alt Restriction	etting:	(C) or	(F) (F)
Sky/Lowest Cloud Condition O Clear O Few O Partial Obscuration O Scattered Lowest Cloud Condition Her Wind Direction Variable -or- Direction:degrees true Intensity of Precipitation O Light	Thin Broken Thin Overcast Unknown ight ft agl Wind Speed Calm Calm Light and Var -or- Speed: Type of Precipi None	Ceiling O None (Clear) O Broken O Overcast Ceiling Heigh iable kts tation (Check all i	O Obscure O Indefinit O Unknow t ft age Wind Gusts I Not Gusting -or- Speed: that apply) Freezing Rain	d e m Altimeter S Visibility R kts Density Alt Restriction	re:	(C) or	(F) (F)
Sky/Lowest Cloud Condition   O Clear   O Few   O Partial Obscuration   O Scattered   Lowest Cloud Condition Her   Wind Direction   Variable   -or-   Direction:	Thin Broken Thin Overcast Unknown  Ight ft agl  Wind Speed Calm Calm Calm Light and Var -or- Speed: Type of Precipi Rain	Ceiling O None (Clear) O Broken O Overcast Ceiling Heigh iable kts tation (Check all i Drizzle Ice Pellets	O Obscures O Indefinit O Unknow t ft age ft age ft age that apply: I Freezing Rain Snow Shower	d e m Altimeter S Visibility R kts Density Alt Restriction Blowing	etting: or VR: VV: itude: to VIsibility	(C) or	(F) (F)
Sky/Lowest Cloud Condition O Clear O Few O Partial Obscuration O Scattered Lowest Cloud Condition Her Wind Direction Variable -or- Direction:degrees true Intensity of Precipitation O Light O Moderate O Heavy	Thin Broken Thin Overcast Unknown ight ft agl Wind Speed Calm Calm Calm Light and Var or- Speed: Type of Precipi Rain Snow	Ceiling O None (Clear) O Broken O Overcast Ceiling Heigh iable kts tation (Check all i Drizzle Drizzle Ice Pellets Snow Pelle	O Obscures O Indefinit O Unknow t ft age ft age<	d e m Altimeter S Visibility R kts Density Alt R Blowing Wer	etting:	(C) or	(F) (F)
Sky/Lowest Cloud Condition O Clear O Few O Partial Obscuration O Scattered Lowest Cloud Condition He Wind Direction Variable -or- Direction:degrees true Intensity of Precipitation O Light O Moderate O Heavy O N/A	Thin Broken Thin Overcast Unknown ight ft agl Wind Speed Calm Calm Calm Light and Var or- Speed: Type of Precipi Rain Snow Hail	Ceiling O None (Clear) O Broken O Overcast Ceiling Heigh iable kts tation (Check all i Drizzle Drizzle Ice Pellets Snow Pellet Snow Grain	O Obscure O Indefinit O Unknow t ft age Wind Gusts I Not Gusting -or- Speed: that apply) Freezing Rain Snow Shower ts I ce Pellets Show	d e m Altimeter S Visibility R kts bensity Alt R R Blowing Blowing Blowing Blowing	etting:	(C) or	(F) (F)

Amana	Thereis	Icing Actual	A Sale - Arman h	Turbulence	
A mount	ON/A	Amount O None	ON/A	Type (Check all that apply)	Severity
O Trace	ORime	OTrace	ORime	Clear Air	
DLight	O Clear	OLight	<b>O</b> Clear	Terrain-Induced	Severe
O Moderate	O Mixed	O Moderate	O Mixed	Convective Turbulence	Extreme
O Severe	O Unknown	O Severe	O Unknown	the stand of the s	
OUnknown		OUnknown			
OTAMs (D a	nd FDC), AIRMETS	, SIGMETs, PIREPs in	n effect at the time o	of the accident/incident:	
OTAMs (D a	nd FDC), AIRMETs	, SIGMETs, PIREPs in	n effect at the time o	of the accident/incident:	
OTAMs (D a	nd FDC), AIRMETs	, SIGMETs, PIREPs in	n effect at the time o	of the accident/incident:	
OTAMs (D a	nd FDC), AIRMETs	, SIGMETs, PIREPs in	n effect at the time of	of the accident/incident:	
OTAMs (D a	nd FDC), AIRMETS	, SIGMETs, PIREPs in	n effect at the time of	of the accident/incident:	

AIrcraft Da	mage	Aircraft Fire		Aircraft Explosion	al Second
O None O Minor	O Substantial O Destroyed O Unknown	<ul> <li>None</li> <li>In-Flight</li> <li>O On-Ground</li> </ul>	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	<ul> <li>None</li> <li>In-Flight</li> <li>O On-Ground</li> </ul>	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description	of Damage to Aircra	ft and Other Property	(Use additional sheet if necessary)		
Δ.	ce CL .	-1 1			1 1
# 17	croft Was	submerged in	soltwotes, no den	noge on imp	pect other then
Se	peration of	the fill i	had only	-	
		ic lette W	neel ponts		
		to at search		Superior SI	
		1			
		sa ind grown	the start Schriden	The difficult	
JAPPATI	VE HISTORY OF		Selection in the selection of the select	"a till lask	* eler "
ARRATI	VE HISTORY OF	FLIGHT (Please type	or print in Ink)	Ha Anti Insk	
VARRATI Describe w	VE HISTORY OF	FLIGHT (Please type nological order, include	or print in lnk) ing circumstances leading to and	nature of accident/incide	nt. Describe terrain and incl
IARRATI Describe w wreckage d	VE HISTORY OF that occurred in chronistribution sketch if per	FLIGHT (Please type nological order, include ertinent. Attach extra sh	or print in lnk) ing circumstances leading to and eets if needed. State departure time	nature of accident/incide and and location, services	nt. Describe terrain and incl s obtained, and intended

a runup prior to takeoff with fuel pump off, no issues were observed. After deportive and once clear of traffic I was given temps approaches the frequency. I trimmed the airplane for my cruise altitude of 100ft msc to remain clear of the temps class Brand and menigoted South to not bust MacDill AFB pirspece.

While worthing to request a Brow clearence I performed a tenh change and no problems were observed for at least 45 seconds to a minute. At this point I noticed the fuel pressure dropping. Feeling no change in the engine I assumed the guage was faulty, I topped It a few times before feeling the ongine lose all power & begen wind milling. Knowing it was fuel related I attempted to switch back to the original tank, but accidently selected Fuel off position. I ensured the boost pump was an pumped the thattle which gave some power

boch to the engine but was lost quickly. At 300' msc I declared Mayday and at 100 feet 1 tightened my belt and popped the door open. I performed a flops up soft field Londing, when The morns touched the water I want full elevetur bechpressure. The Arcroft did not flip and I exited Safely

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

Operator/Owner Safety Recommendation

(If yes, list the name of the part, ma	action/Failure? nufacturer, part no	Yes No o., serial no., and de	escribe the failure.)			Total Time/Cycles On Part Hours Cycles Time Since This Par Inspected/Overhaule Hours
FUEL & SERVICES IN	FORMATION	N				
Fuel on Board at Last Takeof (Convert from pounds, as necessary 35	Fuel Type           O 80/87         O 115/145           Gallons         O 100/130         O Jet A			O Jet B O JP8 O Automotive	O Other, specify	
EVACUATION OF AIRC	CRAFT					
EVACUATION OF AIRO Was an emergency evacuation	CRAFT of the aircraft	performed?				
EVACUATION OF AIR Was an emergency evacuation Method of Exit – Describe how	CRAFT of the aircraft the occupants e	performed? xited and how ma	☐ Yes ☐ N any occupants evac	o uated each location		
EVACUATION OF AIR Was an emergency evacuation Method of Exit – Describe how	CRAFT of the aircraft the occupants end OLLISION	performed? xited and how ma	□ Yes □ Ne any occupants evac	o uated each location	tion for other	aircraft)
EVACUATION OF AIR Was an emergency evacuation Method of Exit – Describe how OTHER AIRCRAFT – C Aircraft Registration Number	CRAFT of the aircraft the occupants ex OLLISION Manufactures Model:	performed? xited and how ma (If air or ground of the second of the secon	□ Yes □ N any occupants evac	o uated each location	tion for other	aircraft) Damage to Other Aircraft Destroyed Minor Substantial None
EVACUATION OF AIRO Was an emergency evacuation Method of Exit – Describe how OTHER AIRCRAFT – C Aircraft Registration Number Registered Owner of Other Air	CRAFT of the aircraft the occupants ex OLLISION Manufactures Model: 	performed? xited and how ma (If air or ground of the second of the secon	Yes Nany occupants evac Collision occurred Pilot	o uated each location , complete this sect	tion for other	aircraft) Damage to Other Aircraft Destroyed Minor Substantial None
EVACUATION OF AIRO Was an emergency evacuation Method of Exit – Describe how OTHER AIRCRAFT – C Aircraft Registration Number Registered Owner of Other Air Name:	CRAFT of the aircraft the occupants ex ollision Manufactures Model: rcraft	performed? xited and how ma (If air or ground of the second of the secon	Yes Name Name Collision occurred	o uated each location , complete this sect	tion for other	aircraft) Damage to Other Aircraft Destroyed Minor Substantial None
EVACUATION OF AIRO         Was an emergency evacuation         Method of Exit – Describe how         OTHER AIRCRAFT – C         Aircraft Registration Number         Registered Owner of Other Air         Name:         City:         State:       ZIP:	CRAFT of the aircraft the occupants ex OLLISION Manufactures Model: rcraft	performed? xited and how ma (If air or ground of r:	Yes Name     Name     State	o uated each location , complete this sect	tion for other	aircraft) Damage to Other Aircraft Destroyed Minor Substantial None

Constant .

# ADDITIONAL INFORMATION (Please type or print in ink)

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



Date of this Report Name <u>11/19/2021</u> Signat mm/dd/yyyy - or	of Pilot/Onerator: Corey Harri ure: - Check here to electronically sign this	s document	
If a Person Other than Pilot/ Name: Signature:	Operator is Filing Report	Title:	
- or - Check here	to electronically sign this document FOR NTSB	USE ONLY	
NTSB Accident/Incident No. ERA22LA066	Reviewed by NTSB Regional Office ERA	Name of Investigator Gretz	Date Report Received 11/19/21