# 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: Winder State: GA
ZIP: 30680 Country: USA
Latitude: 34.00 Longitude: 83.67
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**
Date: 10/18/2020 *mm/dd/yyyy* Local Time: 10:59 AM
Time Zone: EST

**Collision with Other Aircraft:** ○ Midair ○ On-ground ◉ None

## AIRCRAFT INFORMATION

**Registration Number:** N566BC
**Manufacturer:** Robinson Helicopter Co
**Model:** R 22 Beta II
**Serial Number:** 4358
**Year of Manufacture:** 2008
**Amateur-Built:** ○ Yes ◉ No *If Yes:* ○ Kit/Plans ○ Original Design Make:

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

**Maximum Gross Weight:** 1370 lbs
**Weight at Time of Accident/Incident:** 1190 lbs
**Number of Seats:** 2 Flight Crew Seats: 1
Cabin Crew Seats: Passenger Seats: 1
**Number of Engines:** 1

**Category of Aircraft**
○ Airplane
○ Balloon
○ Blimp/Dirigible
○ Glider
○ Gyroplane
◉ Helicopter
○ Powered Lift
○ Rocket
○ Ultralight
○ Unknown

**Type of Airworthiness Certificate** *(Check all that apply)*

| Standard | Special |
|---|---|
| ☑ Normal | ☐ Restricted |
| ☐ Aerobatic | ☐ Limited |
| ☐ Balloon | ☐ Provisional |
| ☐ Commuter | ☐ Special Flight |
| ☐ Transport | ☐ Experimental |
| ☐ Utility | ☐ 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
☐ 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) | Time Since: Overhaul (hours) |
|---|---|---|---|---|---|---|---|---|
| Eng 1 | Lycoming | O 360 J2A | L-41182 36E | 5/22/08 | 180 | 2384 | 84 | 184 |
| Eng 2 | | | | | | | | |
| Eng 3 | | | | | | | | |
| Eng 4 | | | | | | | | |

**Last Inspection Type**
◉ 100-Hour ○ Continuous Airworthiness
○ AAIP ○ Conditional Inspection
○ Annual ○ Unknown

**Date Last Inspection:** 07/20/2020 *mm/dd/yyyy*
**Airframe Total Time:** 2384 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: Cabin Halon 500 gram

**Propeller 1** ○ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer:
Model:

**Propeller 2** ○ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer:
Model:

**ELT Installed:** ◉ Yes ○ No
*If Yes:*
**ELT Manufacturer:** Kannad
**Model or Part No.:** 406AF
**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

**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: Blue Ridge Helicopters, Inc

Fractional Ownership Aircraft: ○ Yes ◉ No

City: Wilmington

State: Delaware ZIP: 19810

Country: USA

**Operator of Aircraft** ☒ *Same As Registered Owner* ☐ *Same Address as Registered Owner*

Name: Blue Ridge Helicopters, Inc

Doing Business As:

Air Carrier/Operator Designator (4 Character Code):

City: Lawrenceville

State: GA ZIP: 30046

Country: USA

**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 103
- ○ FAR 121
- ○ FAR 125
- ○ FAR 129
- ○ FAR 133
- ○ FAR 135
- ○ FAR 137
- ○ FAR 415
- ○ FAR 401
- ○ FAR 405
- ○ FAR 407

- ○ 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
- ○ Non-Scheduled or Air Taxi
- ○ Domestic
- ○ International

- ○ Passenger
- ○ Cargo
- ○ Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**
*(Select one)*

- ○ Aerial Application
- ○ Aerial Observation
- ○ Air Drop
- ○ Air Race/Show
- ○ Banner Tow
- ○ Business
- ○ Executive/Corporate
- ○ External Load
- ○ Ferry
- ○ Firefighting
- ○ Flight Test
- ○ Glider Tow
- ○ Instructional
- ○ Other Work Use
- ◉ Personal
- ○ Positioning
- ○ Skydiving

**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: Winder Barrow County

Airport Identifier: KWDR

Proximity to Airport: ◉ Off Airport/Airstrip ○ On Airport/Airstrip ○ N/A

Distance From Airport Center: 4 nm

Direction From Airport: 015 degrees true

Airport Elevation: 910 ft msl

**Runway Information**

Runway ID: 05 (L/R/C) Length: 3607 ft Width: 100 ft

**Runway/Landing Surface** *(Check all that apply)*

- ☒ Asphalt
- ☐ Concrete
- ☐ Dirt
- ☐ Grass/Turf
- ☐ Gravel
- ☐ Ice
- ☐ Macadam
- ☐ Metal/Wood
- ☐ Snow
- ☐ Water
- ☐ Unknown

**Condition of Runway/Landing Surface** *(Check all that apply)*

- ☒ Dry
- ☐ Holes
- ☐ Ice Covered
- ☐ Rough
- ☐ Rubber Deposits
- ☐ Slush Covered
- ☐ Snow-Compacted
- ☐ Snow-Grooved
- ☐ Snow-Dry
- ☐ Snow-Wet
- ☐ Soft
- ☐ Vegetation
- ☐ Water Calm
- ☐ Water Choppy
- ☐ Wet
- ☐ Unknown

**Approach/Departure Segment** *(Select one)*

- ○ Taxi
- ◉ Takeoff
- ○ Initial/Climb
- ○ VFR Departure
- ○ IFR Departure Procedure/Clearance
- ○ On Instrument Approach
- ○ Landing
  - ○ Downwind
  - ○ Base
  - ○ Final
  - ○ Crosswind
- ○ Low Approach
- ○ Go Around
- ○ Aborted Landing (after touchdown)
- ○ Unknown

**IFR Approach** *(Check all that apply)*

- ☒ None

- ☐ ADF/NDB
- ☐ SDF
- ☐ VOR/TVOR
- ☐ VOR/DME
- ☐ TACAN
- ☐ PAR
- ☐ Sidestep
- ☐ ILS
- ☐ Localizer Only
- ☐ LOC-back course
- ☐ RNAV
- ☐ MLS
- ☐ LDA
- ☐ ASR
- ☐ Visual
- ☐ Contact
- ☐ Circling
- ☐ Precise
- ☐ GPS
- ☐ Unknown

**VFR Approach** *(Check all that apply)*

- ☐ None

- ☒ Traffic Pattern
- ☐ Straight-In
- ☐ Valley/Terrain Following
- ☐ Go Around
- ☒ Full Stop
- ☐ Stop and Go
- ☒ Touch and Go
- ☐ Simulated Forced Landing
- ☐ Forced Landing
- ☐ 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: Tyrus

Middle Initial: A

Last Name: Rayner

City of Residence: Kennesaw

State: GA ZIP: 30144

Country: USA

Age at time of Accident/Incident: 61 Date of Birth: [redacted] mm/dd/yy

Certificate Number:

**Degree of Injury**
( ) None ( ) Fatal
( ) Minor ( ) Unknown
(●) Serious

**Seat Occupied**
( ) Left ( ) Front ( ) Unknown
(●) Right ( ) Rear
( ) Center ( ) Single

**Restraint Type**

| Available | Used |
|---|---|
| ( ) None | ( ) None |
| ( ) Lap only | ( ) 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
(●) 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**
12/18/2018
mm/dd/yyyy

**Medical Certificate Limitations**

**Medical Certificate Special Issuance**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 6/15/2019 *mm/dd/yyyy*

**Flight Review Aircraft**
Make: Robinson R44
Model: Raven II

**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

**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: Actual | Instrument: Simulated | Rotorcraft | Glider | Lighter Than Air |
|---|---|---|---|---|---|---|---|---|---|---|
| Total Time | 168 | 156 | | | 3 | | | 146 | | |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | 7 | | | | | | | | | |
| Last 30 Days | 2 | | | | | | | | | |
| Last 24 Hours | 0 | | | | | | | | | |

## FLIGHT ITINERARY INFORMATION

**Last Departure Point**
Airport ID: KLZU
City: Lawrenceville
State: GA
Country: USA

**Time of Departure**
Time: 1000AM
Time Zone: EST

**Destination**
Airport ID: KWDR
City: Winder
State: GA
Country: USA

**Type Flight Plan Filed**
- (•) None
- ( ) Company VFR
- ( ) Military VFR
- ( ) VFR
- ( ) VFR/IFR
- ( ) IFR
- ( ) Unknown

Activated? ( ) Yes ( ) No ( ) Unknown

**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:** 1200 (feet)

## 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

**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 hPa

**Wind Direction**
- [ ] Variable

-or-
Direction: 80 degrees true

**Wind Speed**
- [ ] Calm
- [•] Light and Variable

-or-
Speed: kts

**Wind Gusts**
- [•] Not Gusting

-or-
Speed: kts

**Visibility:** 10 miles
RVR: feet
RVV: miles
**Density Altitude:** ft

**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

**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

**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

## 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)*

Cabin crushed at nose, tailcone strike, boom severed, broken skids. tail rotor strike on tailboom, broken tail rotor blade

## 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.

Pilot departed KLZU enroute to KWDR, 10.4 gallons of fuel was installed at KLZU. upon arrival he stated that he did a full stop on runway 05. After a short pause he continued to work left traffic patterns at KWDR he completed 4 full patterns. On the fifth departure he climbed out on the upwind and turned left crosswind. Pilot stated that he heard a mechanical noise that was unknown in nature. He stated that he immediately had warning lights and low RPM horn on the panel. He entered an autorotation and stated that he had a pasture to his left, a home straight ahead and trees beneath him. The flight path could not reach the clearing and he slowed the descent to the tree tops and setteled into the canopy, upon the desent the tail cone struck limbs and turned the nose of the aircraft straight down.

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

Operator/Owner Safety Recommendation

## 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.)*

MAIN DRIVE BELTS FROM ENGINE TO TAIL ROTOR DRIVE SHAFT BROKE AND WERE MISSING WITH THE EXCEPTION OF ONE SLIGHT PIECE

**Total Time/Cycles On Part**

184 Hours

Cycles

**Time Since This Part Inspected/Overhauled**

Hours

## FUEL & SERVICES INFORMATION

**Fuel on Board at Last Takeoff**

*(Convert from pounds, as necessary)*

12 Gallons

**Fuel Type**

- ○ 80/87
- ◉ 100 Low Lead
- ○ 100-130
- ○ 115/145
- ○ Jet A
- ○ Jet A-1
- ○ Jet B
- ○ JP5
- ○ Automotive
- ○ Other, specify

**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.

Pilot removed himself and was lying on the ground when the first person arrived on the scene. Close by property owner arrived and called 911.

## 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 ☐ Minor

☐ Substantial ☐ 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.

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

| Date of this Report | Name of Pilot/Operator: Ronald E. Carroll |
|---|---|
| 10/27/2020 *mm/dd/yyyy* | Signature: _____ |
| | -- *or* -- ☐ Check here to electronically sign this document |

**If a Person Other than Pilot/Operator is Filing Report**

Name: Ronald E. Carroll Title: President

Signature: _____

-- *or* -- ☑ Check here to electronically sign this document

**FOR NTSB USE ONLY**

| NTSB Accident/Incident No. | Reviewed by NTSB Regional Office | Name of Investigator | Date Report Received |
|---|---|---|---|
| ERA21LA024 | ERA | R. Hicks | 10/27/2020 |