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

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

BASI	C INFORMA	NOITA		enotic ze									
Accide	nt/Incident Loc	ation					Ac	cident/Inci	dent Date/	Time			
Nearest	City/Place: Oca	la Internation	onal Airport		_ State: F	FL	Da	Date: 10/17/23 Local Time: 10:47am					
ZIP: 34	1474 (Country: Uni	ited States						d/yyyy		Jour Time.	10.47 am	
Latitude	: 82.22*W		Longitude: 29.1	17*N						T	ime Zone: _	Eastern	
	(Enter in decima	al degrees or a	degrees:minutes:se	conds)			Co	ollision with	Other Air	craft: () Midair	OOn-groun	d O None
AIRC	RAFT INFO	RMATIO	N										
-	ration Number: acturer: Tecna		(B)(1)					☑IFR-Equi	ial Space Fli				
Model:	P2010						-	laximum G		. 2557	•	11.	
Serial I	Number: N118	1000			- Water 1999			eight at Tir	-	***			lbs
	Manufacture:		,				1						
Amateur-Built: OYes If Yes: OKit/Plans Make:								umber of Se					
Amate	ONo		Original Design	ke:			1	bin Crew Sea			Passenger	Seats: 2	
Catago	ry of Aircraft		irworthiness Co			T 11 C	-	umber of E	igines: 1				
❷ Airplane (Check all that apply) ● Balloon Standard Special ● Blimp/Dirigible ☑ Normal ☐ Restricted ● Glider ☐ Aerobatic ☐ Limited ● Gyroplane ☐ Balloon ☐ Provisional ○ Helicopter ☐ Commuter ☐ Special Flight ○ Powered Lift ☐ Transport ☐ Experimental			ted d ional I Flight		Landing Ge (Check all the ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	at ap Retr	ractable T	N. C. C. C.	O Turk	oo Fan	OLiqui OSolid	d Rocket	
ORock	et	Utility		l Light-Spo	ort	☐ Hull		□s □s	ki/Wheel	Fuel Co	T	(Danimus anti-	
OUltralight DExperi			mental Ligh	ht-Sport	COther I ou	moh	Recovery Sys		OCarb		(Reciprocation	Mar 100 100 1	
Certificate of Authorization			or Waiver Unknown	(COA)		HICH		22.02.20	Ocaro	dictor	Graci-	injected	
		Livone	<u>U</u>	Ulkilowii	$\overline{}$	None		Date	nknown		lm	T	
т.	F . M .				facturer's of Mfg.		A Horsep	ower or	Total Time		Overhaul		
Engine Eng. 1	Engine Manufa Lycoming	cturer	Model/Series IO-390-C3B6	Serial Number L-1485-80E		mm/dd/yyyy O lbs of 7		hrust	(hours)	(hours) 32.3	(hours) 0.00		
Eng. 2							\dashv	00.1.112021	2.0		11.00.00	02.0	0.00
Eng. 3						***************************************	寸						****
Eng. 4							\neg						
	spection Type	3 1000	7.4	Propeller 1 OFixed OControl			Pitch Propeller 2			ller 2	2 OFixed Pitch OControllable Pitch		
OAAIP		inuous Airwo litional Inspec				CHARLES CO.	l Adjustable				OGround Adjustable		
O Annua			cion		turer:		Manufacture						
Date La	st Inspection:	09/26/2	023	Model: _	MTV-12				Mode	l:			
Airfran hour	ne Total Time:	mm/dd/yy 1703.00 elect one)	hrs	ELT Installed: Yes ONo If Yes: ELT Manufacturer: KANNAD Model or Part No.: S1851501-02			Additional Equipment (Check all that apply) ☑ ADS-B ☐ Airframe Parachute ☐ Angle of Attack Indicator						
	Maintenance F			TSO No.:		121.5 MHz) O	C91	la (121.5 MH:	Auto	Recorde	r		
⊙ Annu		rogram (be	ieci one)			(406 MHz)			-			Handheld Dev	ice
	tional (Amateur-b	uilt only)				unted in aircrat			Part.		ltifunction mary Flight		
	facturer's Inspecti Approved Inspect		(A A ID)			nected to anten ? • Yes O		eres One		iheld GPS		Display	
	nuous Airworthine		(AAIP)	If activa					CERTIFICATION OF THE PROPERTY	ls Up Dis			
	specify:			Did ELT	Aid in L	ocating Aircraf	ft: (Yes ONo		oard Weat lite Track	ther ting Device		
	tion of Fire Ex	tinguishing	System	If not ac					✓ Stall	Warning	System		
None Speci				Indicate 1	Reason:	Impact Dan		,	100000000000000000000000000000000000000	o Record	ing Device		
O Speci	•,,					☐ Fire Damag ☐ Battery Exp ☐ Unknown		l/Damaged		i, speeny	•		

OWNER/OPERATOR INFORMA	ATION						
Registered Aircraft Owner			City: Sebring				
Name: Tecnam US Inc			State: FL	ZIP: 33870			
Fractional Ownership Aircraft: O Yes O	No		Country: United States				
Operator of Aircraft Same As Re	gistered Owner		☐ Same Address as Registered Owner				
Name: Legends Airways, LLC			City: Lakeland				
Doing Business As:			State: FL	ZIP: 33811			
Air Carrier/Operator Designator (4 Character	er Code): KLAL		SERVE CONTRACTOR CONTRACTOR	ates			
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	nder		r FAR 121, 125, 129, 135			
□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	R 431 R 435	O Scheduled or Commute O Non-Scheduled or Air O Passenger O Cargo O Mail Contract Only				
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 F (Select one) O Aerial Application O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate	OFirefighting OUnknown OFlight Test OGlider Tow OInstructional OOther Work Use OPersonal OPositioning			
Revenue Sightseeing Flight	Air Medical Flight	\neg	O External Load OFerry	OSkydiving			
O Yes ⊙ No	OYes No		O. v,				
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	proac	h, landing, takeoff, depar	ture. or within 3 miles of an airport)			
Airport Name: Ocala International Airp Airport Identifier: KOCF Proximity to Airport: O Off Airport/Airstrip	port	Dis Dir	Distance From Airport Center: _5 sm Direction From Airport: 5 degrees true				
Troumity to Air port. On Airpoid Airstin	ON Ampon/Amsurip ON A	Air	port Elevation: 89.7	ft. msl			
Runway Information Runway ID: 36	pply) dam	D D H	Condition of Runway/Landing Surface (Check all that apply) □ Dry				
Approach/Departure Segment (Select one)							
OTaxi OVFR Departure OTakeoff OIFR Departure Proce OInitial Climb	OOn Instrument Apolure/Clearance OLanding	proach	OBase OFinal	OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown			
IFR Approach (Check all that apply) ☑None		VFR	Approach (Check all the	at apply)			
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown		raffic Pattern raight-In alley/Terrain Following o Around all Stop	☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown			

"FLIGHT CREWMEM	BER 1" IN	FORMAT	TION	1								
"Flight Crewmember 1" Res					cident							
OPilot OCo-Pilot	O Student Pilot	©Fligh	t Instr	uctor (Check 1	Pilot	OFligh	nt Engineer	O Other	Flight Crew		
"Flight Crewmember 1" was	s pilot flying	□Yes ☑	No									
"Flight Crewmember 1" Ide	ntification											
First Name: ELAINA						C	city of Re	sidence: L	ancaster			
Middle Initial: B						S	tate: SC	;		ZIP: 2972	0	
Last Name: WYSE							Country:	Secretaria de de como				
Age at time of	Accident/Incid	ent: 21		Date of l	Birth:			-	ım/dd/yyyy			
-				ficate Nur								
Degree of Injury	Seat Occu			iioato iitai		Res	traint Ty	ne –			Inflatable 1	Dantun lasta
O None O Fatal	O Left	O Fron	t	OUnkno	wn			· ·	** *		mnatable	Restraints
Minor O Unknown		O Rear				, A	Available O None	2	Used O None	1	☑ Not Ins	stalled
O Serious	O Center	O Sing	е				O Lap or		OLap on		☐ Installe	d
Pilot Certificate(s) (Check all				-			⊙3-poin O4-poin		⊚3-point O4-point		☐ Not De	
None	NGC 15 15 15 15 15 15 15 15 15 15 15 15 15	Commercial Airline Tran	enort	☐ US M☐ Foreig			O 5-poin		O5-point	1	Unkno	
☐ Student ☐ Sport	A STATE OF THE STA	Flight Engir			·.		OUnkno	own	OUnknow	wn	(anala	
Principal Occupation M	ledical Certifi	cate				Med	lical Cer	tificate Va	lidity		Date of La	st Medical
		O Class 3				OM	Vithout lim	itations/wai	vers OI	nknown		272.1
	Class 1	O Driver's L	cense	(Sport Pilo	t only)			tions/waiver	s Ov	VA	10/4/202 mm/dd/y	
O Unknown C Medical Certificate Limitation		O Unknown				Us	pecial Issu	ance			minaay	<i>yyy</i>
	ons											
Must wear corrective lenses												
Medical Certificate Special I	ssuance											***************************************
NONE												
Date of Last Flight Review		Flig	ht Re	view Air	craft							
or Equivalent, Including		Mal										
FAR 121/135 Checks:	mm/dd/yyyy	Mod										
Airplane Rating(s)	Other Aircra			Incteum	ant Dati	ating(s) Instructor Rating(s)						
(Check all that apply)	(Check all that		•	C. 1500 C. 150	Instrument Rating(s) Instructor Rating(s) (Check all that apply) (Check all that apply)							
None	✓ None			□ None	11		1	□ None			Instrument	Airplane
☑ Single-Engine Land ☑ Single-Engine Sea	☐ Airship ☐ Balloon			☑ Airple ☐ Helice	ane		1	Airplan	c Single-Eng		Instrument	Helicopter
Multiengine Land	Glider			Power			- 1	Gyropla	e Multi-Engir me		Helicopter Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter			01.M248048484			- 1	☐ Powere			Sport	
	Powered Lif	t										
Type Ratings								Student E	Endorsemer	its (Include	dates)	
			T /	Airplane				T		<u> </u>	г	
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model		Single Engine	Airpla Multien		Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	578	25	1	569		10	41	1	112	O	Gilder	1 man Air
Pilot in Command (PIC)	511	25	-	507		4	36		108	0	0	
Time as Instructor	248	12	_	248		0	10	-	0	0	0	
This Make/Model	12 A 130						0	+	2			ROTE SE
Last 90 Days	147	5		145		2	4	0	1	0	0	0
Last 30 Days	23	5		21		2	0	0	1	0	0	0
Last 24 Hours	3	3	1	3		0	0	0	0	0	0	0

"FLIGHT CREWME	MBER 2" INFOR	MATION	V							
"Flight Crewmember 2" I OPilot OCo-Pilot		Time of A OFlight Inst			light Engineer	OOther	Flight Crew			
"Flight Crewmember 2" v		•			angare sangare ea	O O LINO	Inghi cion			
"Flight Crewmember 2"	dentification									
First Name: Jason				City of	Residence: St	afford				
Middle Initial: B				City of Residence: Stafford						
Last Name: Kingham				State: \(\lambda\)	20000000		ZIP: 22554			
	64 11 77 11 14		D 40: 4		: USA					
Age at time o	f Accident/Incident: 4	- 100 P	Date of Birth:		mi	n/dd/yyyy				
D (7.1	Ta . o	Certif	ficate Number:							
Degree of Injury O None O Fatal	Seat Occupied OLeft	OFront	OUnknown	Restraint	Туре			Inflatable F	Restraints	
O Minor O Unknown	ORight (DRear	Conkilowii	Availa		Used	1			
● Serious		OSingle		1000000	p only	O None O Lap onl	ly	☑ Not Inst		
Pilot Certificate(s) (Check	(8.6 5.1			9 3-		⊙ 3-point		□ Not Dej		
			US Military	O 4-		O 4-point O 5-point		☐ Deploye		
Student Sport Flight Engineer			☐ Foreign		nknown	O Unknow		_		
Principal Occupation	Medical Certificate			Madical 4	Certificate Va	lidity		Date of Las	t Medical	
O Pilot	O None O Clas	s 3			limitations/wai	25T)	Inknown	Date Of Life	. Medical	
⊙ Other	⊙ Class 1 O Driv	er's License	(Sport Pilot only	O With lin	O With limitations/waivers O N/A 02			02/09/20		
O Unknown							mm/dd/yy	יציי		
Medical Certificate Limit	ations									
NONE										
Medical Certificate Specia	l Issuance									
NONE										
Date of Last Flight Review	7	Flight R	eview Aircraft							
or Equivalent, Including		Make:								
FAR 121/135 Checks:	mm/dd/yyyy	Model:								
Aimlana Dating(a)	Other Aircraft Ra		Y	lating(c) Instructor Poting(c)						
Airplane Rating(s) (Check all that apply)	(Check all that apply)	ing(s)	Instrument I							
☐ None	☑ None		None	☑ None ☐ Instr			Instrument A	irplane		
☑ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		Airplane	☐ Airplane Single-Engine ☐ Instr			Instrument H			
☐ Multiengine Land	☐ Glider		☐ Helicopter☐ Powered Lin	f	☐ Gyroplan	Multi-Engin	• Н	Helicopter Glider		
☐ Multiengine Sea	☐ Gyroplane				☐ Powered			Sport		
	☐ Helicopter ☐ Powered Lift									
Type Ratings			d		Student E	ndorsemen	ts (Include d	ates)		
			Airplane					т		
Flight Time (Enter appropri number of hours in each box)	1	Make Model	Single A	irplane Itiengine Nig		Simulated	Retorcraft	Glider	Lighter Than Air	
Total Time	98.2 5	,3								
Pilot in Command (PIC)										
Time as Instructor									1972	
This Make/Model		STATE OF							ING IS	
Last 90 Days										
Last 30 Days										
Last 24 Hours	1 1			1						

ADDITIONAL FLIGHT	CREWMEMB	ERS (Exclus	ive of cabin c	rew, complet	e the followin	g information)	
Crew Name and Address						Seat Occupi	ed	Injury
First Name: Middle Initial: Last Name:		State:	dence:	ZIP:		OLeft OCenter ORight	OFront ORear OSingle OUnknown	O None O Minor O Serious O Fatal O Unknown
Private □	Flight Instructor Recreational Sport		sport \square Fo	at the Time	hrs	Restraint Ty Available 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	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Crew Name and Address						Seat Occupi	ed	Injury
First Name: Middle Initial: Last Name:		State:	dence:	ZIP:		OLeft OCenter ORight	OFront ORear OSingle OUnknown	O None O Minor O Serious O Fatal O Unknown
☐ Private ☐ ☐ Student ☐ ☐ Type Rating/Endorsemen Accident/Incident Aircraf	Flight Instructor Recreational Sport t for	No of this	sport	t the Time	hrs	Restraint Ty Available 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	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
PASSENGER(S) / OTI	HER PERSONI	NEL (Include	cabin crew; c	ontinue on s	eparate shee	t if necessary)	Inflatable	2
Name and Address			Seat	Injury	Restraint T	ype	Restraints	Age
First Name: Middle Initial: Last Name: OCrew	State: ZII	P:	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
First Name: Middle Initial: Last Name: OCrew (State: ZIF):	OLeft OCenter OKight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	□Not Installed □Installed □Not Deployed □Deployed □Unknown	☐Under 5 years
First Name: Middle Initial: Last Name:	State: ZIP	O Other	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Not Installed Installed Not Deployed Deployed Unknown	□Under 5 years
First Name: Middle Initial: Last Name: OCrew	City:ZIP State:ZIP Country:	:	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used ONone OLap Only O3-point O4-point O5-point OUnknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Under 5 years

FLIGHT ITINERARY	INFORMATIO	N							
Last Departure Point		ne of Departure	e Destination	on		Type Fligh	nt Plan Filed		
Airport ID: KOCF			Airport ID:	KLAL	1	⊙ None	O VFR/IFR		
City: Ocala	Time	e: 10:47	City: Lake			O Company	y VFR O IFR		
State: FL	Time	e Zone: Eastern				O Military O VFR	VFR O Unknown		
Country: Unied States		W. T. W. T. C.	1	United States		Activated?	OYes ONo OUnknown		
Type of ATC Clearance/Se	rvice (Check all that	apply)							
☐ None ☐ VFR ☐	Special VFR IFR	□ Sp □ VF	oecial IFR FR On Top		☐ VFR Flight Follo☐ Traffic Advisory	owing y	☐ Cruise ☑ Unknown / NA		
Airspace where the acciden			7.7				Altitude of In-Flight		
	Class G Demo Area		ilitary Operations rport Advisory A		☐ Special ☐ Air Traffic Contr	1 A man	Occurrence:		
☐ Class C	Warning Area		Training Area	rea	Unknown	roi Area	300 ft msl		
☑ Class D	Prohibited Area	☐ TR	RSA						
	Restricted Area	□ FA							
WEATHER INFORMA		ACCIDEN	T/INCIDEN						
Source of Pilot Weather Int (Check all that apply)	formation		1	Anna roughly commit agree	oservation Facility				
☑ National Weather Service	☐ Com	ipany	1	Facility ID: K					
Flight Service Station	☐ Milit	tary	-	Observation Ti	man and the second seco				
☐ TV/Radio ☑ Automated Report	☑ Inter ☐ None		1	Time Zone: _E					
Commercial Weather Service			1	Distance from	Accident Site: 0	Accident Site: 0 nm			
☑On-Board Weather			Direction from	Accident Site: 0 degrees true					
Basic Conditions		Light Conditi							
⊙vMC On €	3	ODawn	ODusk			known			
OIMC OUnknown	1	O Day	ONight	OBng	tht Night				
Sky/Lowest Cloud Condition	OP	Ceiling			T		· · ·		
/	OThin Broken	O None (Clear)	a 0	Obscured			(C) or(F)		
OFew	OThin Overcast	O Broken		Indefinite	Dew Point:	(C) or(F)		
O Partial Obscuration O Unknown		O Overcast	0	Unknown	Altimeter Setti	ing.	in Ha		
O Scattered Lowest Cloud Condition H	(a) abs	Calling Hoigh	. 1			or			
Lowest Cloud Condition 11	ft agl	Ceiling Height		ft agl					
							<u> </u>		
Wind Direction	Wind Speed		Wind Gusts		Visibility		miles		
☐ Variable	Calm		☐ Not Gustin	ıg	RVR:	:	feet		
-or-	Light and Varia	ble			1	/:miles			
Direction:degrees true	1	kts	-or- Speed:	kts	Density Altitud		ft		
Intensity of Precipitation	Type of Precipita						heck all that apply)		
OLight	☑ None	Drizzle	Freezing	a Dain	✓ None	visionity (€/			
O Moderate	☐ Rain	Ice Pellets	☐ Snow Sh		☐ Blowing Dus		Ground Fog		
OHeavy	□ Snow	☐ Snow Pellet	ts 🔲 Ice Pelle	ets Shower	☐ Blowing San	nd 🔲 H	Iaze		
⊙N/A OUnknown	☐ Hail ☐ Rain Showers	Snow Grain		g Drizzle	☐ Blowing Sno	Y5Y(2) 0.00000000000000000000000000000000000	ce Fog moke		
OURKROWN	Li Kain Snowers	☐ Ice Crystals	l.		Dust	1.700	Inknown		
Icing Forecast		Icing Actual			Turbulence	***************************************			
Amount Type		Amount	Type		Type (Check all	l that apply)	Severity		
⊙ None ⊙ N/A		⊙ None	⊙N/A		None	\$0.5V	□Light		
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		☐ Clear Air ☐ Terrain-Indu	ned	☐Moderate ☐Severe		
O Moderate O Mixed		O Moderate	OMixed		Convective T		□ Extreme		
O Severe O Unknow	vn	OSevere	O Unkno	own					
OUnknown		OUnknown							
NOTAMs (D and FDC), A	AIRMETs, SIGM	IETs, PIREP	s in effect at t	the time of th	ne accident/incid	lent:			

(보기되었는 - 보고 있는 - 이번 - 보고 있는 - 보고 보기되고 있다 보고 있는 100 - 보고 있는 1			Aircraft Explosi		Aircraft Damage		
	•	OBoth Ground at OExplosion at Ut OUnknown	O In-Flight	O Fire at Unknown Time	O In-Flight	Destroyed	
Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) ruselage bent, wings disconnected on impact, landing gear flattened, prop blade broken, that is all we have been told at the						177a	156 1

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.

Jason Kingham (Private Pilot) and I, Elaina Wyse (Certified Flight Instructor) departed Lakeland Airport (KLAL) for a cross-country training flight to Ocala Airport (KOCF) in N118T. The flight to Ocala was uneventful and we conducted a full-stop landing for a fuel and bathroom break. Fuel was topped off at Sheltair, and a thorough preflight was conducted on the aircraft before starting up to fly back to KLAL. The preflight check included sumping fuel with no debris or contamination noted. Everything functioned, sounded, and indicated normal on the startup, taxi, and run-up prior to takeoff. The fuel selector was selected to the left tank, and physically and verbally verified by both of us that it was secured in the left detent. The fuel selector was not changed for taxi, run-up, or takeoff, and the engine had been running on that tank for over 10 minutes. We received taxi clearance to taxi to runway 36 via taxiway A and we conducted the run-up holding short of runway 36 with two airplanes holding short before us. The run-up showed no indications of abnormal function. Jason provided the takeoff briefing which included giving controls to me if any abnormality were to happen.

All appropriate checklists were completed, verbalized, and verified between both of us. After being cleared for takeoff on runway 36 around 10:47 am EST, we rolled to centerline, applied full power and noted all indications were still all normal. We rotated at Vr (60KIAS) and climbed at Vx (75KIAS) with the takeoff flap setting, per the normal takeoff checklist. At about 300-400 feet, the engine suddenly had a complete loss of power with no indications of sputtering or power diminishing. I did a rapid scan to make sure everything was set in the aircraft properly before Jason initiated a positive exchange of controls and then did a scan himself. All levers and switches were in the appropriate position for takeoff. Jason vocalized to Ocala Tower that the engine had lost power after giving flight controls to me. I maintained a controllable airspeed and glided the airplane straight ahead per the takeoff briefing. The airplane was descending quickly, and when I attempted a "flare" the aircraft did not respond. There was no sensation of a stall, and neither of us heard a stall horn in the total duration of the flight. I put the airplane down in the flat grass just beyond the departure end of runway 36 on the airfield. Neither of us lost consciousness and attempted to evacuate the airplane while I shut off the master power switch, turned off ignition, and removed keys to prevent a fire. Airport personnel reached the aircraft before I was able to get out, and we were both taken away from the aircraft on stretchers and taken to the hospital.

RECOMMENDATION (Hot	w could this	accident/incident h	ave been pr	evented?)				
Operator/Owner Safety Recomm			Total Control of the					
No Flaps in the normal take of	off checklist							
MECHANICAL MALFUI	NCTION	FAILURE (If mo	re space is r	needed, cr	ontinue on sepa	arate sheet)	Sometime to be	
Was there Mechanical Malfun	nction/Failur	re? 🛮 Yes 🗖 No)			Hate St. 22.	Total Time	e/Cycles
(If yes, list the name of the part, man				ure.)			On Part	*
Unknown at this time								Hours
Cycl							Cycles	
							Time Since	e This Part
								Overhauled
								Hours
FUEL & SERVICES INF	ORMATI			723			2 24 2 14	
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type O 80/87	O 115/14		O 7.4D	2 0.1		
63	Gallons	● 100 Low Lead	O 115/145 O Jet A		O Jet B O JP8	Other, specify _		
		O 100/130	O Jet A-1		O Automotive			
Other Services, if Any, Prior to) Departure							
EVACUATION OF AIRC	PACT	Semi Edekinesi ji ilbi						
		- 10						
Was an emergency evacuation			☑ Yes	□ No	1 1 1 mation			
Method of Exit - Describe how								
Only one occupant was able to and crawled away from the pl	lo get out ar lane. Instru	nd away from the particle of the control of the con	vas unable	to get out	tham was able of the plane b	 to get his door op efore firefighters a 	pened, get hin and airport per	nself out rsonnel
arrived to assist her out of the	e plane.							
OTHER AIRCRAFT - C	OLLISIO	Al as air or ground	- allieion occ		tota this san	tion for other pirers	- 50 - Marie 1	
Aircraft Registration Number	1						mage to Other	r Aircraft
N/A		urer:				DI	Destroyed	☐ Minor
Registered Owner of Other Air					Other Aircraft		Substantial	□ None
Name:								
City:				City:				
State: ZIP: _			-	State:	•	ZIP:		

ADDITIONAL INFORMATION (Please type or print in ink)								
		ON (Please type or print in ink) is needed for any answers.						
		HE ABOVE INFORMATION IS COMPL	ETE AND ACCU	RATE TO THE BEST OF I	MY KNOWLEDGE			
Date of this Report 11/7/2023 mm/dd/yyyy	Name of Signature	Pilot/Operator: Elaina Wyse :: Check here to electronically sign this	document					
If a Person Other tha	n Pilot/Op	erator is Filing Report						
Name: Cari Da				Title: Vice President				
Signature:								
	heck here to	o electronically sign this document		*				
		FOR NTSB						
NTSB Accident/Incid ERA24LA011	lent No.	Reviewed by NTSB Regional Office Eastern Region	Name of Investor A. McCarte	igator er	Date Report Received 11/8/2023			