

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: Labelle State: FL
ZIP: 33935 Country: USA
Latitude: 26 41 06 N Longitude: 81 27 46 W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 11/30/2021 Local Time: 4:30 pm
mm/dd/yyyy Time Zone: EA-EST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N3098M
Manufacturer: Piper PA12
Model: PA12
Serial Number: 12-1784
Year of Manufacture: 1977
Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____
Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 1750 lbs
Weight at Time of Accident/Incident: 1385 lbs
Number of Seats: 3 Flight Crew Seats: 1
Cabin Crew Seats: _____ Passenger Seats: 2
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/Serial	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>Lycoming</u>	<u>O-320-C2A</u>	<u>L-444-39C</u>		<u>150 HP</u>	<u>933.4</u>	<u>102.1</u> <u>933.4</u>
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual ☒ Unknown

Date Last Inspection: 06/26/2016
mm/dd/yyyy

Airframe Total Time: 2191.3 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: MCCAULEY
Model: GM 8243/1A175

ELT Installed: Yes ☒ No

If Yes:
ELT Manufacturer: AMERI-KING
Model or Part No.: 450001
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 Off Pos

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____
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: ROBERT H MORRISONCity: FORT DENARDState: FLZIP: 33935Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**

Same As Registered Owner

Same Address as Registered Owner ☒Name: ROBERT H MORRISON

City: _____

Doing Business As: _____

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 FlightYes ☐ 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: _____

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

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

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

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

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

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

Approach/Departure Segment (Select one)

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
VOR/TVOR 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: ROBERT

City of Residence: FORT DENAUD

Middle Initial: H

State: FL ZIP: 33935

Last Name: MORRISON

Country: USA

Age at time of Accident/Incident: 76 Date of Birth: [REDACTED] /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 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 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) 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
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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										

"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 Minor Unknown Serious			Left Front Unknown Right Rear Center Single			Available None Lap only 3-point 4-point 5-point Unknown			Used None Lap only 3-point 4-point 5-point 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		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
Pilot Other Unknown		None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown			Without limitations/waivers Unknown With limitations/waivers N/A 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 Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		None Airship Balloon Glider Gyroplane Helicopter Powered Lift		None Airplane Helicopter Powered Lift		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		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	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?		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	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?		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: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
			3-point	3-point		
			4-point	4-point		
Crew Passenger Other			5-point	5-point		
			Unknown	Unknown		
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
			3-point	3-point		
			4-point	4-point		
Crew Passenger Other			5-point	5-point		
			Unknown	Unknown		
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
			3-point	3-point		
			4-point	4-point		
Crew Passenger Other			5-point	5-point		
			Unknown	Unknown		
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
			3-point	3-point		
			4-point	4-point		
Crew Passenger Other			5-point	5-point		
			Unknown	Unknown		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>95FD</u> City: <u>FORT DENARD</u> State: <u>FI</u> Country: <u>USA</u>	Time of Departure Time: <u>4:15 PM</u> Time Zone: <u>EST</u>	Destination Airport ID: <u>X14</u> City: <u>LABILLE</u> State: <u>FI</u> Country: <u>USA</u>	Type Flight Plan Filed None ☒ VFR/IFR Company VFR IFR Military VFR Unknown VFR 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 G Military Operations Area (MOA) Special Air Traffic Control Area
Class B Demo Area Airport Advisory Area Unknown
Class C Warning Area Jet Training Area
Class D Prohibited Area TRSA
Class E ☒ Restricted Area FAR 93

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 Company
Flight Service Station Military
TV/Radio Internet
Automated Report None
Commercial Weather Service (DUATS) Unknown
On-Board Weather

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 Dusk Dark Night Unknown
Day ☒ Night Bright Night

Sky/Lowest Cloud Condition

Clear ☒ Thin Broken
Few Thin Overcast
Partial Obscuration Unknown
Scattered

Ceiling

None (Clear) ☒ Obscured
Broken Indefinite
Overcast Unknown

Temperature: _____ (C) or _____ (F)

Dew Point: _____ (C) or _____ (F)

Altimeter Setting: _____ in. Hg
or _____ MB

Lowest Cloud Condition Height

ft agl

Ceiling Height

ft agl

Wind Direction

Variable

Wind Speed

Calm ☒
Light and Variable

Wind Gusts

Not Gusting ☒

Visibility 20 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 ☒ 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 ☒ Type
None ☒ N/A
Trace Rime
Light Clear
Moderate Mixed
Severe Unknown
Unknown

Icing Actual

Amount ☒ Type
None ☒ N/A
Trace Rime
Light Clear
Moderate Mixed
Severe Unknown
Unknown

Turbulence

Type (Check all that apply) Severity
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
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)

ENGINE MOUNT BROKEN, FUSELAGE BENT & BROKEN, LANDING GEAR SMASHED, BOTH WINGS BENT AFT, STRUTS BENT. ALL CONSISTANT WITH LANDING IN BRUSH

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.

Took off AT 4:15, FLEW SOUTH ACROSS RIVER TURNED LEFT TO LOOK AT FLORIDA WATER MANAGEMENT PROJECT. descended TO 600 feet AGL TO VIEW dirt work being done. FLEW THE LENGTH OF THE PROJECT. ENGINE WAS RUNNING ON LEFT OR MAIN TANK WHICH WAS FUEL ON TAKE OFF. WHEN IT APPARED TO BE STARVING FOR FUEL. I WAS ON FULL TANK, THROTTLE MOVEMENT MADE LITTLE DIFFERENCE. LUG. SWITCH MADE NO DIFFERENCE. PREPARED TO LAND AT GOV PROJECT. THEN DECIDED TO GO TO PRIVATE LAND WITH BRUSH AT LAST MINUTE.

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

Operator/Owner Safety Recommendation

More Altitude which would add time for
sorting things out, Old Brains are slower

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.)

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)

19 Gallons

Fuel Type

80/87 115/145
100 Low Lead ✓ Jet A
100/130 Jet A-1

Jet B

Other, specify _____

JP8

Automotive

Other Services, if Any, Prior to Departure

Checked out

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes ☒ No

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

Went out the door

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
Substantial

Minor
None

Registered Owner of Other Aircraft

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

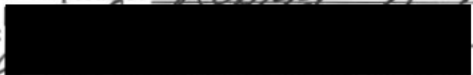
Pilot of Other Aircraft

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 12/09/2021 Name of Pilot/Operator: ROBERT H. MARRISON
mm/dd/yyyy 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. ERA22LA080	Reviewed by NTSB Regional Office AS-ERA	Name of Investigator T. Gunther	Date Report Received 12/09/2021
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