

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: White Salmon State: WA
ZIP: _____ Country: US
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 08/05/2022 Local Time: 8:55
mm/dd/yyyy Time Zone: PDT

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N7485R

Manufacturer: Piper

Model: Cherokee

Serial Number: _____

Year of Manufacture: 1961

Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____
Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 2200 lbs

Weight at Time of Accident/Incident: 1855 lbs

Number of Seats: 4 Flight Crew Seats: 1

Cabin Crew Seats: _____ Passenger Seats: 3

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)

☒ Tricycle ☐ Tailwheel
☐ Retractable
☐ 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>D320-B2B</u>	<u>L-435439</u>		<u>160 HP</u>		
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

100-Hour _____ Continuous Airworthiness
AAIP _____ Conditional Inspection
☒ Annual _____ Unknown

Date Last Inspection: 08/03/2022
mm/dd/yyyy

Airframe Total Time: 3492.02 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: Senschnich

Model: 74DM

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ACK

Model or Part No.: E-04

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

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: _____

Registered Aircraft Owner

City: Yacolt

State: WA ZIP: 98675

Country: US

Same As Registered Owner

Same Address as Registered Owner

City: [REDACTED], Yakolt

Doing Business As: _____

State: WA ZIP: 98675

Air Carrier/Operator Designator (4 Character Code):

Country: US

(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

X 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

(Select one for each group)

Scheduled or Commuter	Domestic
Non-Scheduled or Air Taxi	International

Passenger
Cargo
Mail Contract Only

(Select one)

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

Revenue Sightseeing Flight

Yes ☐ No ☒

Air Medical Flight

Yes ☒ No

Airport Name: Private

Airport Identifier: Unknown / - N/A

Proximity to Airport:	☒ Off Airport/Airstrip	☐ On Airport/Airstrip	☐ N/A
-----------------------	--	--	------------------------------

Distance From Airport Center: 1/2 sm

Direction From Airport: 360 degrees true

Airport Elevation: 460 ft. msl

Runway ID: N/A (L/R/C) Length: 1100 ft Width: 30 ft

Runway/Landing Surface (Check all that apply)

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

Dry Snow-Compacted Water-Calm

Dry	Snow-Compacted	Water-Calm
Holes	Snow-Crusted	Water-Choppy
Ice Covered	Snow-Dry	Water-Glassy
Rough	Snow-Wet	X Wet
Rubber Deposits	Soft	
Slush-Covered	Vegetation	Unknown

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

☒ 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

None

Traffic Pattern	X	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 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 InjuryNone 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 RestraintsNot 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 LiftInstrument 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 Simulated

Rotorcraft

Glider

Lighter Than Air

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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Private Recreational Student Sport Commercial US Military Airline Transport Foreign Flight Engineer					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		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Private Recreational Student Sport Commercial US Military Airline Transport Foreign Flight Engineer					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		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address				Seat	Injury	Restraint Type		Inflatable Restraints	Age
Jason Christ First Name: <u>Jason</u> City: <u>Vancouver</u> Middle Initial: <u>P</u> State: <u>WA</u> ZIP: <u>98684</u> Last Name: <u>Christ</u> Country: <u>US</u> Crew ☒ Passenger Other				Left Center ☒ Right Unknown Row: _____	☒ None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		☒ Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION																																										
Last Departure Point Airport ID: <u>WS2</u> City: <u>Ridgefield</u> State: <u>WA</u> Country: <u>US</u>		Time of Departure Time: <u>8:30</u> Time Zone: <u>PDT</u>		Destination Airport ID: <u>Private</u> City: <u>White Salmon</u> State: <u>WA</u> Country: <u>US</u>																																						
Type Flight Plan Filed ☒ None VFR/IFR ☐ Company VFR IFR ☐ Military VFR Unknown ☒ VFR 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>460</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		Weather Observation Facility Facility ID: <u>AWOS-3 134.375</u> Observation Time: <u>8:45 am</u> Time Zone: <u>PDT</u> Distance from Accident Site: <u>8</u> nm Direction from Accident Site: <u>360</u> degrees true																																								
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☒ Day ☐ Dusk ☐ Dark Night ☐ Unknown ☐ Night ☐ Bright Night																																								
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered Lowest Cloud Condition Height _____ ft agl		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl		Temperature: _____ (C) or <u>~70°</u> (F) Dew Point: <u>?</u> (C) or <u>?</u> (F) Altimeter Setting: <u>?</u> in. Hg or _____ MB																																						
Wind Direction ☐ Variable -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable -or- Speed: _____ kts	Wind Gusts ☐ Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> 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 <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>☒ None</td> <td>N/A</td> </tr> <tr> <td>☐ Trace</td> <td>Rime</td> </tr> <tr> <td>☐ Light</td> <td>Clear</td> </tr> <tr> <td>☐ Moderate</td> <td>Mixed</td> </tr> <tr> <td>☐ Severe</td> <td>Unknown</td> </tr> <tr> <td>☐ Unknown</td> <td></td> </tr> </table>		Amount	Type	☒ None	N/A	☐ Trace	Rime	☐ Light	Clear	☐ Moderate	Mixed	☐ Severe	Unknown	☐ Unknown		Icing Actual <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>☒ None</td> <td>N/A</td> </tr> <tr> <td>☐ Trace</td> <td>Rime</td> </tr> <tr> <td>☐ Light</td> <td>Clear</td> </tr> <tr> <td>☐ Moderate</td> <td>Mixed</td> </tr> <tr> <td>☐ Severe</td> <td>Unknown</td> </tr> <tr> <td>☐ Unknown</td> <td></td> </tr> </table>		Amount	Type	☒ None	N/A	☐ Trace	Rime	☐ Light	Clear	☐ Moderate	Mixed	☐ Severe	Unknown	☐ Unknown		Turbulence <table style="width:100%;"> <tr> <th>Type (Check all that apply)</th> <th>Severity</th> </tr> <tr> <td>☒ None</td> <td>Light</td> </tr> <tr> <td>☐ Clear Air</td> <td>Moderate</td> </tr> <tr> <td>☐ Terrain-Induced</td> <td>Severe</td> </tr> <tr> <td>☐ Convective Turbulence</td> <td>Extreme</td> </tr> </table>	Type (Check all that apply)	Severity	☒ None	Light	☐ Clear Air	Moderate	☐ Terrain-Induced	Severe	☐ Convective Turbulence	Extreme
Amount	Type																																									
☒ None	N/A																																									
☐ Trace	Rime																																									
☐ Light	Clear																																									
☐ Moderate	Mixed																																									
☐ Severe	Unknown																																									
☐ Unknown																																										
Amount	Type																																									
☒ None	N/A																																									
☐ Trace	Rime																																									
☐ Light	Clear																																									
☐ Moderate	Mixed																																									
☐ Severe	Unknown																																									
☐ Unknown																																										
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: <u>None</u>																																										

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 *(Use additional sheet if necessary)*

Both wings detached, Engine and nose damaged. Cabin damaged

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.

Flight started around 8:30am. incident around 8:55. Flight was from Goheen (W52) to a private Runway in White salmon(not depicted on the sectional). The runway I landed at was mistaken for Spring Creek Ranch(private). The grass was freshly wet from sprinklers. I touched down a little far, and the brakes didn't work well on the wet grass so I made the decision to go around, and by that time it was too late, and ended up catching the top of the trees at the end of the runway.

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

Operator/Owner Safety Recommendation

Research the field/airstrip in depth and find pictures when it is a private airstrip. Make better judgement on when to go around. Don't be afraid to go around.

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
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

38

Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

☒ 100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

Other Services, if Any, Prior to Departure

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

climbed out of front window

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 08/10/2022 Name of Pilot/Operator: Taylor Huegel
mm/dd/yyyy Signature: [REDACTED]
-- 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. WPR22LA294	Reviewed by NTSB Regional Office OAS WPR	Name of Investigator S. B. Johnson	Date Report Received 08/25/2022
--	---	---------------------------------------	------------------------------------