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

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

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	nt/Incident Loc			1.5			A -	oident/Instil	ont Date	Pirm -	11.		
			-			100	Accident/Incident Date/Time Date: 22/19/2022 Local Time: 10: AM mm/dd/yyyy						
Nearest	City/Place:	CKEZ	E		_ State: _	4/2	Da	te: 02//4	77022	Lo	cal Time:	10:11	
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Latitude: 33 25 21 Longitude: //2 4// 10							L						
	(Enter in decima	l degrees or d	legrees:minutes:se	conds)			Co	llision with	Other Aire	craft:	Midair	On-group	ad None
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AIRCRAFT INFORMATION								IED Et-	116-				
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	Manufacture:	200		132			N	umber of Sea	ıts: 2		Flight Cr	ew Seats:	
Amateu	ır-Built: 🔭	If Yes:	Kit/Plans Ma	ke: RA	N5		C	abin Crew Seat	s:		Passenger	r Seats;	
	No		Original Design	9.55	-		N	umber of En	gines:				_
_	ry of Aircraft		irworthiness Co	rtificate		Landing Ge				Engine	Type (Se	elect one)	*
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	on Dirigible	Norma		ted			Ket	ractable			o Shaft to Prop		l Rocket id Rocket
Glide		Aerob				Tricycle			ulwheel		o Jet	None	
Gyro; Helic		Balloo				Amphibia							nown
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Ultrai Union	-		Experi	mental Ligh	nt-Sport	Other La	aunch/Recovery System Carburetor Fuel-Injected						
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			Engine		Manuf	acturer's		Date of Mfg.		er ower or	Total Time	Inspection	Since: Overhaul
Engine	Engine Manufa	cturer	Model/Series		Serial I	Number	mm/dd/yyyy lbs of Thrust (hours) (hours) (hours)						
Eng. 1	KOTAX		9/2 04	2			_	2000	100		875	2_	895
Eng. 2							-						<u> </u>
Eng. 3							\dashv						L
Eng. 4				Propello		Fixed P	litch		Drone	llon 3		Fixed Pitch	<u> </u>
Last In	spection Type			Fropen	er 1		ollable Pitch Controllable Pitch						
100-H		inuous Airwo					nd Adjustable Ground Adjustable						
AAIP		litional Inspec nown	tion	Manufac	turer:/	VARP DI	4/	VE	Manu	facturer:			
Date I	ast Inspection:			Model: _					Mode	1:			
Date La	ast inspection.	mm/dd/yy	יעע	ELT Ins	stalled:	(Yes)	No			-	ipment (Check all tha	t apply)
Airfran	e Total Time:		hrs	If Yes:					ADS	S-B rame Para			
hour	s measured at (S	elect one)				er:				100	cnute ck Indicato	r	
L	ast Inspection	Time of A	ccident/Incident	Model or		.:	CO	la (121.5 MHz	Auto	pilot		-	
	Maintenance I	rogram (Se.	lect one)	150110		(406 MHz)	-3	TO (121,J MUTE	' Dau	Recorder		<u>Han</u> dheld De	wice
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	ftional (Amateur-b facturer's Inspect					nected to anter			Ejec	ropic Pri	mary Fligh		
	Approved Inspect		(AAIP)	Did ELT	Activate	? (Yes) 1	No			dheld GPS ds Up D is			
Conti	nuous Airworthine			If activa			_	^		oard Wea			
	, specify:					ocating Aircra	ft:	Yes No	Sate	llite Track	cing Device	e	
	tion of Fire Ex	tinguishing	System	If not ac						Warning Record	System ing Device		
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OWNER/OPERATOR INFORM	ATION			10 175				
Registered Aircraft Owner			City: KINGMAN					
Name: 05EPH She	LION		State: AZ ZIP: 8648	na				
Fractional Ownership Aircraft: Yes	(No)		Country: US A					
Operator of Aircraft Same As F	Registered Owner		Same Address as Registered Owner					
Name:			City:					
Doing Business As:			State: ZIP:					
Air Carrier/Operator Designator (4 Charac			Country:					
Operating Certificates Held (Check all that apply)	Regulation Flight Condu	cted Under	der Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)					
None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129)	FAR 121 FAR 135 FAR 125 FAR 137	FAR 415 FAR 431 FAR 435 FAR 437	Scheduled or Commuter Domestic Non-Scheduled or Air Taxi Internationa Passenger	4				
Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135)	FAR 91 Special Flight Non-US, Commercial		Cargo Mail Contract Only					
On-Demand Air Taxi (FAR 135)	Non-US, Non-commercial		Mail Contract Only					
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141)	Public Aircraft (Select one) Armed Forces		Purpose of Flight for FAR 91, 103, 133, 137 (Select one)					
Certificate of Authorization or Waiver (COA Commercial Space Transportation Experimental Permit Commercial Space Transportation License			Aerial Application Firefighting Aerial Observation Flight Test Air Drop Glider Tow Air Race/Show Instructional	Unknown				
Other Operator of Large Aircraft	Unknown		Banner Tow Business Executive/Corporate Other Work Use Personal Positioning					
Revenue Sightseeing Flight	Air Medical Flight		External Load Skydiving Ferry					
77.			,					
Yes No	Yes No		1					
		d on approac	h, landing, takeoff, departure, or within 3 miles of	an airport)				
AIRPORT INFORMATION (FIII In	n if accident/incident occurred	1	ch, landing, takeoff, departure, or within 3 miles of stance From Airport Center:					
	n if accident/incident occurred	Dis	stance From Airport Center:	_sm				
AIRPORT INFORMATION (FIII In	n if accident/incident occurred	Dis		_sm egrees true				
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"FLIGHT CREWMEM	BER 1" INF	ORMATI	ON			govern-		FA. 003 14		
"Flight Crewmember 1" Re	Student Pilot		f Accident/In Instructor	cident Check Pilot	Flig	ht Engineer	Other	Flight Crew		
"Flight-Crewmember 1" wa	s pilot flying	Yes 1	No		- WC AVE					3
"Flight Crewmember 1" Ide	entification	,	1						. ,	
First Name:	CPH .351	elyon	<u>/ </u>	(City of Re	esidence: _	KINO	MAN	5408	
Middle Initial:				:	State:	A2		ZIP: 84	1909	
Last Name:						VER				-
Age at time of	Accident/Incide	, -	Date of I	Birth: _		_	um/dd/yyyy			-
Degree of Injury	Seat Occupi				straint T	vne			Inflatable l	Pastrainte
None Fatal	Left	Front	Unkno		Availabl		Used		Innatable i	- amis
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Student Sport		Flight Engine	•	·	Unkr	own	Unknov	wn		
Principal Occupation N	Medical Certific	gte		Ma	dieal Co	rtificate V	didie.	-	Date of La	et Madical
Pilot	None /	Class 3				nitations/wa		Inknown	. /	/_
Other	Class I		ense (Sport Pilo			ations/waive		i/A	06/21/	6021
Unknown	Class 2	Unknown			Special Iss	uance			/mm/db/y	עענ
Medical Certificate Limitati	ions									
NONE										
		971 (2)						200		
Date of Last Flight Review	, ,	1 ~	t Review Air							
or Equivalent, Including FAR 121/135 Checks:	7/28/202	/	: CE5	SNA			 -			
	/ myldd/yyyy	Mode	77							
Airplane Rating(s)	Other Aircraft			ent Rating(s)		r Rating(s)			
(Check all that apply) None	(Check all that ap None	ppiy)		il that apply)			that apply)			.91
Single-Engine Land	Airship		None			None	e Single-Eng	ine	Instrument Instrument	
Single-Engine Sea	Balloon		Helico	opter		Airplan	e Multi-Engi		Helicopter	
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True Dette es	Powered Lift					A				
Type Ratings					Student Endorsements (Include dates)					
Flight Time (Enter appropriate	A m	This 34.5	Airplane		\Box	Inst	rument			
number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplaue Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	2000	900	2000	0	57					
Pilot in Command (PIC)	1937	900	1937		57					
Time as Instructor	1,,,,	,			1/					
This Make/Model										100-
Last 90 Days		10								
Last 30 Days		7								
Last 24 Hours	1 T	2								

"Flight Crewmember 2" Re	<u>IBER 2" INFOR</u>	ININ HOL	COLUMN TO SERVICE STATE OF THE PARTY OF THE		17 15 15 15 15 15 15 15 15 15 15 15 15 15			Market St.	annat e		
Pilot Co-Pilot	esponsibilities at the Student Pilot	Time of A		Pilot Eli	ght Engineer	Other F	light Crew				
"Flight Crewmember 2" wa		es No		rnot rn	Ring Culdinaces	Odlei	ngin Ciew				
"Flight Crewmember 2" Id											
First Name:				City of R	esidence:						
Middle Initial:											
	Last Name: Country: Mage at time of Accident/Incident: Date of Birth: mm/dd/yyyy										
Age at time of	Accident/Incident:					vdd/yyyy					
D. CV.	100 11	Certif	ficate Number:	T							
Degree of Injury None Fatal	Seat Occupied Left	Front	Unknown	Restraint 7	ype			Inflatable R	lestraints		
Minor Unknown	Right	Rear	Olkiowii	Availab		Used					
Serious	Center	Single		Non Lap	e only	None Lap only	,	Not Inst			
Pilot Certificate(s) (Check a	ll that apply)			3-рс	int	3-point	- 1	Not Dep			
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Other Unknown		er's License mown	(Sport Pilot only)	Special Is	tations/waivers suance	i N	^	mm/dd/yy			
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Medical Certificate Special	Issuance						,				
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		Make:	or Equivalent, Including								
FAR 121/155 Checks: _	FAR 121/135 Checks: Make:										
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(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropriate	Other Aircraft Ra (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Model: _ ting(s)	Instrument Ra (Check all that ap None Airplane Helicopter Powered Lift	ting(s)	Instructor (Check all the None Airplane Airplane Gyroplan Powered	Rating(s) nat apply) Single-Engine Multi-Engine te Lift	e	Instrument A Instrument H Helicopter Glider Sport			
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(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC)	Other Aircraft Ra (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift Thi	Model: ting(s)	Instrument Ra (Check all that ap None Airplane Helicopter Powered Lift Airplane Single Airplane	ting(s)	Instructor (Check all the None Airplane Airplane Gyroplan Powered Student En	Rating(s) and apply) Single-Engine Multi-Engine te Lift adorsement	e 8 (Include a	Instrument A Instrument H Helicopter Glider Sport	Lighter		
(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	Other Aircraft Ra (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift Thi	Model: ting(s)	Instrument Ra (Check all that ap None Airplane Helicopter Powered Lift Airplane Single Airplane	ting(s)	Instructor (Check all the None Airplane Airplane Gyroplan Powered Student En	Rating(s) and apply) Single-Engine Multi-Engine te Lift adorsement	e 8 (Include a	Instrument A Instrument H Helicopter Glider Sport	Lighter		
(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	Other Aircraft Ra (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift Thi	Model: ting(s)	Instrument Ra (Check all that ap None Airplane Helicopter Powered Lift Airplane Single Airplane	ting(s)	Instructor (Check all the None Airplane Airplane Gyroplan Powered Student En	Rating(s) and apply) Single-Engine Multi-Engine te Lift adorsement	e 8 (Include a	Instrument A Instrument H Helicopter Glider Sport	Lighter		
(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	Other Aircraft Ra (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift Thi	Model: ting(s)	Instrument Ra (Check all that ap None Airplane Helicopter Powered Lift Airplane Single Airplane	ting(s)	Instructor (Check all the None Airplane Airplane Gyroplan Powered Student En	Rating(s) and apply) Single-Engine Multi-Engine te Lift adorsement	e 8 (Include a	Instrument A Instrument H Helicopter Glider Sport	Lighter		

ADDITIONAL FLIGHT	CREWMEMBE	ERS (E	Exclusive	of cabin ore	w, complete	the followin	g information)		
Crew Name and Address							Seat Occupie	d	Injury
First Name: City of Residence: Middle Initial: State: ZIP: Last Name: Country:						Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown	
Pilot Certificate(s) (Check None Private Student Type Rating/Endorsement	Flight Instructor Commercial US Military Recreational Airline Transport Foreign Sport Flight Engineer					Restraint Typ Available None Lap Only 3-point 4-point 5-point	Used None Lap Only 3-point 4-point 5-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	
Accident/Incident Aircra	ft? Yes	No	of this A	ccident/Inci	dent:	hrs	Unknown	Unknown	
Crew Name and Address First Name: City of Residence: ZIP: Last Name: Country:							Seat Occupied Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown
Pilot Certificate(s) (Check None Private Student Type Rating/Endorsement Accident/Incident Aircra	Flight Instructor Recreational Sport nt for ft? Yes	Airli Fligh No	of this A	ort For		hrs	Restraint Ty Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
PASSENGER(S) / OT	HER PERSON	NEL (II	nelude e	abin crew; c	ontinue on s	eparate shee	t if necessary)		
Name and Address	HER PERSON	NEL (II	nelude e	abin crew; co	ontinue on so Injury	eparate shee Restraint T		Inflatable Restraints	Age
	City : <i>KN 6 1</i> / State: <i>A 2</i> ZII	inv	99.				Vsed None Lap Only 3-point 4-point 5-point	Not Installed Installed Not Deployed Deployed Unknown	74 Under 5 years
Name and Address First Name: STEVART Middle Initial: Last Name: LANE	City : ZII Country: Passenger City : ZII State: ZII	011 Oth	99 her	Seat RFAR Left Center Right Unknown	None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years
Name and Address First Name: 57FVAR7 Middle Initial: Last Name: 64NE Crew First Name: Middle Initial: Last Name:	City: KNCY State: AZ ZII Country: Passenger City: State: ZII Country: Passenger City: State: ZII City: State: ZII	Oth P:	p9 her	Seat RFAR Left Center Right Unknown Row: Left Center Right Unknown	None Minor Serious Fatal Unknown None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point 4-point 5-point	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployed Deployed Deployed Deployed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown

FLIGHT ITINERARY	NEORMATION	J +	2 W/WS/S	- 1 - 1000	910-1126710		3 4 -	000 0 0
Last Departure Point		e of Departure	Destination	o n		Type Flight	Plan Fil	ed
Airport ID: KIGH				BXK		None	I forth X II	VFR/IFR
Allport ID: 11/6/	Time	0900	Autoriti.	11/1		Contpany		IFR
City: KINGMAN		7 What w 3.00	City: 190	CKEYE 92	· · · · · · · · · · · · · · · · · · ·	Military V	FR	Unknown
State: AZ	Inne	Zone Work 17	State:	V5		VFR Activated?	Yes	No Unknov
Country: <u>V</u> 3			Country: _	0,5		Acuvaled:	163	NO CIRCIO
Type of ATC Clearance/Ser						54	• 11	
None VFR	Special VFR IFR		cial IFR R On Top		VFR Flight Foll- Traffic Advisory		Cruise	wn/NA
Airspace where the accident					114110 2141301	T.		
•	Ancident occurred Class G		<i>appry)</i> itary Operations	Area (MOA)	Special			e of In-Flight
*	Demo Area		port Advisory A	, ,	Air Traffic Cont	rol Area	Occurr	ence:
,	Warning Area		Training Area		Unknown			ft msl
	Prohibited Area Restricted Area	TR:	SA R 93					
\								
WEATHER INFORMA		ACCIDEN	MINCIDEN		41 E 411		4 23 1	
Source of Pilot Weather Infe	ormation				ervation Facility			
(Check all that apply) National Weather Service) Com	nany		6.5				
Flight Service Station	Milit			Observation Tim	e:			
TV/Radio	Inter	net		Time Zone:				
Automated Report Commercial Weather Service	None (DUATS) Unkr				ccident Site:			
On-Board Weather	(DUATS) UNK	lown			ccident Site:		degrees to	aue
Basic Conditions		Light Conditi	ion					
VMC		Dawn	Dusk	Dark 1	Night Ur	known		
IMC		Day	Night		Night			
Unknown								
Sky/Lowest Cloud Condition	n	Ceiling			Temperature:	(C) or	55 (F)
Clear	Thin Broken	None (Clear)	\supset	Obscured			_	
Few Destination	Thin Overcast	Broken Overcast		Indefinite	Dew Point: _	(C)	or	(F)
Partial Obscuration Scattered	Unknown	Overcast		Unknown	Altimeter Sett	ing:	in. H	g
Lowest Cloud Condition He	eight	Ceiling Heigh	t			or	MB	
	ft agl			ft agl]			
Wind Direction	Wind Speed		Wind Gusts	\$	Visibility	UNL	miles	
Variable	Calm		Not Gustin	ng	RVR	:	feet	
	Light and Varia	ible			RVV	·•	miles	
Direction: V degrees true	Speed: /D	kts	-or- Speed:	kts	Density Altitu			ft
								
Intensity of Precipitation	Type of Precipita			n.	Restriction to			и арріу)
Light Moderate	None Rain	Drizzie Ice Pellets	Freezin Snow S	***	Blowing Da		og round Fog	
Heavy	Snow	Snow Pellet		ets Shower	Blowing Sa		aze	
N/A	Hail	Snow Grain		g Drizzle	Blowing Sn		e Fog	
Unknown	Rain Showers	Ice Crystals	i		Blowing Sp Dust	•	moke nknown	
Ising Fareacet		Tatalan Alabara					IIIII	
Icing Forecast Amount Type		Icing Actual Amount	Туре		Turbulence Type (Check a	II that apply)	Seve	rity
None N/A		None	N/A		None	ii iiida cappiyy		ight
Trace Rime		Trace	Rime	-	Clear Air			loderate
Light Clear Moderate Mixed		Light Moderate	Clear Mixe		Terrain-Indu			evere xtreme
Moderate Mixed Severe Unknow	m.	Severe		aown	Convective	. At Outcile	E	raeme
Unknown		Unknown]			
NOTAMs (D and FDC), A	IDMFT: SICK	TETE DIDER	in effect of	the time of the	accident/inci-	dent		
MOTAINS (D'ANG FDC), A	MANUELS, SIGN	IE 15, FIREFS	o in chect at	ene time of (D)	accidentines	u¢III.		

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None Minor Substantial
Destroyed
Unknown

Aircraft Fire

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

Unknown

Aircraft Explosion

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

Unknown

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

LANDING GEAR COWLING PROP

I WING STRUT

NARRATIVE HISTORY OF FLIGHT (Please type or print in Ink)

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

RPAOCH TO LAND BY WHAT WHAT WAS PERCIEVED

TO BE UL/WHITSPORT STRIP AT BXK

AT SHORT FINDL A POWER WAS OBSERVED

IN FRONT OF AIRCRAFT. PULLED BACK ON STICK

AND MADE IT OVER THE POWERLINE, AIRCRAFT

STALLED AND COME DOWN HARP. LEFT BAPKE

LINE WAS DAMAGED FROM IMPACT, AIRCRAFT

SWERVED RT AND HIT A WATER BARREL

RECOMMENDATION (How	w could this ac	ocident/incident h	ave been pre	vented?)	12 70 00	12 (17 /1965)	
Operator/Owner Safety Recomm	nendation		The second secon				
LOOK FOR	PE	WER.	4/10/	: S			
LOOK TUN	, , ,						
			TO A PROPERTY OF THE	Call Part & Call		27 41 17 17 17	
MECHANICAL MALFUI	NCTION/F	AILURE (If me	re space is n	eeded, cont	inue on separat	e sheet)	
Was there Mechanical Malfun							Total Time/Cycles
(If yes, list the name of the part, man	ufacturer, part i	no., serial no., and de	Scribe the faih	ire.)			On Part
							Hours
							Cycles
							Cycles
							Time Since This Part
							Inspected/Overhauled
							Hours
							nours
FUEL & SERVICES INF						The second of	No De Page Street
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type					
(Convert from pounds, as necessary)	´	80/87 100 Low Lead	115/145 Jet A		Jet B JP8	Other, specify _	
29	Gallons	100/130	Jet A-1		Automotive		
Other Services, if Any, Prior to	o Departure						
	•						
EVACUATION OF AIRC	RAFT	a Kalonomay	TO HOUSE	598 LOOK	inegilens om		
Was an emergency evacuation	of the aircraf	t norformed?	Yes	No			
		•			1.4		
Method of Exit - Describe how		exited and now m	any occupant	s evacuated (each location		
OUT THE DO	0012						
	•						
OTHER AIRCRAFT C	OI LIGION	(14 -)	107-4			Call Color Talleton	
OTHER AIRCRAFT - C							
Aircraft Registration Number		er:					mage to Other Aircraft
	Model:						Destroyed Minor Substantial None
Registered Owner of Other Air	reraft			Pilot of Ot	ther Aircraft		
Name:				Nama			
City:				14dille			
				City:			
City: State: ZIP: Country:			_	City: State:	Z	IP:	

ADDITIONAL INF	ORMATI	ON (Please type or print in ink)		
Use this space if addi	tional spac	e is needed for any answers.		
		HE ABOVE INFORMATION IS COMPLI		EST OF MY KNOWLEDGE
Date of this Report			HELTON	
0 4 / 15 / 2022 mm/dd/yyyy	Signatur			
7	- or -	Check here to electronically sign this	document	
If a Person Other tha	n Pilot/Op	erator is Filing Report		
Name:			Title:	
- or - Cl	heck here to	electronically sign this document		
		FOR NTSB	USE ONLY	
NTSB Accident/Incid	ent No.	Reviewed by NTSB Regional Office AS-WPR	Name of Investigator	Date Report Received
WPRZZLA	105	AS-WPR	Tealeye Cornejo	04/15/2022