

**NATIONAL TRANSPORTATION SAFETY BOARD**  
**RELEASE OF WRECKAGE**

ACCIDENT/INCIDENT  
IDENTIFICATION NUMBER  
| ERA17FA164

**PART I - RELEASE OF WRECKAGE**

|                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------|
| <b>REGISTERED OWNER (name and address)</b><br><b>Schuster, James R</b><br>                                                                                                                                                                                                                            |                                                      | <b>REGISTRATION OR IDENTIFICATION NUMBER</b><br><b>N865Z</b> |
|                                                                                                                                                                                                                                                                                                                                                                                        |                                                      | <b>MAKE</b><br><b>Bell-Carson</b>                            |
| <b>MODEL</b><br><b>47G Super C4</b>                                                                                                                                                                                                                                                                                                                                                    | <b>DATE OF ACCIDENT/INCIDENT</b><br><b>4/21/2017</b> | <b>LOCATION</b><br><b>Timmonsville, SC</b>                   |
| <p>The National Transportation Safety Board <input checked="" type="checkbox"/> has not <input type="checkbox"/> has completed its investigation of the wreckage described above. All wreckage except that listed on the reverse side is hereby released to the registered owner, or owner's representative, for appropriate disposition. (If no parts are retained, insert NONE.)</p> |                                                      |                                                              |
| <b>SIGNATURE OF NTSB REPRESENTATIVE</b><br>Doug Brazy<br>                                                                                                                                                                                                                                             | <b>TITLE</b><br><b>Air Safety Investigator</b>       | <b>DATE</b><br><b>11/07/17</b>                               |

(This section may be signed by a person, not the owner or owner's representative, who has knowledge of the disposition of the wreckage and its parts. Such signature does not place a responsibility for disposition of the wreckage upon that person.)

I HEREBY ACKNOWLEDGE:

- ☒ Receipt of the above described wreckage.
- ☐ Removal of the parts, if any, listed on the reverse side of this form.

|                                                                                                         |                                           |                               |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------|
| <b>SIGNATURE</b><br> | <b>TITLE</b><br><i>Insurance Adjuster</i> | <b>DATE</b><br><i>11/9/17</i> |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------|

REMARKS:

**NATIONAL TRANSPORTATION SAFETY BOARD  
RECEIPT OF PARTS**ACCIDENT/INCIDENT  
IDENTIFICATION NUMBER  
**ERA17FA164**

## PART II - RELEASE OF PARTS

|                                               |                                     |                              |
|-----------------------------------------------|-------------------------------------|------------------------------|
| REGISTRATION NUMBER<br><b>N865Z</b>           | MAKE<br><b>Bell-Carson</b>          | MODEL<br><b>47G Super C4</b> |
| DATE OF ACCIDENT/INCIDENT<br><b>4/21/2017</b> | LOCATION<br><b>Timmonsville, SC</b> |                              |

The National Transportation Safety Board has retained, for further examination, those parts, pieces, or components listed below. When the examination is complete, they will be returned to:

## OWNER OR OWNER'S REPRESENTATIVE –

Eric Weidner  
Regional Claims Adjuster  
Aviation LS

## ADDRESS

Marietta, GA 30064  
Office Phone: [REDACTED]

## PARTS, PIECES, OR COMPONENTS RETAINED:

**Carburetor inlet screen**

|                                                |                                         |                         |
|------------------------------------------------|-----------------------------------------|-------------------------|
| SIGNATURE OF NTSB REPRESENTATIVE<br>[REDACTED] | TITLE<br><b>Air Safety Investigator</b> | DATE<br><b>11/07/17</b> |
|------------------------------------------------|-----------------------------------------|-------------------------|

The registered owner or owner's representative will acknowledge receipt of the materials by signing this form in the spaces designated below.

|                                                            |                                    |                        |
|------------------------------------------------------------|------------------------------------|------------------------|
| SIGNATURE OF OWNER OR OWNER'S REPRESENTATIVE<br>[REDACTED] | TITLE<br><i>Insurance Adjuster</i> | DATE<br><i>11/9/17</i> |
|------------------------------------------------------------|------------------------------------|------------------------|