

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, Hawaii, 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.

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.

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.

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.

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.

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.

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 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.

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, rrenching, 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, 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.

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.

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 end 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 appropriate.

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.

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

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.nts.gov.

**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: KOCW Washington-Warren Airport State: NC
 ZIP: 27889 Country: USA
 Latitude: N37.57 Longitude: W077.05
(Enter in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time
 Date: 02/16/2022 Local Time: 245pm
mm/dd/yyyy Time Zone: EST
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N114BR
Manufacturer: Piper
Model: PA-32R300 Lance
Serial Number: 32R-7780140
Year of Manufacture: 1976
Amateur-Built: Yes No *If Yes* Kit/Plans Original Design Make: N/A

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: 3600 lbs
Weight at Time of Accident/Incident: 3100 lbs
Number of Seats: 6 Flight Crew Seats: 2
 Cabin Crew Seats: 0 Passenger Seats: 4
Number of Engines: 1

Category of Aircraft
 Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyroplane
 Helicopter
 Powered Lift
 Rocket
 Ultralight
 Unknown

Type of Airworthiness Certificate
(Check all that apply)
Standard **Special**
 Normal Restricted
 Aerobatic Limited
 Balloon Provisional
 Commuter Special Flight
 Transport Experimental
 Utility Special Light-Sport
 Experimental Light-Sport
 Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear
(Check all that apply)
 Retractable
 Tricycle Tailwheel
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Other Launch/Recovery System
 None Unknown

Engine Type *(Select one)*
 Reciprocating Liquid Rocket
 Turbo Shaft Solid Rocket
 Turbo Prop Hybrid Rocket
 Turbo Jet None
 Turbo Fan Unknown
 Electric
Fuel System Type *(Reciprocating)*
 Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time <i>(hours)</i>	Time Since: Inspection <i>(hours)</i>	Overhaul <i>(hours)</i>
Eng 1	Lycoming	IO540KIA5D	L-27053-48A	09/05/1998	300	2396	3	1578
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown
Date Last Inspection: 08/15/2021
mm/dd/yyyy
Airframe Total Time: 10584 hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident

Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable
 Manufacturer: Hartzell
 Model: Three Blade Constant Speed

Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable
 Manufacturer: N/A
 Model: N/A

Type of Maintenance Program *(Select one)*
 Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

ELT Installed: Yes No
If Yes
ELT Manufacturer: unknown
Model or Part No.: unknown
TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)
Was ELT still mounted in aircraft? Yes No
Was ELT still connected to antenna? Yes No
Did ELT Activate? Yes No
If activated
Did ELT Aid in Locating Aircraft? Yes No
If not activated

Additional Equipment *(Check all that apply)*
 ADS-B
 Airframe Parachute
 Angle of Attack Indicator
 Autopilot
 Data Recorder
 Electronic Flight Bag or Handheld Device
 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: _____

Description of Fire Extinguishing System
 None
 Specify: _____

Indicate Reason:
 Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Earl MalpassCity: WashingtonFractional Ownership Aircraft: Yes NoState: NC ZIP: 27889Country: USA**Operator of Aircraft** Same As Registered Owner Same Address as Registered OwnerName: Earl MalpassCity: WashingtonDoing Business As: Mission Air Care LLCState: NC ZIP: 27889Air Carrier/Operator Designator (4 Character Code): N/ACountry: USA**Operating Certificates Held***(Check all that apply)*

- 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)
- 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

Regulation Flight Conducted Under

- FAR 91 FAR 129 FAR 415
- FAR 103 FAR 133 FAR 431
- FAR 121 FAR 135 FAR 435
- FAR 125 FAR 137 FAR 437
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial
- Public Aircraft *(Select one)*
- Armed Forces
- Federal
- State
- Local
- Unknown

Revenue Operation for FAR 121, 125, 129, 135*(Select one for each group)*

- Scheduled or Commuter Domestic
- Non-Scheduled or Air Taxi International
- Passenger
- Cargo
- Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137*(Select one)*

- Aerial Application Firefighting Unknown
- Aerial Observation Flight Test
- Air Drop Glider Tow
- Air Race/Show Instructional
- Banner Tow Other Work Use
- Business Personal
- Executive/Corporate Positioning
- External Load Skydiving
- Ferry

Revenue Sightseeing Flight Yes No**Air Medical Flight** Yes No**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: Washington-WarrenDistance From Airport Center: 1.5 smAirport Identifier: KOCWDirection From Airport: 110 degrees SE degrees trueProximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/AAirport Elevation: 37 ft. msl**Runway Information (direction)**Runway ID: 17 (L/R/C) Length: 5000 ft Width: 75 ft**Runway/Landing Surface** *(Check all that apply)*

- Asphalt Grass/Turf Macadam Water
- Concrete Gravel Metal/Wood
- Dirt Ice Snow Unknown

Condition of Runway/Landing Surface *(Check all that apply)*

- Dry Snow-Compacted Water-Calm
- 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 one)*

- Taxi VFR Departure On Instrument Approach Downwind Low Approach
- Takeoff IFR Departure Procedure/Clearance Landing Base Go Around
- Initial Climb Final Crosswind Aborted Landing (after touchdown) Unknown

IFR Approach *(Check all that apply)*

- None
- ADF/NDB PAR MLS Practice
- SDF Sidestep LDA GPS
- VOR/TVOR ILS ASR
- VOR/DME Localizer Only Visual
- TACAN LOC-back course Contact
- RNAV Circling
- Unknown

VFR Approach *(Check all that apply)*

- None
- Traffic Pattern Stop and Go
- Straight-In Touch and Go
- Valley/Terrain Following Simulated Forced Landing
- Go Around Forced Landing
- Full Stop Precautionary Landing
- Unknown

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	<input type="radio"/> Left	<input type="radio"/> None
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor
Last Name: _____	Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious
		<input type="radio"/> Front	<input type="radio"/> Fatal
		<input type="radio"/> Rear	<input type="radio"/> Unknown
		<input type="radio"/> Single	
		<input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	Available	Used
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Lap Only	<input type="checkbox"/> Lap Only
	<input type="checkbox"/> Commercial	<input type="checkbox"/> 3-point	<input type="checkbox"/> 3-point
	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> 4-point	<input type="checkbox"/> 4-point
	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> 5-point	<input type="checkbox"/> 5-point
	<input type="checkbox"/> US Military	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Foreign		
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	<input type="radio"/> Left	<input type="radio"/> None
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor
Last Name: _____	Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious
		<input type="radio"/> Front	<input type="radio"/> Fatal
		<input type="radio"/> Rear	<input type="radio"/> Unknown
		<input type="radio"/> Single	
		<input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	Available	Used
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Lap Only	<input type="checkbox"/> Lap Only
	<input type="checkbox"/> Commercial	<input type="checkbox"/> 3-point	<input type="checkbox"/> 3-point
	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> 4-point	<input type="checkbox"/> 4-point
	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> 5-point	<input type="checkbox"/> 5-point
	<input type="checkbox"/> US Military	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Foreign		
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Daniel</u> City: <u>Melbourne</u> Middle Initial: _____ State: <u>FL</u> ZIP: <u>32940</u> Last Name: <u>Fargnoli (age 53)</u> Country: <u>USA</u> <input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other	<input checked="" type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: <u>3</u>	<input checked="" type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input checked="" type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KOCW</u> City: <u>Washington-Warren</u> State: <u>NC</u> Country: <u>USA</u>	Time of Departure Time: <u>200PM</u> Time Zone: <u>EST</u>	Destination Airport ID: <u>KOCW</u> City: <u>Washington-Warren</u> State: <u>NC</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following
<input checked="" type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory
			<input type="checkbox"/> Cruise
			<input type="checkbox"/> Unknown / NA
Airspace where the accident/incident occurred (Check all that apply)			Altitude of In-Flight Occurrence: <u>1100</u> ft msl
<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA	
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93	

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)	Weather Observation Facility
<input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather	Facility ID: <u>ASOS</u> Observation Time: <u>200PM</u> Time Zone: <u>EST</u> Distance from Accident Site: <u>.5</u> nm Direction from Accident Site: <u>290</u> degrees true
<input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	

Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Unknown <input type="radio"/> Bright Night
Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown
Lowest Cloud Condition Height <u>25000</u> ft agl	Ceiling Height <u>N/A</u> ft agl
	Temperature: _____ (C) or <u>60</u> (F) Dew Point: _____ (C) or <u>45</u> (F) Altimeter Setting: <u>30.25</u> in Hg or _____ MB

Wind Direction <input type="checkbox"/> Variable -or- Direction: <u>170</u> degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>10</u> kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>10 plus</u> miles RVR: <u>N/A</u> feet RVV: <u>N/A</u> miles Density Altitude: <u>30</u> ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply)	Restriction to Visibility (Check all that apply)
	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	<input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown

Icing Forecast	Icing Actual	Turbulence																																						
<table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		<table style="width: 100%;"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	Type	Severity	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

OCW obstruction tower light 10.9 east of OCW 294.9 feet
 OCW obstruction tower light 11.7 ESE OCW 338.9 feet

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- None Substantial
 Minor Destroyed
 Unknown

Aircraft Fire

- None Both Ground and In-Flight
 In-Flight Fire at Unknown Time
 On-Ground Unknown

Aircraft Explosion

- None Both Ground and In-Flight
 In-Flight Explosion at Unknown Time
 On-Ground Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

Nosewheel collapse, one propeller blade bent, engine mount bent, empennage bent, left entry door unusable (bent), aft left window broken

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

N114BR INCIDENT

My friend Dan Fagnoli and I were interested in purchasing Piper Lance N114BR. We arrived at KOCW airport around noon on 02/16/2022. We met the current owner of N114BR Earl Malpass Of Mission Air Care. We sat and chatted about the aircraft, went over documents and determined airworthiness of the aircraft for over two hours. Dan Fagnoli and I were concerned that neither one of us had flown a single engine piston aircraft in many years, so Earl was able to secure a CFII to give us instruction and our requisite takeoff and landing currency and proficiency. The instructor's name is Shalom "Charlie" Levy [REDACTED]. Charlie arrived around 2pm and we began the process of preflighting and fueling N114BR. As we were preflighting I discussed Charlie's time and experience. He told me he had some time in PA32 aircraft. Point of note: both Dan Fagnoli and I have several hundred hours flying PA32 aircraft for a 135 air carrier Larry's Flying Service in and around Fairbanks, Alaska. But the last time we flew these PA32 aircraft was over 25 years ago. So we had the local FBO tow N114BR to the fuel pumps and we put approximately 20 additional gallons of fuel (10 gallons per side) into the wing tanks. We determined the aircraft now had approximately 38 gallons of fuel aboard (19 gallons per side). Plenty for our plan to do touch and go's and some air work.

We proceeded to perform a thorough preflight, sumped the fuel tanks thoroughly, determined the aircraft was within weight and balance tolerances (38 gallons fuel, 2 pilots, and one passenger (Dan) occupying the aft left forward facing passenger seat.) We even accounted for approximately 20 pounds of baggage. The aircraft weight and balance was within limits and after we all three (Dan, Charlie, and myself) had some discussions about preflighting and some instruction from Charlie, we boarded the aircraft and began the checklists. Preflight, before start and starting were uneventful. The engine started perfectly on the first attempt. We finished the after starting checklist and called Unicom for taxi.

I took my time taxiing as I was still getting used to the smaller aircraft again.

We taxied out to the hold short point of runway 17, stopped, set the parking brake and proceeded with the taxi and before takeoff checklists. Flight control check was normal. As we performed our magneto check, we had a significant drop in RPM for both magnetos (300-400 rpm). Charlie, our CFI, sitting in the right seat, informed me that we must have fouled the spark plugs by taxiing out with the mixture full rich and because we took around 15 minutes taxiing out to the runway. He showed us how to lean out the fuel mixture while advancing the throttle to 2000 RPM to unfoul the plugs in his words. We performed this unfouling procedure once, but still had a significant drop in RPM (again 300-400 RPM drop). I keyed mike and informed Washington-Warren traffic that we would taxi down runway 17 to return to the ramp. Evidently the owner of N114BR was listening on Unicom. Earl Malpass came up on the radio and instructed our instructor Charlie to try the run up the engine one more time with higher RPM and a leaner mixture to unfoul the plugs. This procedure was unfamiliar to Dan and I. We rarely heard of this happening during our flying times in Alaska and Florida. This time Charlie took over the run up and manipulated the throttles and mixture for a more than 30 second run up. Charlie then instructed me to try the magneto check again, and the third time we had an acceptable drop in RPM for both magnetos (50 RPM drop per magneto). We discussed the importance of a leaner fuel mixture on taxi out to avoid this from happening in the future. We determined the engine run up and magneto check was within parameters, so we concluded that and proceeded on to the before takeoff checklist.

The weather was clear VFR, winds 160 at 10 knots with light traffic in and around the pattern.

Takeoff was uneventful. Charlie reminded me full power for takeoff as we were rolling down the runway. We took off, retracted the gear and flaps above 200 feet and climbed out at 85-90 knots. Charlie reminded me of 25 inches and 2500 RPM for climb power and I set the climb power appropriately. My pattern was significantly wider than a normal pattern as I am accustomed to a much larger jet aircraft pattern. We leveled at 1000 feet above field elevation and turned downwind we were probably 3-4 miles away from the runway on downwind. Charlie reminded me this isn't a 757 and that my pattern should be closer. I promised I would tighten up the pattern on the next attempt. We set up and communicated a downwind for touch and go and communicated with traffic appropriately. Aside from being a little rough on the controls, the downwind to base leg went without incident. I descended from 1000 AFE pattern altitude on base leg and quickly realized we were a bit low on the approach. I corrected as Charlie reminded me of my altitude. On base to final I was at 500 feet AFE.

(continued on page 11)

RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation****MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes No
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

engine failure

Total Time/Cycles On Part

2396 Hours

N/A Cycles

Time Since This Part Inspected/Overhauled

1578 Hours

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**

(Convert from pounds, as necessary)

30 Gallons

Fuel Type

80/87 115/145 Jet B Other, specify _____
 100 Low Lead Jet A JP8
 100/130 Jet A-1 Automotive

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

three occupants exited the right front cockpit entry door

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for *other* aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed Minor
 Substantial None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

I mentioned I'll hold this until we are on path for final approach. There is a grove of trees and a displaced threshold at the end of runway 17 so it took some correction to get on path. We got back on an acceptable glide path, lowered the landing gear, and flaps, performed our GUMP landing check and landed without incident. On rollout I retracted flaps to the first notch advanced the throttle and we were airborne once again. We climbed out without incident. I turned crosswind a little sooner this time as to achieve a closer pattern to the airport. Charlie reminded me we had the fuel tank selector on the right fuel tank for a while. I told him I would switch tanks at level off. We leveled off at 1000 feet AFE and reduced power. I verified the fuel pump was still on and selected the left fuel tank on the tank selector. We both (Charlie and I) verified good fuel pressure upon switching tanks. I then focused on a closer down wind leg. I lined up the outer tank rivets with the runway and proceeded on downwind.

About mid field downwind and at about 245pm local time the engine very abruptly stopped running. Still windmilling, but zero power. Throttle was completely unresponsive. My first thought was fuel, so I immediately switched back to the right tank. This had no effect. I IMMEDIATELY turned back toward the airport, set up an 85 knot glide speed and attempted a power off landing to the closest runway; runway 23. Charlie was busy trying to restart the engine, and I was focused outside for landing. It quickly became clear that we weren't going to make it back to the airport, so I found an open field just southeast of the airport and set up for a power off landing there. Charlie declared MAYDAY MAYDAY on Unicom and transmitted our approximate position.

Charlie was unsuccessful restarting the engine so the last few seconds he refocused his attention outside for the landing. He expressed concern for not stalling the airplane and for the three plus foot deep ditches all around this field I chose. I delayed deploying gear and flaps until a couple hundred feet above the ground. Touchdown was firm but steady, just past one of the ditches. I began decelerating and braking, unsure of how level or hard the surface of this field was. At this point the aircraft suffered no damage as we slowed. It became evident, however that we were taxiing rapidly toward another ditch directly in front of us. Charlie yelled ditch ! And I immediately applied maximum brake pressure.

The tires slid in the dead grass. We slowed to approximately 3 to 5 miles per hour, and the nose of the aircraft fell into the three foot deep ditch. We immediately secured the fuel and electrical systems and started to evacuate. As we were evacuating we determined no one on board suffered any injuries, but the aircraft and prop was damaged from falling into the three foot deep ditch.

Some people came out to make sure we were ok, and very soon after that, airport operations personnel arrived at the scene to assess injuries and damage. After they determined there were no injuries, the airport personnel switched focus on getting Dan, Charlie and myself back to the FBO to decompress after this traumatic landing. We arrived at the FBO at approximately 345pm, and remained there awaiting further instructions. Around 515pm we were informed we could leave and that the FAA would be in touch with us. FAA inspector SHANE GRAHAM contacted both Dan and I and verified our identity.

We once again verified we were free to go, so we elected to head back home to central Florida.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report <u>02/18/2022</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <u>James William Berry</u> Signature: _____ -- or -- <input checked="" type="checkbox"/> Check here to electronically sign this document
--	--

If a Person Other than Pilot/Operator is Filing Report

Name: _____ Title: _____
Signature: _____
-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. ERA22LA130	Reviewed by NTSB Regional Office ERA	Name of Investigator Gretz	Date Report Received 2/19/22
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