

**NATIONAL TRANSPORTATION SAFETY BOARD
RELEASE OF WRECKAGE**

**ACCIDENT/INCIDENT
IDENTIFICATION NUMBER
WPR29LA012**

PART I - RELEASE OF WRECKAGE

REGISTERED OWNER (name and address) [REDACTED] Fligh Academy 1652 West 1940 South Hangar 58 Woods Cross, Utah 84087		REGISTRATION OR IDENTIFICATION NUMBER N204BF
		MAKE Czech Sport
MODEL Sportcruiser	DATE OF ACCIDENT/INCIDENT October 22, 2019	LOCATION Holden, Utah
The National Transportation Safety Board has ☒ has not ☐ 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.)		
SIGNATURE OF NTSB REPRESENTATIVE [REDACTED]	TITLE Air Safety Investigator	DATE January 13, 2021

(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 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.

SIGNATURE [REDACTED]	TITLE <i>Regional Claims Mgr.</i>	DATE <i>1/14/21</i>
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REMARKS:

**NATIONAL TRANSPORTATION SAFETY BOARD
RECEIPT OF PARTS**

ACCIDENT/INCIDENT
IDENTIFICATION NUMBER
WPR20LA012

PART II – RELEASE OF PARTS

REGISTRATION NUMBER N204BF	MAKE Czech Sport	MODEL Sportcruiser
DATE OF ACCIDENT/INCIDENT October 22, 2019	LOCATION Holden, Utah	

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 – Michelle Brown

ADDRESS **P.O. Box 26866**
Scottsdale, Az 85255

PARTS, PIECES, OR COMPONENTS RETAINED:

1. Engine #2 cylinder components: (Piston, cylinder, head, valve, valve springs, valve stem keepers)
Nothing Follows

SIGNATURE OF NTSB REPRESENTATIVE 	TITLE Air Safety Investigator	DATE January 13, 2021
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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 	TITLE Regional Claims Manager	DATE 1/14/21
ADDRESS P.O. Box 26866 Scottsdale, AZ 85255		