

**NATIONAL TRANSPORTATION SAFETY BOARD**

ACCIDENT NUMBER:

RETENTION / RELEASE OF WRECKAGE RELATED TO ACCIDENT NUMBER ►

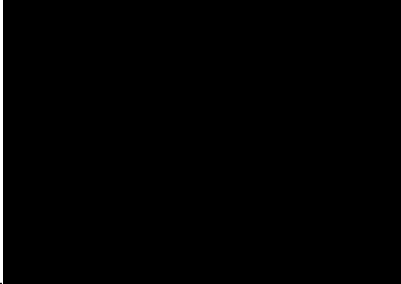
**ERA21LA083**

For Use In All Modal Investigations

REGISTERED OWNER (name and address) N412JA LLC Lakewood, NJ		IDENTIFICATION NUMBER N412JA	
		MAKE Hawker	
LOCATION Farmingdale, NY	DATE OF ACCIDENT 12/20/20	MODEL 800XP	
RETAINED BY NTSB REPRESENTATIVE Leah D. Read		TITLE Sr. Air Safety Investigator	DATE 12/20/21
The National Transportation Safety Board has <input checked="" type="checkbox"/> has not <input type="checkbox"/> completed its investigation of the wreckage described above. All recovered wreckage except that listed in the evidence control form(s) is hereby released. <input type="checkbox"/> NO PARTS RETAINED			
RELEASED BY NTSB REPRESENTATIVE Leah D. Read		TITLE Sr. Air Safety Investigator	DATE 3/3/21
(This section may be acknowledged by a person, not the owner or owner's representative, who has knowledge of the disposition of the recovered wreckage and its parts. Such acknowledgement does not place responsibility for disposition of the wreckage upon that person.) I HEREBY ACKNOWLEDGE: <input type="checkbox"/> Receipt of the above described wreckage. <input type="checkbox"/> Removal of the parts, if any, listed in the evidence control form(s).			
PERSON MAKING ACKNOWLEDGEMENT [REDACTED]		TITLE VP- Claims USAIG	DATE 3/5/21
ADDRESS [REDACTED]		PHONE NUMBER & EMAIL [REDACTED]	

REMARKS:

The CVR was retained by NTSB and will be returned to the operator unless otherwise directed at the completion of the investigation. \*See attached NTSB Evidence Control Form.



<b>NATIONAL TRANSPORTATION SAFETY BOARD</b> EVIDENCE CONTROL	ACCIDENT NUMBER:
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For Use In All Modal Investigations

OFFICE Railroad, Pipeline Hazardous Materials	DATE OF ACCIDENT	ACCIDENT LOCATION (City & State)
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EVIDENCE OBTAINED BY: SACAA

<input checked="" type="checkbox"/> EVIDENCE OBTAINED FROM:	LOCATION OR PERSON INFORMATION	DATE
<input type="checkbox"/> EVIDENCE RECEIVED FROM:		
EVIDENCE CONTROL NUMBER - -		GROUP

DESCRIPTION ( BIN ITEM - HAS BEEN SEPARATED 

**OWNER OR OWNER'S REPRESENTATIVE**

FIRST NAME: Unknown	LAST NAME:	
ADDRESS:		
PHONE:	EMAIL:	
RETURNED <input type="checkbox"/>	DATE:	CONTACT:

**CHAIN OF CUSTODY**

RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		

<b>NATIONAL TRANSPORTATION SAFETY BOARD</b> EVIDENCE CONTROL	ACCIDENT NUMBER:
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For Use In All Modal Investigations

OFFICE Railroad, Pipeline Hazardous Materials	DATE OF ACCIDENT	ACCIDENT LOCATION (City & State)
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EVIDENCE OBTAINED BY: SACAA		
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<input checked="" type="checkbox"/> EVIDENCE OBTAINED FROM:	LOCATION OR PERSON INFORMATION	DATE
<input type="checkbox"/> EVIDENCE RECEIVED FROM:		
EVIDENCE CONTROL NUMBER - -		GROUP

DESCRIPTION ( <input type="checkbox"/> BIN ITEM - HAS BEEN SEPARATED <input 328="" 366="" 382"="" 659="" data-label="Section-Header" type="checkbox/&gt;)&lt;/td&gt; &lt;/tr&gt; &lt;/table&gt; &lt;/div&gt; &lt;div data-bbox="/> <p style="text-align: center;"><b>OWNER OR OWNER'S REPRESENTATIVE</b></p>
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FIRST NAME: Unknown	LAST NAME:	
ADDRESS:		
PHONE:	EMAIL:	
RETURNED <input type="checkbox"/>	DATE:	CONTACT:

**CHAIN OF CUSTODY**

RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		