

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: <u>Warwick N72</u> State: <u>NY</u> ZIP: <u>10925</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>					Accident/Incident Date/Time Date: <u>04/28/2021</u> Local Time: <u>12:15</u> <i>mm/dd/yyyy</i> Time Zone: <u>Eastern</u>																																																
AIRCRAFT INFORMATION					Collision with Other Aircraft: ☐ Midair ☐ On-ground ☐ None																																																
Registration Number: <u>N6448U</u> Manufacturer: <u>Mooney</u> Model: <u>M-20-C</u> Serial Number: <u>2195</u> Year of Manufacture: <u>1962</u> Amateur-Built: ☐ Yes ☒ No <i>If Yes:</i> ☐ Kit/Plans ☐ Original Design Make: _____					☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>2575</u> lbs Weight at Time of Accident/Incident: <u>2050</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>																																																
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility ☐ Certificate of Authorization or Waiver (COA) ☐ None		Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport ☐ Unknown		Landing Gear <i>(Check all that apply)</i> ☒ Retractable ☒ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Other Launch/Recovery System ☐ None		Engine Type (Select one) ☐ Reciprocating ☐ Turbo Shaft ☐ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ Liquid Rocket ☐ Solid Rocket ☐ Hybrid Rocket ☐ None ☐ Unknown Fuel System Type (Reciprocating) ☐ Carburetor ☐ Fuel-Injected																																													
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)																																													
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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: <u>Portable fire extinguisher</u>		Propeller 1 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Hartzell</u> Model: <u>HC-CZYK-1BF</u>		Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____		ELT Installed: ☒ Yes ☐ No <i>If Yes:</i> ELT Manufacturer: _____ Model or Part No.: _____ 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 <i>If activated:</i> Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No <i>If not activated:</i> 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: <u>Andrew Bender</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Greenwood Lake</u> State: <u>NY</u> ZIP: <u>10925</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☒ 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Warwick Municipal</u> Airport Identifier: <u>N72</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>02</u> sm Direction From Airport: <u>210</u> degrees true Airport Elevation: <u>540</u> ft. msl	
Runway Information Runway ID: <u>21</u> (L/R/C) Length: <u>2150</u> ft Width: <u>28</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Slush-Covered ☐ Vegetation ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ 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 <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ LOC-back course ☐ Contact ☐ RNAV ☐ Circling ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☒ 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																																																																																																			
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"Flight Crewmember 1" was pilot flying ☐ Yes ☐ No																																																																																																			
"Flight Crewmember 1" Identification First Name: <u>Andrew</u> Middle Initial: <u>J</u> Last Name: <u>Bender</u> City of Residence: <u>Warwick</u> State: <u>NY</u> ZIP: <u>10925</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>55</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																			
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☒ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																												
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>11/09/2019</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA 28</u>																																																																																															
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ City of Residence: _____			☐ Left ☐ Front		☐ None	
Middle Initial: _____ State: _____ ZIP: _____			☐ Center ☐ Rear		☐ Minor	
Last Name: _____ Country: _____			☐ Right ☐ Single		☐ Serious	
			☐ Unknown		☐ Fatal	
					☐ Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military			Available		Used	
☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign			☐ None		☐ None	
☐ Student ☐ Sport ☐ Flight Engineer			☐ Lap Only		☐ Lap Only	
			☐ 3-point		☐ 3-point	
			☐ 4-point		☐ 4-point	
			☐ 5-point		☐ 5-point	
			☐ Unknown		☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Not Installed	
					☐ Installed	
					☐ Not Deployed	
					☐ Deployed	
					☐ Unknown	
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ City of Residence: _____			☐ Left ☐ Front		☐ None	
Middle Initial: _____ State: _____ ZIP: _____			☐ Center ☐ Rear		☐ Minor	
Last Name: _____ Country: _____			☐ Right ☐ Single		☐ Serious	
			☐ Unknown		☐ Fatal	
					☐ Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military			Available		Used	
☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign			☐ None		☐ None	
☐ Student ☐ Sport ☐ Flight Engineer			☐ Lap Only		☐ Lap Only	
			☐ 3-point		☐ 3-point	
			☐ 4-point		☐ 4-point	
			☐ 5-point		☐ 5-point	
			☐ Unknown		☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Not Installed	
					☐ Installed	
					☐ Not Deployed	
					☐ Deployed	
					☐ Unknown	
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)						
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____				Used		
Last Name: _____ Country: _____				☐ None		
☐ Crew ☐ Passenger ☐ Other				☐ Lap Only		
				☐ 3-point		
				☐ 3-point		☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
				☐ 4-point		
				☐ 5-point		
				☐ Unknown		
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____				Used		
Last Name: _____ Country: _____				☐ None		
☐ Crew ☐ Passenger ☐ Other				☐ Lap Only		
				☐ 3-point		
				☐ 3-point		☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
				☐ 4-point		
				☐ 5-point		
				☐ Unknown		
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____				Used		
Last Name: _____ Country: _____				☐ None		
☐ Crew ☐ Passenger ☐ Other				☐ Lap Only		
				☐ 3-point		
				☐ 3-point		☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
				☐ 4-point		
				☐ 5-point		
				☐ Unknown		
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____				Used		
Last Name: _____ Country: _____				☐ None		
☐ Crew ☐ Passenger ☐ Other				☐ Lap Only		
				☐ 3-point		
				☐ 3-point		☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
				☐ 4-point		
				☐ 5-point		
				☐ Unknown		

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>N72</u> City: <u>Warwick</u> State: <u>NY</u> Country: <u>USA</u>		Time of Departure Time: <u>12:15</u> Time Zone: <u>Eastern</u>		Destination Airport ID: <u>N72 Local</u> City: <u>Warwick</u> State: <u>NY</u> Country: <u>USA</u>
Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown ☐ 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: <u>500</u> 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: <u>N72</u> Observation Time: <u>11:45</u> Time Zone: <u>Eastern</u> Distance from Accident Site: <u>02</u> nm Direction from Accident Site: <u>210</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night		
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Scattered		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown		Temperature: _____ (C) or <u>72+</u> (F) Dew Point: _____ (C) or _____ (F)
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl		Altimeter Setting: _____ in. Hg or _____ MB
Wind Direction ☐ Variable -or- Direction: <u>23</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>6</u> kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>6</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>600</u> ft	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ 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 ☐ Light ☐ Clear Air ☐ Moderate ☐ Terrain-Induced ☐ Severe ☐ Convective Turbulence ☐ 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 ☒ Substantial ☐ Minor ☐ Destroyed ☐ Unknown		Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Fire at Unknown Time ☐ On-Ground ☐ Unknown		Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Explosion at Unknown Time ☐ On-Ground ☐ Unknown	
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i> Left wing tore off, right wing removed for transport, prop strike					
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>					
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.					
Pulled aircraft out of hangar, checked oil, fuel, control surfaces, sumped fuel. Performed a normal runup, checked mags, checked prop, carb heat, and back to idle. Everything checked normal. Pulled out and backtaxied 21 at Warwick N72. Add flaps and checked pattern for traffic. Radioed departure and accelerated aircraft down runway. At 65 mph and 2/3 runway rotated and became airborne. I immediately realized aircraft did not seem to be making full power, nosed over to stay in ground effect to build airspeed. At halfway across pond after the end of the runway I attempted to gain altitude. I realized the plane was not going to clear the trash, reached down to shut off fuel and positioned plane between trees for a crash landing. Lost consciousness upon impact with trees. Woke up in ambulance.					

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 <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>		Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours
FUEL & SERVICES INFORMATION		
Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> 40+ Gallons	Fuel Type ☐ 80/87 ☒ 100 Low Lead ☐ 100/130 ☐ 115/145 ☐ Jet A ☐ Jet A-1 ☐ Jet B ☐ JP8 ☐ 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 Don't remember exiting aircraft		
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> 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

05/10/2021

mm/dd/yyyy

Name of Pilot/Operator: Andrew Bender

Signature:

-- or -- ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

-- or -- ☐ Check here to electronically sign this document**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ERA21LA199

Reviewed by NTSB Regional Office

AS-ERA

Name of Investigator

T.Gunther

Date Report Received

05/10/2021