

|                                                              |                   |
|--------------------------------------------------------------|-------------------|
| <b>NATIONAL TRANSPORTATION SAFETY BOARD</b>                  | ACCIDENT NUMBER:  |
| RETENTION / RELEASE OF WRECKAGE RELATED TO ACCIDENT NUMBER ► | <b>WPR24FA185</b> |

For Use In All Modal Investigations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                        |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------|
| REGISTERED OWNER (name and address)<br><br>James M. Galvin<br>[REDACTED]<br>Oro Valley, AZ 85737                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | IDENTIFICATION NUMBER<br><br>N518D     |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | MAKE<br><br>Dean C. Frost              |                       |
| LOCATION<br><br>Picacho Peak, AZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE OF ACCIDENT<br><br>6/18/24 | MODEL<br><br>Rans S-12XL               |                       |
| RETAINED BY NTSB REPRESENTATIVE<br><br>Michael Hicks                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | TITLE<br><br>Air Safety Investigator   | DATE<br><br>9/19/2024 |
| The National Transportation Safety Board has <input type="checkbox"/> has not <input checked="" type="checkbox"/> completed its investigation of the wreckage described above. All recovered wreckage except that listed in the evidence control form(s) is hereby released.<br><br><input checked="" type="checkbox"/> NO PARTS RETAINED                                                                                                                                                          |                                 |                                        |                       |
| RELEASED BY NTSB REPRESENTATIVE<br><br>Michael Hicks                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | TITLE<br><br>Air Safety Investigator   | DATE<br><br>9/19/24   |
| (This section may be acknowledged by a person, not the owner or owner's representative, who has knowledge of the disposition of the recovered wreckage and its parts. Such acknowledgement does not place responsibility for disposition of the wreckage upon that person.)<br><br>I HEREBY ACKNOWLEDGE:<br><br><input checked="" type="checkbox"/> Receipt of the above described wreckage.<br><br><input type="checkbox"/> Removal of the parts, if any, listed in the evidence control form(s). |                                 |                                        |                       |
| PERSON MAKING A [REDACTED]<br><br>Michelle Brown                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | TITLE<br><br>Regional Claims Manager   | DATE<br><br>9/20/24   |
| ADDRESS<br><br>[REDACTED] Scottsdale, AZ 85255                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | PHONE NUMBER & EMAIL<br><br>[REDACTED] |                       |

REMARKS: