

Via: email
[REDACTED]

Investigator Craig Hatch
Air Safety Investigator
4760 Oakland Street - Suite 500
Denver, Colorado 80239

RE: Best Aircraft Accident N3445Q October 10, 2020

Dear Investigator Hatch:

Our sincere apologies for the time it has taken to submit this report. Please allow this letter to serve as the narrative portion to the NTSB report portion attached.

Initially, Mr. and Mrs. Best were admitted to Mercy Hospital Springfield, MO. Then both have been subject to services and treatment at home and clinics for OT/PT therapies. This continues with various outpatient activities under the supervision of their personal doctor.

Other issues requiring ample time have been for the replacement of critical items lost in the accident such as home wireless phone system, iphones, ipads, laptop computer, internet access devices, credit cards, checkbooks, contacts/glasses, dental bridges, all ID's, cash, clothes, etc. Password back-ups were in these devices and consultants had to assist to partially recover old files lost in the accident. His family has also been intensely challenged in the last years with a daughter under their care that suffers from multiple disabilities.

Regardless, the following information is truthful and as complete as Mr. Best can recollect. The plane's complete log books were on plane as well as his last flight logbook, all were destroyed. Insurance applications assisted with flight hours and categories of log time.

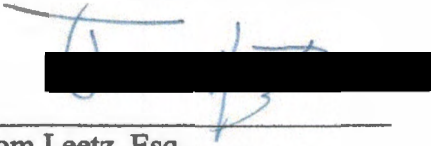
Mr. Best arrived at his private hangar on the morning of October 10, 2020 at MO64 and performed some basic maintenance items on the hangar. The exact time of departure is uncertain but Mr. Best noted the weather at KBBG, his destination, as well as IPAD/IPHONE data. He then began his preflight and loaded the plane inside the hangar before pulling it out of the hangar for the fuel sumps check. Mr. Best then entered the plane and closed the door. He started the plane for warm-up, reconfirmed the weather, and taxied to the North end of the airport for run-up check. After completing the engine run-up status he radioed his departure intent. Mr. Best pushed the throttle forward and was climbing when he was advised by radio of the tow bar being attached but did not know who the individual was. He stated he would return to MO64 but considered Branson West (KFWB). During the pattern return, he thought of possible options that might assist him and was concerned of any movements/actions that

might cause the bar to strike the prop. He then refocused upon flight issues and attempted to correct altitude/power/flight surfaces. Mr. Best's plan was to attempt landing with a shallow glide angle in efforts to avoid a possible bounced landing. However, at the hospital, two FAA investigators advised him that the aircraft itself had cleared the trees on the runway path but a portion of the tow bar caught a branch in a treetop. Fortunately, no one on the ground was hurt.

Following impact, the front of the plane was on fire and he had to put his right arm into the flames to release his seatbelt. His wife could not open the rear door as the door latches came off upon impact. He managed to get into the rear of the aircraft and kick the door out for exit. Events become a bit scattered at this point but he noticed that his wife and he had exited the plane. He recollects seeing his wife on a golf cart then noticing the plane fully engulfed in flames. Firemen quickly put out the flames out and a helicopter was waiting for them. Mr. and Mrs. Best were then flown to Mercy Hospital, Springfield, MO.

Mr. Hatch, if you have any further needs, please feel free to contact me.

Sincerely,
BARNETT LAW OFFICES



Tom Leetz, Esq.
Of Counsel

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>Kimberling City</u> State: <u>MO</u> ZIP: <u>65686</u> Country: <u>USA</u> Latitude: <u>36.61</u> <u>N</u> Longitude: <u>93.44</u> <u>W</u> (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>10-10-2020</u> Local Time: <u>MORNING</u> mm dd yyyy Time Zone: <u>Central</u>	
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None			

AIRCRAFT INFORMATION

Registration Number: <u>N3445Q</u> Manufacturer: <u>Piper</u> Model: <u>Lance</u> Serial Number: <u>32R-7780312</u> Year of Manufacture: <u>1977</u> Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Make ☐ Original Design		☒ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>3,600</u> lbs Weight at Time of Accident/Incident: <u>2900</u> lbs Number of Seats: <u>6</u> Flight Crew Seats <u>2</u> Cabin Crew Seats <u>—</u> Passenger Seats <u>4</u> Number of Engines: <u>1</u>	
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☐ Normal ☒ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ 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
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Engine	Engine Manufacturer	Engine Model/Series	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>IO-540-K165D</u>	<u>UNK.</u>	<u>UNK</u>	<u>300</u>	<u>4040</u>	<u>40</u>	<u>1440</u>
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>11-19-2020</u> mm dd yyyy Airframe Total Time: <u>4040</u> hrs hours measured at (Select one) ☐ Last Inspection ☒ Time of Accident/Incident	Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>UNK</u> Model: <u>UNK</u>	Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AIP) ☐ Continuous Airworthiness ☐ Other, specify: _____	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>UNK</u> Model or Part No.: <u>UNK</u> TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz) ☐ OC126 (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: <u>UNK</u> Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No If not activated: Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown	
Description of Fire Extinguishing System ☐ None ☒ Fire Ext. - Manual Specify: <u>3 Units</u>	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>Kenneth Best</u>		City: <u>Sullivan</u> State: <u>IL</u> ZIP: <u>61951</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☐ Yes ☐ No			
Operator of Aircraft ☒ Same As Registered Owner		☐ Same Address as Registered Owner	
Name: _____		City: _____	
Doing Business As: _____		State: _____ ZIP: _____	
Air Carrier/Operator Designator (4 Character Code): _____		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>Kimbeeling Airways</u>		Distance From Airport Center: <u>1</u> sm	
Airport Identifier: <u>MO64</u>		Direction From Airport: <u>90°</u> degrees true	
Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Airport Elevation: <u>1050</u> ft. msl	
Runway Information Runway ID: <u>13/31</u> (L/R/C) Length: <u>2600</u> ft Width: <u>25</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 ☐ Crosswind ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ PAR ☐ M.S. ☐ 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 ☐ Precipitation Landing ☐ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
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"Flight Crewmember 1" Identification First Name: <u>Kenneth</u> Middle Initial: <u>W</u> Last Name: <u>Best</u> City of Residence: <u>Sullivan</u> State: <u>IL</u> ZIP: <u>61951</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>73</u> Date of [REDACTED] [REDACTED] [REDACTED] mm/dd/yyyy Certificate Number: <u>Loss in Crash</u>																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☒ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Restraint Type Available ☐ None ☐ Lap only ☒ 2-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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Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate <u>Basis Med.</u> ☐ 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 <u>08/22/2019</u> mm/dd/yyyy																																																																																												
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)							
Crew Name and Address <u>N/A</u>				Seat Occupied		Injury	
First Name: _____		City of Residence _____		☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Middle Initial: _____		State _____ ZIP _____					
Last Name: _____		Country: _____					
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ 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 _____		☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Middle Initial _____		State _____ ZIP _____					
Last Name _____		Country: _____					
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ 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 <u>66</u>
First Name <u>Debra</u> City <u>Sullivan</u>		☒ Left ☐ Center ☐ Right ☐ Unknown Row <u>3</u>	☐ None ☒ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☒ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial <u>R.</u> State <u>IL</u> ZIP <u>61951</u>							
Last Name <u>Best</u> Country _____							
☐ Crew ☒ Passenger ☐ Other							
First Name _____ City _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial _____ State _____ ZIP _____							
Last Name _____ Country _____							
☐ Crew ☐ Passenger ☐ Other							
First Name _____ City _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial _____ State _____ ZIP _____							
Last Name _____ Country _____							
☐ Crew ☐ Passenger ☐ Other							
First Name _____ City _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State _____ ZIP: _____							
Last Name: _____ Country _____							
☐ Crew ☐ Passenger ☐ Other							

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>M064</u> City: <u>Kimberling City</u> State: <u>MO</u> Country: <u>USA</u>		Time of Departure Time: <u>Morning</u> Time Zone: <u>Central</u>		Destination Airport ID: <u>2H0</u> City: <u>Shelbyville</u> State: <u>IL</u> Country: <u>USA</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 ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ 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: <u>KBBG</u> Observation Time: <u>10:00 AM</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>13</u> nm Direction from Accident Site: <u>110</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 ☐ Unknown ☐ Scattered Lowest Cloud Condition Height _____ ft agl		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height <u>None</u> ft agl		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in Hg or _____ MB <u>UNK</u>
Wind Direction ☐ Variable Direction: <u>UNK</u> degrees true		Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>UNK</u> kts		Wind Gusts ☐ Not Gusting Speed: <u>UNK</u> kts
Visibility <u>Unlimited</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>UNK</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 ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ 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)

Plane destroyed - Damage to parked boat
trailers and trees

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 location, services obtained and intended destination. Provide as much detail as possible.

RECOMMENDATION (How could this accident/incident have been prevented?)			
Operator/Owner Safety Recommendation None			
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 INFORMATION			
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 60 Gallons	Fuel Type ☐ 80/87 ☒ 100 Low Lead ☐ 100/130 ☐ 115/145 ☐ JET A ☐ JET B ☐ Other, specify _____ ☐ JP8 ☐ Automotive		
Other Services, if Any, Prior to Departure None			
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 Front on fire exited Rear. Door Latches broke so Killed door open and vacated			
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number N/A	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

06/19/2021
(mm/dd/yyyy)

Name of Pilot/Operator

Signature:

-- or --

☐ Check here to electronically sign this document

Kenneth M. Best

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.
CEN21LA014Reviewed by NTSB Regional Office
DENVER, COName of Investigator
CRAIG HATCHDate Report Received
11/22/2021