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

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

DAS	C INFORMA	NOIL						4 1 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
	nt/Incident Loc					A	ccident	Incid	ent Date/	Time			
	City/Place: Winr				_ State: _	rexas D	Date:	10-0	2-2021	Lo	cal Time: _	11:05	
ZIP: <u>77</u>	<u>'665</u> c	Country: US	Α					mm/da	ינינינינל				
Latitude	:		Longitude:							. 1	me Zone: _	Çeritral	
·	(Enter in decima	l degrees or a	legrees:minutes:se	conds)		C	Collision	with (	Other Air	craft: C	) Midair	OOn-groun	d <b>©</b> None
AIRC	RAFT INFO	RMATIO	News	i i i i i i i i i i i i i i i i i i i			6 ( 4)   B 46	il II					
_	ation Number:				· <del>-</del>				ped and Co al Space Fli				
Manuf	acturer: Boein	9							Aircraft	.6			
	PT-17			<u> </u>			Maximu	m Gr	oss Weigh	t: <u>2950</u>	···	lbs	
Serial I	Number: <u>75-70</u>	18				1	Weight a	t Tim	e of Accid	lent/Inci	dent: <u>24</u>	50	lbs
Year of	Year of Manufacture: 1942				1	Number	of Sea	ats: 2		Flight Cre	w Seats:		
Amate	ur-Built: OYes		OKit/Plans Mai	ke:								Seats:	
! 	<b>⊙</b> No		Original Design						gines: 1				
Catego	ry of Aircraft		irworthiness Ce	rtificate		Landing Gear				Engine	Type (Se		
<ul><li>Airpi</li><li>Ballo</li></ul>		(Check all to				(Check all that					procating		id Rocket Rocket
	p/Dirigible	Norma		ted		<del></del>	etractable		.: ::		o Shaft o Prop		id Rocket
OGlide		☑ Aerob				□Tricycle		_	ailwhee!	O Turb	o Jet	ONone	;
O Gyro O Helio		☐ Balloo ☐ Comm				Amphibian	P14		igh Skid	OTurb		OUnkn	own
	red Lift	Transp	ort Experi	mental		☐ Emergency ☐ Float	ncy Float Skid O Electric						
ORock		☐ Utility		Light-Spo		□Hull			i/Wheel	Fuel Sy	stem Type	(Reciprocati	ng)
OUltra OUnkr			<del>-</del>	mental Ligi		Other Laund	ch/Recove	rv Svs	tem	OCarb			Injected
·		☐Certificate	of Authorization	or Waiver Unknown	(COA)	☐ None	Unknown						
		_											
F					[		Date			er	Total	Time	Since:
Eumina	Engine Menufe		Engine Model/Service			acturer's	of Mi	 [g.	Rated Pow Horsey	ower or	Time	Inspection	Overbaul
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Eng. 1		cturer	Model/Series		Serial	acturer's	of Mi	 [g.	Rated Pow Horse O lhs of	ower or	Time	Inspection	Overhaul (hours)
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SOM NEW YORK TO SHOW THE COMMIT	NTION		WEST OF			
Registered Aircraft Owner		City:	ta and Albahana and a 11			
Name: Paul Sachitano		— State:				
Fractional Ownership Aircraft: O Yes •		Count				
Operator of Aircraft	gistered Owner	☑ Same Address as Registered Owner				
Name: Paul Sachitano		City:				
Doing Business As:		State: ZIP:				
Air Carrier/Operator Designator (4 Character		Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un					
☑None □Flag Carrier Operating Certificate (FAR 121) □Supplemental □Air Cargo □Foreign Air Carriers (FAR 129) □Rotorcraft External Load (FAR 133) □Commuter Air Carrier (FAR 135) □On-Demand Air Taxi (FAR 135)	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	431 O Non-Scheduled or Air Taxi O International				
□Commercial Air Tour (FAR 136) □Agricultural Aircraft (FAR 137) □Pilot School (FAR 141) □Certificate of Authorization or Waiver (COA) □Commercial Space Transportation Experimental Permit □Commercial Space Transportation License □Other Operator of Large Aircraft	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)  O Aerial Application OF Frefighting OUnk O Aerial Observation OF Light Test O Air Drop OGlider Tow O Air Race/Show OInstructional O Banner Tow Other Work Use O Business OPersonal O Executive/Corporate OPositioning	nown			
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry				
OYes ⊙ No	OYes ⊙ No					
AIRPORT INFORMATION (FILE	If accident/incident occurred on app	oroach, landing; takeoff, departure; or within 3 miles of an ai	perti			
Airport Name: Winnie/Stowell Airport			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Airport Identifier: T90		Distance From Airport Center: 2.8 sm				
		Dissortion From Airmonts 000				
Proximity to Airport: O Off Airport/Airstri	o OOn Airport/Airstrin ON/A	Direction From Airport: 090 degrees	true			
Proximity to Airport:  Off Airport/Airstri	p OOn Airport/Airstrip ON/A	Direction From Airport: 090 degrees  Airport Elevation: 24 ft. msl	true			
Proximity to Airport: ① Off Airport/Airstri Runway Information	p OOn Airport/Airstrip ON/A					
		Airport Elevation: 24 ft. msl  Condition of Runway/Landing Surface (Check all that apply  Dry Snow-Compacted Water-Calm	r)			
Runway Information	600 ft Width: 75 ft  apply)  adam	Airport Elevation: 24 ft. msl  Condition of Runway/Landing Surface (Check all that apply)	py			
Runway Information  Runway ID:(L/R/C) Length: 36  Runway/Landing Surface (Check all that a grass/Turf	600 ft Width: 75 ft supply) adam	Airport Elevation: 24 ft. msl  Condition of Runway/Landing Surface (Check all that apply  Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Chop tee Covered Snow-Dry Water-Glass Rough Snow-Wet Wet Rubber Deposits Soft	py			
Runway Information  Runway ID:(L/R/C) Length: 36  Runway/Landing Surface (Check all that a grass/Turf	600 ft Width: 75 ft  apply) adam	Airport Elevation: 24	py y			
Runway Information  Runway ID:(L/R/C) Length: 36  Runway/Landing Surface (Check all that to a concept and the concept a	600 ft Width: 75 ft  apply) adam	Airport Elevation: 24 ft. msl  Condition of Runway/Landing Surface (Check all that apply	py y			
Runway Information  Runway ID:(L/R/C) Length: 36  Runway/Landing Surface (Check all that a concrete	600 ft Width: 75 ft  apply) adam	Airport Elevation: 24 ft. msl  Condition of Runway/Landing Surface (Check all that apply	py y			
Runway Information  Runway ID:(L/R/C) Length: 36  Runway/Landing Surface (Check all that a cape)  Asphalt	600 ft Width: 75 ft  apply) adam	Airport Elevation: 24 ft. msl  Condition of Runway/Landing Surface (Check all that apply)  Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Chop fee Covered Snow-Dry Water-Glass Rough Snow-Wet Water-Glass Snow-Wet Water-Glass Slush-Covered Vegetation Unknown  Downwind OLow Approach OBase OGo Around OAborted Landing (after touchdo OCrosswind Unknown  VFR Approach (Check all that apply)	py y wn)			

CELIGHT CREWMEM	BER 1" INFO	PRMATIC	N.			(社會開發		MINIST.	<b>医型腺</b>	
"Flight Crewmember 1" Re			Accident/Inci			t Engineer	O Other F			
"Flight Crewmember 1" wa	s pilot flying	☑Yes ☐ N	o		-	-				
"Flight Crewmember 1" Ide	ntification									
First Name: Paul				C	ity of Res	sidence:				
Middle Initial: A					tate:					
Last Name: Sachitano										
			D : CD:		ountry					
Age at time of	Accident/Inciden		Date of Bi			m	n/dd/yyyy			
	1		rtificate Numb							
Degree of Injury	Seat Occupio	ed O Front	<b>0</b> 77-1		traint Ty	ре			Inflatable Restraints	
<ul> <li>None ○ Fatal</li> <li>O Minor ○ Unknown</li> <li>O Serious</li> <li>O Left ○ Right ○ Right</li> <li>O Center ○</li> </ul>			O Unknow	"	Available Used ONone ONone				□ Not Installed	
Pilot Certificate(s) (Check al					O Lap or O 3-poin		OLap only O3-point	'	☐ Installed ☐ Not Dep	
□ None □ Flight I		ommercial	□ US Mil	itary	O 4-poin	t	O4-point		Deploye	d
☑ Private ☐ Recrea	tional 🔲 A	irline Transpo	nt 🔲 Foreign		O 5-poin		O 5-point O Unknow	,,,	□ Unknow	m
☐ Student ☐ Sport	□F	light Engineer	•		O Unkno	·WII	Convitor			
Principal Occupation   1	Medical Certifica	ite	· · · · · · · · · · · · · · · · · · ·	Med	lical Cert	tificate Val	idity	- 1	Date of Las	t Medical
• • •		Class 3				itations/waiv	-	nknown		
⊙ Other	O Class 1 O Driver's License (Sport Pilot only)				Vith limitat	ions/waivers			11/10/2020 mm/dd/yyyy	
	<del>~</del>	Unknown		( Os	pecial Issu	ance			mmaaryy	עני
Medical Certificate Limitat	ions		-							
None,										
Medical Certificate Special	Issuance									
			-	•						
Date of Last Flight Review		Flight	Review Airc	raft					<del></del>	
or Equivalent, Including		1 ~	Make: Cessna							
FAR 121/135 Checks:	11-1-2020 mm/dd/yyyy	1	C-182Q							
Ai-lane Deting(s)	Other Aircraft	1		nt Dating(e)		Inctworter	- Dating(e)			
Airplane Rating(s) (Check all that apply)	(Check all that ap			ent Kating(s) that apply)	ating(s) Instructor Rating(s) (Check all that apply)					
☐ None	□ None		☐ None	······································	ļ	✓ None			Instrument A	Airplane
☑ Single-Engine Land	☐ Airship		☑ Airplar		1		Single-Engi		Instrument l	Helicopter
☐ Single-Engine Sea ☐ Multiengine Land	☐ Balloon ☐ Glider		☐ Helico	pter ed Lift	1	☐ Gyropia	e Multi-Engir ne		Helicopter Glider	
Multiengine Sea	☐ Gyroplane					Powered	Lift		Sport	
	☐ Helicopter ☐ Powered Lift									
Type Ratings						Student E	ndorsemer	its (Include d	lates)	
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Name and Address  First Name:  Middle Initial: Last Name:  OCrew  First Name:  Middle Initial: Last Name:  OCrew  First Name:  Middle Initial: Last Name:  Middle Initial:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: State: State: State: State: State:	ZIP:	other Other	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point 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 Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown	Inflatable Restraints  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Deployed Unknown  Not Installed	Age  Under 5 years  If Under 5, Ohild Restraint OLap-Held OUnknown  Under 5 years  If Under 5, Ohild Restraint OLap-Held OUnknown  Under 5 years  If Under 5, Ohild Restraint OLap-Held OUnknown  Under 5 years  If Under 5, Ohild Restraint OLap-Held OUnknown  Under 5 years  If Under 5, Ohild Restraint OLap-Held OUnknown
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Name and Address  First Name:  Middle Initial: Last Name:  OCrew  First Name:  Middle Initial: Last Name:  OCrew  First Name:  Middle Initial: Last Name:  Middle Initial: Last Name:  Middle Initial: Last Name:  Middle Initial: Last Name:  Middle Initial:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: State: State: State: State: State:	ZIP:	other Other	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point	Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point	Inflatable Restraints  Not Installed Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Installed Installed Unknown  Not Deployed Unknown	Age  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  Under 5, O Child Restraint O Lap-Held O Unknown

FLIGHT ITINERARY II	NEORMATION						
Last Departure Point	Time	of Departure	Destination	on		Type Fligh	ıt Plan Filed
Airport ID: KBMT		7-00 1	Airport ID:	T90		<b>⊙</b> None	O VFR/IFR
City: Beaumont	Time	7:30 am loca	City: Wini	nie	<del>-</del> -	O Company	
State: Texas	Time	zone: Central	State: Tex	as		O Military O VFR	VFR Outknown
Country: USA		-	Country: U			Activated?	OYes ONo OUnknown
Type of ATC Clearance/Serv	ice (Check all that a	(עלממו				l	
☑ None □	Special VFR IFR	☐ Spe	ecial IFR R On Top		☐ VFR Flight Foll ☐ Traffic Advisor		☐ Cruise ☐ Unknown / NA
Airspace where the accident	incident occurred	(Check all that	apply)				Altitude of In-Flight
	Class G		itary Operations		Special	. 1 4 .	Occurrence:
	Demo Area Warning Area		port Advisory A: Training Area	rea	☐ Air Traffic Cont☐ Unknown	roi Area	ft msl
☐ Class D ☐	Prohibited Area	☐ TR	SA				
	Restricted Area	☐ FAI			cales at most brown to a section as	avota al effetanti a la Receitiv	
WEATHER INFORMA		ACCIDEN	T/INCIDEN				e de la constitue de de la constitue de la con
Source of Pilot Weather Info (Check all that apply)	rmation			l	servation Facility		
☐ National Weather Service	☐ Com	oanv		1			
☐ Flight Service Station	☐ Milit	ary		Observation T	ime:	<del></del>	<del></del>
☐ TV/Radio ☐ Automated Report	☑ Inter			_			
Commercial Weather Service (					Accident Site;		
☐ On-Board Weather				Direction from	Accident Site:		degrees true
Basic Conditions		Light Conditi					
OVMC	٠.	ODawn	ODusk ON			known	
O IMC O Unknown		<b>⊙</b> Day	ONight	Oprig	ht Night		
Sky/Lowest Cloud Condition	· · · · · · · · · · · · · · · · · · ·	Ceiling			Tompovoture		(C) or <u>82</u> (F)
	Thin Broken	O None (Clear)	) 0	Obscured	_		
	Thin Overcast	Broken	0	Indefinite	Dew Point:	((	C) or(F)
O Partial Obscuration C O Scattered	Unknown	O Overcast	0	Unknown	Altimeter Set	ting: 29.92	in. Hg
Lowest Cloud Condition He	ight	Ceiling Heigh	ıt			or	MB
1500	- ·	3000		ft agl			
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles
☑ Variable	☐ Calm		☐ Not Gustin	ng	RVE		
ļ ·	☐ Light and Varia	ble				":	
Direction:degrees true	-er- Speed:	kts	-or- Speed: 15?	kts	Density Altitu		
Intensity of Precipitation OLight	Type of Precipita  □ None	Drizzie	<i>that appty)</i> 	on Rain	Restriction to	• •	Check all that apply) Fog
O Light O Moderate	Rain	Ice Pellets	☐ Snow S		☐ Blowing D	ust 🔲	Ground Fog
OHeavy	□ Snow	☐ Snow Pelle		ets Shower	☐ Blowing Sa ☐ Blowing Sa		Haze Ice Fog
ON/A . OUnknown	☐ Hail ☐ Rain Showers	☐ Snow Grain ☐ Ice Crystals		ig Drizzle	Blowing S		Smoke
OHAROWII	- Ram Bllowers	— rec crystats			Dust		Unknown
Icing Forecast		Icing Actual	,		Turbulence		_
Amount Type O None O N/A		Amount  O None	Type ON/A		Type (Check a	ili that apply)	<b>Severity</b> □Light
O None O N/A O Trace O Rime		O Trace	O Rimo	e	Clear Air		■Moderate
O Light O Clear		O Light	O Clea		Terrain-Ind		☐Severe
O Moderate O Mixed O Severe O Unknow	m	O Moderate O Severe	O Mixe O Unki		Convective	1 urotuence	☐ Extreme
OUnknown	ALI	OUnknown	O CAR				•
NOTAMs (D and FDC), A	IRMET: SICA	IFT, PIRFD	s in effect at	the time of t	he accident/inci	dent:	
HOTAMS (D'ANG FUC), A		in 10, i intil	s in crittle at	time vi t		~~116.	
<b>l</b> .		•					

DAWAGE	ROMINOS VASAM	Navanii Edda	SEESTY?		
Aircraft Dam		Aircraft Fire		Aircraft Explosion	1995年1995年1996日 1995年1995日 1995年1995日 1995年1995日 1995年1995日 1995年1995日 1995年1995日 1995年1995日 1995年1995日 1995年1
O None O Minor	O Substantial O Destroyed O Unknown	O In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	O None O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description of	Damage to Aircraft	and Other Property	(Use additional sheet if necessary)		
Aircraft Wings support cable	s damaged landing g s.	gear, prop and contro	ol surfaces. Damage to rudde	г and horizontal stabilize	r. Traffic lights damaged and
NARRATIVE	HISTORY OF FL	IGHT (Please type o	o print in ink)		
Describe wha wreckage dist	t occurred in chronol	ogical order, includin nent. Attach extra shee			nt. Describe terrain and include s obtained, and intended
Texas from the to shelter, T90 community. The takeoff. The departure are all cranked up the North and particular more takeoff direction the power line cables. Thus	ne south. A last minu  O. The aircraft had be the closet hard paver grass field that was use a was not in controlle the aircraft with all suddenly noticed a ment the aircraft began es above the signal la	ate decision was ma een towed form T90 ment road available was used in the past for the ed airspace and it was systems functioning wind shift form varial airborne and common to settle, with the namps. I made a split o yaw to left and se	airport to a Winnie park for a was shut down by local law ende same event was flooded from as safer to use hard pavement properly for takeoff. I began ble to more southeasterly, projected to climb out. Upon level tow downwind departure. It be tescond decision to fly under ttle in median ditch inverted.	e off at the nearest availal parade celebration of the officement and I was all om several days of heavit, I was not concerned at the acceleration of the aid bably due to the approaing with the adjacent trestecame apparent that the the power line wires, the	ble roadway to get the aircraft e Rice Harvest in the local lowed to use this road to y rain. Knowing that the about using the roadway. rplane down the pavement to ching weather. At this as on the right side of the aircraft was not going to clear ereby, hitting the signal lamp
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RECOMMENDATION GOV	could this	accident/incident h	ve been pre	/ented?)				
Operator/Owner Safety Recomme	endation							
As the uninjured pilot of the St The pilot allowed the approach winds followed by possible do aircrafts inability to quickly gain then wait for the situation to be	ing thunde wndraft voi i the neces	rstorms to pressur rtices due to the tra	re himself in ees adiacen	an attem t to the d	ipt to fly the air eparture area	rcraft to shelte were all factor	r. The abrupt of is which led up t	hange in he the
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MECHANICAL MALFUN	ICTION/F	AILURE (if mo	e space is no	eded co	ntinue on sepa	rate sheet)		
Was there Mechanical Malfunc	tion/Failur	e? □ Yes ☑ No		181	ile il simple de le Acte este este e	#2-2012 # # # # # # # # # # # # # # # # # # #	Total Tin	re/Cycles
(If yes, list the name of the part, manu	jacturer, pari	t no., serial no., and des	scribe the failu	re.)			On Part	
				•	•	•		Hours
							<u> </u>	Cycles
							1	ce This Part /Overhauled
							Inspected	
			•	,				Hours
FUEL & SERVICES INF	ORMATI	<b>SKI</b>						
Fuel on Board at Last Takeoff	<u> </u>	Fuel Type	ADMITTED CONTRACTOR	(1) (4 <u>) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4</u>	To the second of the design of some	2000) (MEST #30 (2) 2 (M	an anne de le	Mary Control (1989)
(Convert from pounds. as necessary) 31	Gallons	○ 80/87	O 115/145 O Jet A O Jet A-1		O Jet B O JP8 O Automotive	O Other, spec	ify	<del></del>
Other Services, if Any, Prior to	Departure							
EVACUATION OF AIRC	RAFT						Habita   <b>H</b> abita	
Was an emergency evacuation			☐ Yes	☑ No				
Method of Exit - Describe how	the occupan	ts exited and how ma	any occupants	s evacuate	d each location		:	
Pilot released the lap belt and	shoulder h	narness. Exited the	e damaged a	aircraft				
	e and a ball of a second part of the			ana tanàna dia kao	matanisas inse la collectivi	mangaripun (Aggis Samus)	on victor case By IS were it	
OTHER AIRGRAPHE								
Aircraft Registration Number		arer:					Damage to Oth  ☐ Destroyed	Minor ☐ Minor
D : 4 10				D21-4 - C	Other Mines O		☐ Substantial	☐ None
Registered Owner of Other Air					Other Aircraft			
Name:				City:				
State: ZIP: Country:			<del>_</del>	State: _		ZIP:		<del></del>
			<del></del>	Commy	·			

ADDITIONAL IN	FORMA	TION (Please type or print in ink)			
Use this space if ad	ditional spa	ace is needed for any answers.	The same conservation and the transfer and the contractions are shown	用表示。 14 20 5 4 2 14 4 15 2 15 2 15 2 15 2 15 2 15	
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HEREBY CERTIF	Y THAT T	HEABOVE INFORMATION IS CO	PLETE AND ACCURATE TO	JITHE BEST OF MY KNOWLEDGE	
Date of this Report	Name of				
10/05/2021 mm/dd/3yyy	Signatur	e:			
If a Person Other tha		perator is Filing Report			
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Signature:			1100		-
- or - □C	heck here to	o electronically sign this document			
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NTSB Accident/Incid CEN22LA003	lent No.	Reviewed by NTSB Regional Office Central Region	e Name of Investigator Lemishko	Date Report Receiv	ed