

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 INFORMATION

Accident/Incident Location

Nearest City/Place: Kaena Pt State: HI

ZIP: 96791 Country: USA

Latitude: 21-34-46 Longitude: W 158-14-19

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 11/03/2022 Local Time: 8:11 AM

mm/dd/yyyy Time Zone: HST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N444EZ

Manufacturer: Airborne Windsports Pty Ltd

Model: Edge XT-912

Serial Number: XT-912-0508

Year of Manufacture: 2016

Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____
Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 992 lbs

Weight at Time of Accident/Incident: 872 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: _____ Passenger Seats: 1

Number of Engines: 1

Category of Aircraft

Airplane
Balloons
Blimp/Dirigible
Glider
Gyroplane
Helicopter
Powered Lift
Rocket
Ultralight
Unknown

WSC-USA

Type of Airworthiness Certificate

(Check all that apply)

Standard

Normal
Aerobatic
Balloons
Commuter
Transport
Utility

Special

Restricted
Limited
Provisional
Special Flight
Experimental
Special Light-Sport
Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear

(Check all that apply)

Retractable

Tricycle Tailwheel
Amphibian High Skid
Emergency Float Skid
Float Ski
Hull Ski/Wheel

Other Launch/Recovery System
BRS None Unknown

Engine Type (Select one)

Reciprocating Liquid Rocket
Turbo Shaft Solid Rocket
Turbo Prop Hybrid Rocket
Turbo Jet None
Turbo Fan Unknown
Electric

Fuel System Type (Reciprocating)

Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	<u>Rotax</u>	<u>912UL</u>	<u>6772136</u>	<u>2016</u>	<u>80hp</u>		<u>N/A</u>
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual Unknown

Date Last Inspection: 08/11/2022

mm/dd/yyyy

Airframe Total Time: 1455.2 hrs

hours measured at (Select one)

Last Inspection Time of Accident/Incident

Type of Maintenance Program (Select one)

Annual
Conditional (Amateur-built only)
Manufacturer's Inspection Program
Other Approved Inspection Program (AAIP)
Continuous Airworthiness
Other, specify: _____

Description of Fire Extinguishing System

None
Specify: _____

Propeller 1

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: Warp Drive

Model: 3-Blade - 68"

ELT Installed: Yes ☐ No ☒

If Yes: N/A

ELT Manufacturer: N/A

Model or Part No.: N/A

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (406 MHz)

Was ELT still mounted in aircraft? Yes ☐ No ☒

Was ELT still connected to antenna? Yes ☐ No ☒

Did ELT Activate? Yes ☐ No ☒

If activated:

Did ELT Aid in Locating Aircraft? Yes ☐ No ☒

If not activated:

Indicate Reason:

Impact Damage
Fire Damage
Battery Expired/Damaged
Unknown

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: N/A

Model: _____

Additional Equipment (Check all that apply)

ADS-B
Airframe Parachute
Angle of Attack Indicator
Autopilot
Data Recorder
Electronic Flight Bag or Handheld Device
Electronic Multifunction Display
Electronic Primary Flight Display
Handheld GPS
Heads Up Display
Onboard Weather
Satellite Tracking Device
Stall Warning System
Video Recording Device
Other, Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Nalu Ventures LLCCity: WaialuaState: HIZIP: 96791Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA

Operator of Aircraft

Same As Registered Owner

Name: Marc Hill

Same Address as Registered Owner

City: _____

Doing Business As: Nalu Ventures LLC

State: _____

ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

☒ 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)☐ 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**Regulation Flight Conducted Under**☒ FAR 91☐ FAR 129☐ FAR 415☐ FAR 103☐ FAR 133☐ FAR 431☐ FAR 121☐ FAR 135☐ FAR 435☐ FAR 125☐ FAR 137☐ FAR 437☐ FAR 91 Special Flight☐ Non-US, Commercial☐ Non-US, Non-commercial

Public Aircraft (Select one)

☐ Armed Forces☐ Federal☐ State☐ Local☐ Unknown**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

☒ Scheduled or Commuter☐ Domestic☐ Non-Scheduled or Air Taxi☐ International☐ Passenger☐ Cargo☐ Mail Contract Only**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

☐ Aerial Application☐ Firefighting☐ Unknown☐ Aerial Observation☐ Flight Test☐ Air Drop☐ Glider Tow☐ Air Race/Show☒ Instructional☐ Banner Tow☐ Other Work Use☐ Business☐ Personal☐ Executive/Corporate☐ Positioning☐ External Load☐ Skydiving☐ Ferry**Revenue Sightseeing Flight**Yes ☐No ☒**Air Medical Flight**Yes ☐No ☒**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: DillinghamAirport Identifier: PHDHProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A ☒Distance From Airport Center: 2.0 smDirection From Airport: 260 degrees trueAirport Elevation: 14 ft. msl**Runway Information**Runway ID: 8 (L/R/C) Length: 9000 ft Width: 75 ft**Runway/Landing Surface** (Check all that apply)☐ Asphalt☐ Grass/Turf☐ Macadam☐ Water☐ Concrete☐ Gravel☐ Metal/Wood☐ Unknown☒ Dirt☐ Ice☐ Snow**Condition of Runway/Landing Surface** (Check all that apply)☒ Dry☐ Holes☐ Ice Covered☒ Rough☐ Rubber Deposits☐ Slush-Covered☐ Snow-Compacted☐ Snow-Crusted☐ Snow-Dry☐ Snow-Wet☐ Soft☐ Vegetation☐ Water-Calm☐ Water-Choppy☐ Water-Glassy☐ Wet☐ Unknown**Approach/Departure Segment** (Select one)N/A

Taxi

VFR Departure

On Instrument Approach

Downwind

Low Approach

Takeoff

IFR Departure Procedure/Clearance

Landing

Base

Go Around

Initial Climb

Final

Aborted Landing (after touchdown)

Crosswind

Unknown

IFR Approach (Check all that apply)☒ None☐ ADF/NDB☐ PAR☐ MLS☐ Practice☐ SDF☐ Sidestep☐ LDA☐ GPS☐ VORT/VOR☐ ILS☐ ASR☐ VOR/DME☐ Localizer Only☐ Visual☐ TACAN☐ LOC-back course☐ Contact☐ RNAV☐ Circling☐ Unknown**VFR Approach** (Check all that apply)☒ None☐ Traffic Pattern☐ Stop and Go☐ Straight-In☐ Touch and Go☐ Valley/Terrain Following☐ Simulated Forced Landing☐ Go Around☒ Forced Landing☐ Full Stop☐ Precautionary Landing☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: Mark

City of Residence: Mokuleia

Middle Initial: S

State: HI

ZIP: 96791

Last Name: Hill

Country: USA

Age at time of Accident/Incident: 58

Date of Birth

mm/dd/yyyy

Certificate Number

Degree of Injury

None Fatal Minor Unknown Serious

Seat Occupied

Left Front Right Rear Center Single Unknown

Restraint Type

Available Used
None Lap only None Lap only
3-point 3-point
4-point 4-point
5-point 5-point
Unknown Unknown

Inflatable Restraints

Not Installed
Installed
Not Deployed
Deployed
Unknown

Pilot Certificate(s) (Check all that apply)

None Flight Instructor Commercial US Military
Private Recreational Airline Transport Foreign
Student Sport Flight Engineer

Principal Occupation

Pilot CFI Other Unknown

Medical Certificate

None Class 3
Class 1 Driver's License (Sport Pilot only)
Class 2 Unknown

Medical Certificate Validity

Without limitations/waivers Unknown
With limitations/waivers N/A
Special Issuance

Date of Last Medical

SPORT PILOT
N/A
mm/dd/yyyy

Medical Certificate Limitations

none / n/a

Medical Certificate Special Issuance

none / n/a

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

Jan. 2022
mm/dd/yyyy

Flight Review Aircraft

Make: Air Borne
Model: XT912

N444EZ

Airplane Rating(s) (Check all that apply)

None Single-Engine Land
Single-Engine Sea
Multiengine Land
Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

None
Airship
Balloon
Glider
Gyroplane
Helicopter
Powered Lift

Instrument Rating(s) (Check all that apply)

None
Airplane
Helicopter
Powered Lift

Instructor Rating(s) (Check all that apply)

None
Airplane Single-Engine
Airplane Multi-Engine
Gyroplane
Powered Lift

Instrument Airplane
Instrument Helicopter
Helicopter
Glider
Sport WSC

Type Ratings

N/A

Student Endorsements (Include dates)

N/A

Flight Time (Enter appropriate number of hours in each box)

	All Aircraft	<u>WSC</u> This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time	450	450				Actual	Simulated			
Pilot in Command (PIC)	430	425								
Time as Instructor	300	300								
This Make/Model										
Last 90 Days	30	30								
Last 30 Days	9	9								
Last 24 Hours	2	2								

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury		Seat Occupied		Restraint Type		Inflatable Restraints
None	Fatal	Left	Front	Unknown		
Minor	Unknown	Right	Rear			
Serious		Center	Single			
Pilot Certificate(s) (Check all that apply)				Available		Used
None	Flight Instructor	Commercial	US Military	None	None	Not Installed
Private	Recreational	Airline Transport	Foreign	Lap only	Lap only	Installed
Student	Sport	Flight Engineer		3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
Principal Occupation		Medical Certificate		Medical Certificate Validity		Date of Last Medical
Pilot	None	Class 3	Without limitations/waivers	Unknown		
Other	Class 1	Driver's License (Sport Pilot only)	With limitations/waivers	N/A		
Unknown	Class 2	Unknown	Special Issuance			mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s) (Check all that apply)	Other Aircraft Rating(s) (Check all that apply)	Instrument Rating(s) (Check all that apply)	Instructor Rating(s) (Check all that apply)
None	None	None	None
Single-Engine Land	Airship	Airplane	Airplane Single-Engine
Single-Engine Sea	Balloon	Helicopter	Airplane Multi-Engine
Multiengine Land	Glider	Powered Lift	Gyroplane
Multiengine Sea	Gyroplane		Powered Lift
	Helicopter		
	Powered Lift		

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	Left Center Right	None Minor Serious Fatal Unknown
Middle Initial: _____	State: _____ ZIP: _____	Front Rear Single Unknown	
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
None	Flight Instructor	Available	Used
Private	Recreational	None	None
Student	Sport	Lap Only	Lap Only
	Commercial	3-point	3-point
	Airline Transport	4-point	4-point
	Flight Engineer	5-point	5-point
	US Military	Unknown	Unknown
	Foreign		
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs	
Yes	No		

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	Left Center Right	None Minor Serious Fatal Unknown
Middle Initial: _____	State: _____ ZIP: _____	Front Rear Single Unknown	
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
None	Flight Instructor	Available	Used
Private	Recreational	None	None
Student	Sport	Lap Only	Lap Only
	Commercial	3-point	3-point
	Airline Transport	4-point	4-point
	Flight Engineer	5-point	5-point
	US Military	Unknown	Unknown
	Foreign		
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs	
Yes	No		

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>FJ</u> City: <u>Flower Mound</u>	<u>Rear</u>	None	Available	Used	17yo
Middle Initial: _____ State: <u>TX</u> ZIP: <u>75022</u>	Left	Minor	None	None	Under 5 years
Last Name: <u>Lazar</u> Country: _____	Center	Serious	Lap Only	Lap Only	
	Right	Fatal	3-point	3-point	If Under 5,
	Unknown	Unknown	4-point	4-point	Child Restraint
Crew	Row: <u>2</u>		5-point	5-point	Lap-Held
Passenger			Unknown	Unknown	Unknown
Other					
First Name: _____ City: _____	Left	None	Available	Used	Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	Center	Minor	Lap Only	Lap Only	
Last Name: _____ Country: _____	Right	Serious	3-point	3-point	If Under 5,
	Unknown	Fatal	4-point	4-point	Child Restraint
Crew	Row: _____	Unknown	5-point	5-point	Lap-Held
Passenger			Unknown	Unknown	Unknown
Other					
First Name: _____ City: _____	Left	None	Available	Used	Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	Center	Minor	Lap Only	Lap Only	
Last Name: _____ Country: _____	Right	Serious	3-point	3-point	If Under 5,
	Unknown	Fatal	4-point	4-point	Child Restraint
Crew	Row: _____	Unknown	5-point	5-point	Lap-Held
Passenger			Unknown	Unknown	Unknown
Other					
First Name: _____ City: _____	Left	None	Available	Used	Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	Center	Minor	Lap Only	Lap Only	
Last Name: _____ Country: _____	Right	Serious	3-point	3-point	If Under 5,
	Unknown	Fatal	4-point	4-point	Child Restraint
Crew	Row: _____	Unknown	5-point	5-point	Lap-Held
Passenger			Unknown	Unknown	Unknown
Other					

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>PHDH</u> City: <u>Mokuleia</u> State: <u>HI</u> Country: <u>USA</u>	Time of Departure Time: <u>0745</u> Time Zone: <u>HST</u>	Destination Airport ID: <u>PHDH</u> City: <u>Mokuleia</u> State: <u>HI</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR VFR/IFR ☐ IFR ☐ Unknown Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply) ☒ None VFR ☐ Special VFR IFR ☐ Special IFR VFR On Top ☐ VFR Flight Following Traffic Advisory ☐ Cruise Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A Class B Class C Class D Class E ☒ Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 Special Air Traffic Control Area Unknown				Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather Company Military ☒ Internet None Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition Dawn ☒ Day Dusk Night Dark Night Bright Night Unknown
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered Thin Broken Thin Overcast Unknown Lowest Cloud Condition Height _____ ft agl	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast Obscured Indefinite Unknown Ceiling Height _____ ft agl
Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	

Wind Direction Variable -or- Direction: <u>090</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>7</u> kts	Wind Gusts Not Gusting -or- Speed: <u>10</u> kts	Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle	Restriction to Visibility (Check all that apply) ☐ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown
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Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type N/A Rime Clear Mixed Unknown	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type N/A Rime Clear Mixed Unknown	Turbulence Type (Check all that apply) ☐ None ☐ Clear Air ☒ Terrain-Induced ☐ Convective Turbulence Severity ☒ Light ☐ Moderate ☐ Severe ☐ Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: unknown to me

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)

Aircraft completely destroyed. Wing attached but also destroyed.
Ballistic Paracute partially deployed but canopy still folded.

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 location, services obtained, and intended destination. Provide as much detail as possible.

Flight was supposed to be a typical 30 min "Discovery Flight Lesson."
Route started to the east to Haleiwa then turned back west likely to
climb up + out to Kaena Pt. Departure was 7:45 AM on 11/5/22.
Terrain to west of PHDH was rough + dirt/rocks/beach. GPS
track shows some climbing turns then descending + much
sharper turns in both directions just before sharp drop to
impact.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

unknown at this point.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Unknown for sure but appears not

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

16

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify 21 Oct Mo Gas

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Both occupants were ejected from A/C on impact

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed
SubstantialMinor
None

Registered Owner of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

N/A

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

11/10/2022
mm/dd/yyyy

Name of Pilot/Operator: _____

Signature: _____

- or -

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Sanders

Title: CFI[±]

Signature: _____

- or -

Check here to electronically sign this document

FOR NTSB USE ONLYNTSB Accident/Incident No.
ANC23FA003Reviewed by NTSB Regional Office
Anchorage, AKName of Investigator
M. HillDate Report Received
11/10/2023