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	INFORMA	TION											
Acciden	t/Incident Loca	ntion					Accident/Incident Date/Time						
Nearest C	City/Place: Lanca	aster			State: NY		Date	: 5/14		Loc	al Time; _1	14:10 EDT	
ZIP: 140	086 c	ountry: USA						mm/dd			ne 70ne 1	810 UTC	
Latitude:	42.9251 N		Longitude: 78.60)97W						110	ne Zone: _1	010010	
	(Enter in decimal	degrees or de	egrees:minutes:seco	onds)			Coll	lision with	Other Airc	raft: O	Midair	OOn-groun	d O None
AIRCE	RAFT INFO	RMATION	1										
Registra	ation Number:	N20459] IFR-Equip					
Manufa	cturer: Cessn	а			55			Commercial Unmanned	Aircraft				
Model:			AND AND ADDRESS OF THE PARTY OF					ximum Gr				(Carallel 1997)	
Serial N	umber: 17261	305					We	eight at Tim	e of Accid	ent/Incid	lent: 193	80	_lbs
Year of Manufacture: 1973							Number of Seats: 4 Flight Crew Seats:						
Amateu	r-Built: OYes	200 CO		e:				Cabin Crew Seats: Passenger Seats:					
	⊙ No		Original Design		Number of Engines: 1								
Catego	ry of Aircraft		irworthiness Cer	rtificate		Landing Ge					Type (Se	lect one)	1D 1
Airpla	ine	(Check all th	III III III I I I I I I I I I I I I I		(Check all that apply)				Reciprocating O Turbo Shaft O Solid Rocket O Solid Rocket				
	OBalloon Standard Special OBlimp/Dirigible ☑ Normal ☑ Restricted			ed		5747	Ketra	ctable	ilanik1	O Turb		_	d Rocket
	OGlider Aerobatic Limited				☑ Tricycle			ailwheel	O Turb	o Jet	ONone		
O Gyror		Balloo				Amphibia			igh Skid	O Turb		O Unkn	own
O Helico O Power	*	☐ Comm ☐ Transp				☐Emergeno ☐Float	cy Flo	oat SI		OElect	TIC		
ORocke	NOSCO-88-877 (000) 047 (007)	☐ Hallsp			rt	Hull			ci/Wheel	Fuel Sv	stem Type	(Reciprocation	ıg)
O Ultral	ight		☐ Experin			Other I o	unch/I	Recovery Sys	tem	⊙ Carb		O Fuel-	
O Unkn	own		of Authorization	or Waiver	(COA)		uncii/ l			J		G	
		None	0.0	Jnknown	لـــــا	□ None			nknown Rated Pow	or-	Total	Time	Since.
=			Engine		Manuf	acturer's		Date of Mfg.	O Horsep	ower or	Time	Inspection	Overhaul
Engine	Engine Manufa	cturer	Model/Series		Serial Number		_	mm/dd/yyyy O lbs of Thrust		Thrust	(hours)	(hours)	(hours)
Eng. 1	Lycoming		O-360 A4M		L-31953-27A		180				73	1039.8	
Eng. 2							-					 	
Eng. 3	Aco v. Ac						+						
Eng. 4				Propelle	er 1	●Fixed F	Pitch Propelle			opeller 2 OFixed Pitch			
102.00	spection Type		.1.	7			ollable Pitch O Controllable Pitch d Adjustable OGround Adjustable						
O100-H O AAIP		inuous Airwo litional Inspec		Manufac									
⊙ Annu			vina M.		Manufacturer: Sensenich Manufacturer: Model: 76EM8SPY-0-57 Model:								
Date La	ast Inspection:	07/30/2 mm/dd/yy		ELT In) No		Additio	nal Equ	ipment (Check all tha	t apply)
Airfran	ne Total Time:		hrs	If Yes:					☑ AD		ohute		
	rs measured at (S					er: Sharc 7				rame Para de of Atta		r	
	ast Inspection		ccident/Incident		Model or Part No.: 7A-1-123 TSO No.: OC91 (121.5 MHz) OC91a (121.5 MHz) The part of Attack Indicator Autopilot Data Recorder								
Type of	Maintenance l	Program (Se	elect one)	150 No.		(121.5 MHz) (6 (406 MHz)	J C91	a (121.3 IVIH	1 2000	a Recorde		Handheld De	vice
Annu		5 -,		\$\$7 30 F	422	ounted in aircra	of49	OVer ON-	□Elec	etronic Mu	ltifunction	Display	,100
O Cond	itional (Amateur-					unted in aircra			Elec	ctronic Pri	mary Fligh	t Display	
O Manu	facturer's Inspect Approved Inspec	ion Program	(A A ID)			? OYes O			∐Han	dheld GP			
O Conti	nuous Airworthin	ess	(mm)	If active			950 2000		□ Onl	oard Wea			
	, specify:			Did ELT	Aid in I	ocating Aircra	aft: (OYes ⊙No	Sate	ellite Tracl	king Devic	e	
	otion of Fire Ex	tinguishing	System		ctivated:	200				l Warning	System ing Device		
None				Indicate	Reason:	☐ Impact Da ☐ Fire Dama		9		er, Specif		,	
O Spec	ary:					Battery Ex		l/Damaged					
				CONTRACTOR STATE		Unknown							

OWNER/OPERATOR INFORMA	TION						
Registered Aircraft Owner			City: Hamburg				
Name: Little Bird Airways, LLC			State: NY ZIP: 14075				
Fractional Ownership Aircraft: O Yes O	No		Country: USA				
Operator of Aircraft	istered Owner		☑ Same Address as Registered Owner				
Name:			City:	1			
Doing Business As:			State: ZIP:				
Air Carrier/Operator Designator (4 Characte	r Code):		Country:				
Operating Certificates Held (Check all that apply)	Regulation Fli	ght Conducted Unde	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) ☐ Rotorcraft External Load (FAR 133)	OFAR 103 OFAR 121		Non-Scheduled or Air Taxi	1			
□ 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	O Non-US, Non-O O Public Aircraft O Armed For O Federal O State O Local O Unknown	commercial (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)) Unknown			
Revenue Sightseeing Flight	Air Medical Fl		O Ferry				
O Yes ⊙ No	O Yes	⊙ No					
AIRPORT INFORMATION (Fill in	if accident/incide	ent occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: Buffalo Lancaster Regi	onal Airport		Distance From Airport Center:sm				
Airport Identifier: KBQR			Direction From Airport:				
Proximity to Airport: O Off Airport/Airstri	p On Airport	/Airstrip ON/A	Airport Elevation: 752 ft. msl				
Runway Information Runway ID: 9/27 (L/R/C) Length: 31 Runway/Landing Surface (Check all that all that all the concrete Gravel Metal Dirt Gravel Snow	apply) adam			r-Calm r-Choppy r-Glassy			
Approach/Departure Segment (Select one	e)						
OTaxi OTaxi OTakeoff OInitial Climb		On Instrument App OLanding	roach ODownwind OBase OFinal OCrosswind OCrosswind OLow Approach OGo Around OAborted Landing (after to OUnknown	couchdown)			
IFR Approach (Check all that apply)			VFR Approach (Check all that apply)				
None			None				
□ ADF/NDB □ PAR □ Sidestep □ VOR/TVOR □ ILS □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □LDA □ASR □Visual □Contact □Circling	□ Practice □ GPS □ Unknown	□ Traffic Pattern □ Stop and Go □ Straight-In □ Touch and Go □ Valley/Terrain Following □ Simulated For □ Go Around □ Forced Landin □ Full Stop □ Precautionary □ Unknown	g			

"FLIGHT CREWMEMBE	R 1" INFORM	ATION								
OTHO:	Student Pilot	Flight Instru	cident/Incide	nt eck Pilot () Flight E	ngineer	O Other Flig	ht Crew		1
"Flight Crewmember 1" was pi	lot flying Yes	☑ No								
"Flight Crewmember 1" Identi First Name: Katherine	fication			_ City	of Resid	ence: Wes	t Seneca			
Middle Initial:				State	e: NY		ZIF	: 14224		- 1
Last Name: Blake					ntry: US					
	cident/Incident: 26		Date of Birth				łd/yyyy			- 1
Age at time of Ac	cidenti incident. 20		ficate Number	Car Sungar						
D 61.	Seat Occupied	Colti	III III III III III III III III III II		int Type	;		Inf	latable Res	traints
O None O Fatal O Minor O Unknown O Serious	O Left O Right O	Front Rear Single	O Unknown	Av	ailable None Lap only	U	None Lap only		☑ Not Install ☐ Installed ☐ Not Deplo	
Pilot Certificate(s) (Check all the None	ructor	Transport	US Milita	ıry C	3-point 4-point 5-point Unknow		● 3-point ○ 4-point ○ 5-point ○ Unknown		☐ Deployed ☐ Unknown	
	dical Certificate			Medic	al Certif	ficate Valid	lity	Da	ate of Last	Medical
O Pilot O Other	None OClass	er's License	e (Sport Pilot on	(dy) OWit	hout limita	ations/waive ons/waivers			06/20/2018 mm/dd/yyy	
Medical Certificate Limitation	S									
none										
								4		
Medical Certificate Special Ison/a Date of Last Flight Review	suance	Flight F	Review Aircra	aft						494
or Equivalent, Including			Cessna 172							
FAR 121/135 Checks:	06/13/2021	Model:								
	mm/dd/yyyy Other Aircraft Ra			nt Rating(s)		Instructor	Rating(s)			
	(Check all that apply)		(Check all to			(Check all th				
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	☑ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter		☐ None ☐ Airplane ☐ Helicopt ☐ Powered	ter			Single-Engin Multi-Engine te		Instrument A Instrument H Helicopter Glider Sport	
	☐ Powered Lift		1			Student E	ndorsemen	ts (Include d	ates)	
Type Ratings none					r	n/a				
						1 -				
Flight Time (Enter appropriate	AR Th	is Make	Airplane Single	Airplane			ument	Datawarah	Glider	Lighter Than Air
Flight Time (Enter appropriate number of hours in each box)		Model	Single Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
number of hours in each box) Total Time	Aircraft & 360.5	Model 300	Single Engine 351.7	Multiengine 10.3	42.8	Actual 4.7	Simulated 56.7	Rotorcraft	Glider	
number of hours in each box)	Aircraft & 360.5 309.4	300 281.7	Single Engine 351.7 309.4	Multiengine 10.3	42.8 34.7	Actual 3 4.7 7 4.7	Simulated	Rotorcraft	Glider	
mumber of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	Aircraft & 360.5	Model 300	Single Engine 351.7	Multiengine 10.3	42.8 34.7	Actual 4.7 4.7 0 0	Simulated 56.7 39.7	Rotoreraft	Glider	
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	Aircraft & 360.5 309.4 35.1	300 281.7 35.1	Single Engine 351.7 309.4 35.1	Multiengine 10.3 0	42.8 34.7 0 38.3	Actual 4.7 4.7 0 0	56.7 39.7	Rotorcraft	Glider	
mumber of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	Aircraft & 360.5 309.4	300 281.7	Single Engine 351.7 309.4	Multiengine 10.3	42.8 34.7 (38.3	Actual 3 4.7 7 4.7 0 0 3 4.4	56.7 39.7 0 41.7	Rotorcraft	Glider	

"FLIGHT CREWMEN										
"Flight Crewmember 2" Re			ccident/Incid	ent heck Pilot	OFligh	t Engineer	OOther Fli	ght Crew		
"Flight Crewmember 2" wa										
"Flight Crewmember 2" Id										
First Name: Nathan				_ 0	ity of Res	idence: Alde				
Middle Initial:				S	tate: NY		ZIF	: 14004		- 1
Last Name: Long	2.71				country:	USA				
Age at time of	Accident/Incident:	16	Date of Birtl	h:		mm/c	ld/yyyy			
1182 11 11111			ficate Number	r:	n/a			T ACTIVITIES OF		
Degree of Injury	Seat Occupie	d		Re	straint Ty	pe	***************************************	In	flatable Re	straints
None O Fatal Minor O Unknown Serious	O Left O Right O Center	OFront ORear OSingle	OUnknown		Available O None O Lap o	nly	O None O Lap only		☑ Not Instal	
Pilot Certificate(s) (Check of	Account to the second	ommercial	□ US Milir	tarv	⊙ 3-poir⊙ 4-poir	nt	O 4-point		☐ Not Deployed ☐ Unknown	1
☑ None ☐ Flight ☐ Private ☐ Recree ☐ Student ☐ Sport	ational	irline Transport light Engineer			O 5-poir O Unkn		O 5-point O Unknown	L	LI CIIKIIOWI	
	Medical Certifica	ite		M	edical Cer	rtificate Vali	dity	D	ate of Last	Medical
		Class 3				nitations/waive	ers O Un		=1=	
O Pilot O Other O Unknown	ther O Class 1 O Driver's License (Sport Pilot only) O With limitations/waivers O N/A mm/dd/yyyy				y					
Medical Certificate Limita	O Chass 2									
N/A	itions									
1975										
					4,72					
Medical Certificate Specia	l Issuance									
N/A										
Date of Last Flight Review	7	Flight l	Review Aircr	aft						
or Equivalent, Including FAR 121/135 Checks:	N/A	Make:	N/A							
FAR 121/135 Checks.	mm/dd/yyyy	Model:								
Airplane Rating(s)	Other Aircraft	Rating(s)	Instrume	nt Rating	(s)	Instructor	200			
(Check all that apply)	(Check all that ap	oply)	(Check all	that apply)		(Check all the	at apply)		nstrument Ai	lana
☑ None	☑ None☑ Airship		☑ None ☐ Airplan			☑ None ☑ Airplane	Single-Engin		nstrument A	
☐ Single-Engine Land ☐ Single-Engine Sea	Balloon		Helicop			☐ Airplane	Multi-Engine		Helicopter	
☐ Multiengine Land	Glider		Powere	ed Lift		☐ Gyroplan ☐ Powered			Glider Sport	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					- Fowered	LIIL		Port	
	☐ Powered Lift					0		- (1 1 1 1	41	
Type Ratings							adorsement	s (Include da	ies)	
n/a						none				
								Work that are		
		T	Airplane		1	Inst	rument			Lighter
Flight Time (Enter appropr number of hours in each box)	riate All Aircraft	This Make & Model	Single Engine	Airplane Multiengi			Simulated	Rotorcraft	Glider	Than Air
Total Time	13.9	13.9	13.9							
Pilot in Command (PIC)	0	0	0				-			-
Time as Instructor										
This Make/Model			EVER EN				-	350,74546		PERSONAL PROPERTY.
Last 90 Days	3.8	3.8	3.8					-		
Last 30 Days	3.8	3.8	3.8			_				
Last 24 Hours	0.2	0.2	0.2	I			Portago process and process			1

WASHING WITH FIG	HT CREWMEN	BERS	Exclusive	of cabin cre	w, complete	the followit	g milormation)		
Crew Name and Addre	ess						Seat Occupied		Injury
First Name: n/a				ce: Z			O Left O Center	O Front O Rear O Single	O None O Minor O Serious
Middle Initial: Last Name:			1000				O Right	OUnknown	O Fatal O Unknown
Pilot Certificate(s) (Ch	neck all that apply) □ Flight Instructor	□ Cot	nmercial	□ us i	Military		Restraint Typ Available O None	e: Used O None	Inflatable Restraints
☐ Private ☐ Student	Recreational Sport	☐ Air	line Transpo	ort			O Lap Only O 3-point O 4-point	O Lap Only O 3-point O 4-point	☐ Not Installed ☐ Installed ☐ Not Deployed
Type Rating/Endorsen Accident/Incident Airc		□ No		ight Time at .ccident/Incid		hrs	O 5-point O Unknown	O 5-point O Unknown	☐ Deployed ☐ Unknown
			1				Seat Occupie	d l	Injury
Crew Name and Addre		~	CD :1				OLeft Occupied	OFront	ONone
First Name: City of Residence: Middle Initial: State: ZIP: Last Name: Country:							OCenter ORight	O Rear O Single O Unknown	O Minor O Serious O Fatal O Unknown
D' 1 C 1'C 11(2) (C)	1 1 1141-4						Restraint Typ	e:	Inflatable
Pilot Certificate(s) (Ch		ПС	mmercial	ПUS	Military		Available O None	Used O None	Restraints
☐ None ☐ Private	I rone							O Lap Only	☐ Not Installed☐ Installed☐
☐ Student	☐ Sport	☐ Fli	ght Enginee	er			O Lap Only O 3-point	O 3-point O 4-point	■ Not Deployed
Type Rating/Endorse	ment for		Total Fl	light Time at	the Time		O 4-point O 5-point	O 5-point	☐ Deployed ☐ Unknown
Accident/Incident Air	craft? □Yes		of this A	ccident/Inci	dent:		O Unknown	O Unknown	LI Unknown
DAGGENGEDICK!	OTHER REDCA	CAUNIEL		COLOR DESCRIPTION OF THE PROPERTY OF THE PROPE	THE PROPERTY OF THE PROPERTY O				
PASSENGER(S)	OTHER PERS	ONNEL	(Include c	abin crew; co	ontinue on se	eparate shee	et if necessary)	T-Octoble	1
Name and Address	OTHER PERS	ONNEL	(Include c	abin crew; co	Injury	Restraint 7	Гуре	Inflatable Restraints	Age
				Seat	Injury	Restraint 1 Available ONone	Used O None	Restraints	
Name and Address	City :			Seat OLeft OCenter	O None O Minor	Restraint 1 Available ONone OLap Only	Used O None O Lap Only	Restraints Not Installed	☐ Under 5 years
Name and Address First Name: n/a	City : State:	ZIP:		Seat OLeft OCenter ORight	O None O Minor O Serious	Available ONone OLap Only O3-point O4-point	Used O None	Restraints	☐ Under 5 years
Name and Address First Name: n/a Middle Initial:	City : State:	ZIP:		Seat OLeft OCenter	O None O Minor	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None C Lap Only O 3-point O 4-point O 5-point O Unknown	Not Installed Installed Not Deploye	☐ Under 5 years
Name and Address First Name: n/a Middle Initial: Last Name:	City : State: Country:	ZIP:	Other	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint 7 Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Restraints Not Installed Installed Not Deploye Deployed	Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown
Name and Address First Name: n/a Middle Initial: Last Name: OCrew	City: State: Country: OPassenger City:	ZIP:	Other	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor	Restraint 7 Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None V Lap Only	Not Installed Installed Not Deployed Deployed Unknown Not Installed	☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown
Name and Address First Name: n/a Middle Initial: Last Name: OCrew First Name:	City : State: Country: OPassenger City : State:	ZIP:	Other	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint 7 Available O None O Lap Only O 3-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None Used O None Used O Lap Only O 3-point O 4-point O 4-point	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restrain
Name and Address First Name: n/a Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: Country: OPassenger City : State:	ZIP:	Other	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint 7 Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point	Used O None C Lap Only O 3-point O 4-point O 5-point O Unknown Used O None C Lap Only O 3-point O 4-point O 5-point O 5-point	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed	☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5,
Name and Address First Name: n/a Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City: State: Country: OPassenger City: State: Country: OPassenger	ZIP:	Other	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint 7 Available O None O Lap Only O 3-point O 4-point O Unknown Available O None O Lap Only O 3-point O 4-point O 4-point O 5-point	Used O None C Lap Only O 3-point O 4-point O 5-point O Unknown Used O None C Lap Only O 3-point O 4-point O 5-point O 5-point	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown
Name and Address First Name: n/a Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: City:	ZIP:	Other	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint Tavailable ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only Available ONone OLap Only	Used O None C Lap Only O 3-point O 5-point O Unknown Used O None C Lap Only O 3-point O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None Used O None Used	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed	□ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown
Name and Address First Name: n/a Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: First Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: Country:	ZIP:	Other	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown OLeft OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint 7 Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O5-point O5-point	Used O None C Lap Only O 3-point O 4-point O Unknown Used O None C Lap Only O 3-point O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None Used O None O Lap Only O 3-point O 4-point O 5-point O 1-point O 5-point	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Deployed Unknown Not Installed Not Deployed Unknown	□ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown
Name and Address First Name: n/a 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: State: State:	ZIP:	Other	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint To Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point	Used O None Lap Only O 3-point O 4-point O None Used O None C Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None 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	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Deployed Unknown Not Installed Not Deployed Unknown	Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5, O Child Restrain
Name and Address First Name: n/a Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Last Name: Last Name: Last Name: Middle Initial: Last Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger	ZIP:	Other	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint 1 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 O4-point O5-point O4-point O5-point O4-point O5-point ONone OLap Only O3-point O4-point O5-point ONone ONone ONONE	Used O None Lap Only O 3-point O 4-point O Unknown Used O None Uap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None	Not Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Not Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown
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ELIQUE TIMERADY INCORMA	TION		A STATE OF THE STATE OF				
FLIGHT ITINERARY INFORMA		of Departure	Destinatio	n		Type Fligh	nt Plan Filed
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Airport ID: KBQR	Time:	1410 EDT				O Company	y VFR O IFR VFR O Unknown
City: Lancaster			1000 0000000000000000000000000000000000	<u> </u>		O Military O VFR	VFR O Unknown
State: NY	Time Z	one: 1810 UT				Activated?	OYes ONo OUnknow
Country: USA			Country:			Acuvateu.	0.00 0.00
Type of ATC Clearance/Service (Check	all that ap	oply)			T APP PULL Fall	awina	☐ Cruise
☑ None ☐ Special VFR		☐ Spec	cial IFR		☐ VFR Flight Foll ☐ Traffic Advisor	owing	Unknown / NA
□ VFR □ IFR		Table 1	R On Top		LI Hame Havison	,	
Airspace where the accident/incident oc	curred	(Check all that a	apply)	A (MOA)	Special		Altitude of In-Flight
☐ Class A ☐ Class G		Mili	tary Operations ort Advisory A	rea (MOA)	Air Traffic Cont	rol Area	Occurrence:
☐ Class B ☐ Demo Area ☐ Warning Are	a	☐ Jet 7	Training Area		Unknown		n/a ft msl
Class C Warning Are		☐ TRS	SA				
Class E Restricted A	rea	FAF					
WEATHER INFORMATION A	THE	ACCIDENT	T/INCIDEN	IT SITE	Secretary and the second secon		all a facility of the second o
Source of Pilot Weather Information				Weather Ol	oservation Facility	y	
(Check all that apply)				Facility ID: K	BUF		
☑ National Weather Service	☐ Comp			Control of the Contro	ime: 1654Z		
☐ Flight Service Station	☐ Milita			Time Zone:			
TV/Radio	☑ Intern ☐ None			Distance from	Accident Site: 5		
✓ Automated Report ☐ Commercial Weather Service (DUATS)	Unkn						
On-Board Weather		W		Direction from	n Accident Site: 290		ucgross auc
Basic Conditions		Light Conditi		-	J. Milde	Inknown	
⊙ ∨MC		ODawn	ODusk		rk Night OU ght Night	IIKIIOWII	
OIMC		⊙ Day	ONight	Obli	ight Pright		
O Unknown		6 !!!			Tomporature	. 27	(C) or(F)
Sky/Lowest Cloud Condition		Ceiling		Obscured	1		
O Clear O Thin Broke		O None (Clear O Broken		Indefinite	Dew Point:	14	(C) or(F)
O Few O Thin Over O Partial Obscuration O Unknown	Jasi	O Overcast		U nknown	Altimeter Se	tting: 29.9	6 in. Hg
O Scattered					1.4	or	MB
Lowest Cloud Condition Height		Ceiling Heigl	nt	0 1			
ft agl		5,000		ft agl			
Wind Direction Wind S		L	Wind Gust	ts	Visibility	10	miles
White Direction	The London Control		✓ Not Gust		nx.	r _{R:} n/a	feet
☐ Variable ☐ Calm	and Varia	hla	M Not Gust	inig	4		
	ana vana r-	ioic	-or-		4	v: <u>n/a</u>	miles
Direction: 300 degrees true Speed: 3		kts	Speed:	kts	Density Alti		<u>ft</u>
Birection		ation (Check all	that apply)		Restriction t		(Check all that apply)
	- r sexbit	Drizzle	☐ Freez	ing Rain	☑ None		☐ Fog ☐ Ground Fog
OLight None None Rain		☐ Ice Pellets	☐ Snow	Shower	☐ Blowing ☐ Blowing		Haze
OHeavy Snow		Snow Pell	-	ellets Shower sing Drizzle	Blowing	Snow [lce Fog
⊙N/A ☐ Hail	th annual	☐ Snow Gra: ☐ Ice Crysta		mg Duzzie	☐ Blowing	Spray [Smoke
OUnknown	nowers	- Ice Clysia	w		☐ Dust		Unknown
Loing Foreget		Icing Actual			Turbulence	0 22 0 0 0	
Icing Forecast Amount Type		Amount	Type			k all that apply	y) Severity □Light
		● None	ON/		☑ None ☐ Clear Air		Moderate
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Aircraft Dan O None O Minor	Substantial Destroyed Unknown	Aircraft Fire None In-Flight On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosion None In-Flight On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
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Prop bent with gauges missing, engine twisted on mounts, wing tip broken, dents and creases in fuselage and wings, top of vertical fin damaged.

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.

This was an instructional flight at 1400 EST. Instructor introduced soft field takeoff procedure and technique, along with continuing pattern and approach work. Instructor demonstrated a soft field takeoff to student and after positive transfer of controls, student flew downwind leg to the landing and taxied back to the departure end of the runway. Instructor and student briefed the soft field takeoff technique once more. Student made departure announcement on CTAF. Once aligned with the runway, student increased throttle to takeoff power and began accelerating. Directional control was maintained, but instructor repeatedly told student to reduce back pressure on elevator. The aircraft lifted off just above stall speed and the nose veered to the left. The instructor again told the student to lower the nose and then declared "I have the flight controls". The student maintained a grip on the yoke, full right rudder deflection in and did not relinquish the flight controls to the instructor. The instructor was able to lower the angle of attack but the right wing tip dragged across the runway. The aircraft departed the runway at a 90 degree angle to the runway heading. After departing the runway, the propeller struck the grass and the aircraft flipped over the nose until upside down. The nose gear sheared off and the windshield shattered. After the aircraft came to a stop, the instructor told the student to exit it, turned off fuel, master and ignition and exited through the left door.

Departure and accident time were approximately 1810UTC. There was no destination in that the plan was to stay in the pattern to practice takeoff, pattern and landing procedures. Metar and TAF were reviewed prior to the flight.

RECOMMENDATION (How o	ould this acci	ident/incident ha	ve been preve	ented?)				
Operator/Owner Safety Recommen								
MECHANICAL MALFUN	CTIONIEA	II LIPE 15 mars	ro snago ie sa	eded co	ntinue on senar	ate sheet)		
				caeu, co	nanuo on sepai		Total Time	/Cycles
Was there Mechanical Malfunct (If yes, list the name of the part, manu)	aon/Faiture? facturer, part no	., serial no., and de	scribe the failur	e.)	-		On Part	
,								Hours
								Cycles
							Time Since	This Part Overhauled
							Inspected	
								Hours
	5179000000000000000000000000000000000000							
FUEL & SERVICES INFO	ORMATION	V						
Fuel on Board at Last Takeoff		Tuel Type	0 115/145		O Jet B	O Other, specify		
(Convert from pounds, as necessary)		3 80/87 100 Low Lead	O 115/145 O Jet A		O JP8	Other, speerly		A STATE OF THE STA
27	Gallons	O 100/130	O Jet A-1		O Automotive			
Other Services, if Any, Prior to	Departure							
none								
EVACUATION OF AIRC	RAFT							
Was an emergency evacuation		performed?	☑ Yes	□ No				
Method of Exit – Describe how	the occupants	exited and how m		s evacuate	ed each location			
Student and CFI exited the air	craft via the l	eft door. CFI co	uld not open	the right	door.			
Ottadonicana or control and and	7							
A THE DESCRIPTION OF THE PARTY	OL LIGION				saslata this sas	tion for other airc	eraft)	
OTHER AIRCRAFT - CO						l n	amage to Oth	er Aircraft
Aircraft Registration Number		er:				[Destroyed	☐ Minor
<u>n/a</u>] Substantial	□ None
Registered Owner of Other Air	craft				Other Aircraft			
Name:				City				
City: ZIP:	7			State:		ZIP:		
Country:				Country	/:			

ADDITIONAL INF	ORMATI	ON (Please type or print in ink)		
Use this space if addi	tional space	e is needed for any answers.		
,				
I HEREBY CERTIF	THAT TH	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE BE	ST OF MY KNOWLEDGE
Date of this Report	Name of	Pilot/Operator: Claudia Childs, sole me	ember of Little Bird Airways, LLC, o	perator
5,19/2022	Signature	e:		
mm/dd/yyyy	or	Check here to electronically sign this	document	
If a Person Other tha	n Pilot/On	erator is Filing Report		
			Title:	
_		o electronically sign this document	and the second s	
	non noic to			
			USE ONLY	
NTSB Accident/Incid ERA22LA228	lent No.	Reviewed by NTSB Regional Office Eastern-VA	Name of Investigator A. McCarter	Date Report Received 5/20/2022