

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: French Lick State: IN

ZIP: 47432 Country: US

Latitude: 38 30' 16" N Longitude: 86 39' 08" W

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 11/28/2020 Local Time: 1:37 pm
mm/dd/yyyy

Time Zone: Eastern Standar

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: 5242W

Manufacturer: Piper

Model: PA28-160

Serial Number: 28-283

Year of Manufacture: 1962

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

☐ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 2200 lbs

Weight at Time of Accident/Incident: 1530 lbs

Number of Seats: 4 Flight Crew Seats: 2

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

- ☒ 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

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>O-320-B2B</u>	<u>L-4633-39</u>	<u>11/29/1961</u>	<u>160</u>	<u>4345.7</u>	<u>5.9</u>	<u>2034.9</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 03/31/2020

mm/dd/yyyy

Airframe Total Time: 4345.7 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: Senserick

Model: 74DMG-0-56

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ACK Technologies

Model or Part No.: E-04 ELT

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (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

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: Johnnie D Bush/Ruth T Bush Co-ownersCity: CelestineState: INZIP: 47521Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: US**Operator of Aircraft**☐ Same As Registered Owner☒ Same Address as Registered OwnerName: Johnnie D Bush

City: _____

Doing Business As: Retired

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 Flight☐ Yes ☒ 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: French Lick MunicipalDistance From Airport Center: 3/4 smAirport Identifier: KFRHDirection From Airport: 315 degrees trueProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/AAirport Elevation: 792 ft. msl**Runway Information**Runway ID: 08 (L/R/C) Length: 5500 ft Width: 100 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 ☐ 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: Johnnie

City of Residence: Celestine

Middle Initial: D

State: IN ZIP: 47521

Last Name: Bush

Country: US

Age at time of Accident/Incident: 70 Date of Birth: [REDACTED] mm/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

☐ 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

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

08/26/2020
mm/dd/yyyy

Medical Certificate Limitations

Must wear corrective lenses.

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

06/01/2019
mm/dd/yyyy

Flight Review Aircraft

Make: Piper

Model: PA28-160

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
 ☐ Instrument Airplane
 ☐ Airplane Single-Engine
 ☐ Instrument Helicopter
 ☐ Airplane Multi-Engine
 ☐ Helicopter
 ☐ Gyroplane
 ☐ Glider
 ☐ Powered Lift
 ☐ 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	291		291		5		14			
Pilot in Command (PIC)	177		177		5		14			
Time as Instructor										
This Make/Model					2		14			
Last 90 Days	4	4	4							
Last 30 Days	2	2	2							
Last 24 Hours	1	1	1							

"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

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

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

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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ 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 First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied ☐ Left ☐ Center ☐ Right ☐ Front ☐ Rear ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ 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 First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied ☐ Left ☐ Center ☐ Right ☐ Front ☐ Rear ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ 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 First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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		Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
Name and Address First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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		Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
Name and Address First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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		Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
Name and Address First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	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		Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KFRH</u> City: <u>French Lick</u> State: <u>IN</u> Country: <u>US</u>	Time of Departure Time: <u>12:30pm</u> Time Zone: <u>ES</u>	Destination Airport ID: <u>KFRH</u> City: <u>French Lick</u> State: <u>IN</u> Country: <u>US</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	☐ 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 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: _____ ft msl
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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: KFRH
 Observation Time: 12:15pm/1:00pm
 Time Zone: Eastern Standard
 Distance from Accident Site: 3/4 nm
 Direction from Accident Site: 315 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

_____ ft agl

Temperature: _____ (C) or _____ (F)

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

Altimeter Setting: _____ 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 10+ 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:

NONE

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)*

Right wing ripped off on impact with tree tops.
Aircraft dropped from tree tops rolling and landing on tail section first crushing it.
Aircraft then fell over onto it's top coming to a rest in a ravine.
Aircraft destroyed.
Some tree damage.
Some damage to field from emergency vehicles and salvage people.

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.

I try to fly the aircraft at least once a month. I have been told it is good for the engine to be ran at flight rpms for at least 40 minutes often. I was at KFRH where I hangar N5242W, a PA28-160 to do just that and do 3 take off and landings to maintain currency.
At 12:15 pm EST I started the plane after pre-flighting and noting having about 8-9 gallons of fuel in the left wing and 6-7 gallons in the right wing. I planned to depart on the left wing fuel and switch to the right wing after doing some sight seeing around the area south of the airport, then switching to the right wing on my return to the airport for my take off and landings before putting aircraft back in hangar. Winds were calm and I heard approaching traffic calling for runway 26. I taxied to runway 26 for my run up and departure after approaching traffic had landed at 12:30 pm EST. After departing runway 26 and leaving the pattern to the south I flew around the area to the south and south west for about 40 - 45 minutes. On approaching KFRH to land I heard traffic was then using runway 08, so I called for landing runway 08. My first landing was to a full stop, taxiing back to runway 08 for my second departure. I departed and stayed in pattern for a touch and go, and did so. Again staying in the pattern for my third and final landing to a full stop. Toward the end of the downwind the engine sputtered and died. Considering what was happening I immediately tried applying carburetor heat with no positive results. I announced turning base, but actually turned straight for the end of runway 08. Trying to maintain best glide I could soon tell I was not going to make it. I tried turning back to a field I had just over flown, but realized that was not going to happen either. I then turned back a little to the east following a ravine where the trees were a little lower to delay what was clearly the inevitable. On impact with the tree tops the right wing was ripped off. The aircraft rolled and dropped tail first to the ravine below crushing the tail section and cushioning the impact. The aircraft then fell over on it's roof coming to rest. Time of the accident reported by my Foreflight was 1:37 pm EST. I was able to release my seat belt and open the door exiting the aircraft. After exiting the aircraft the radios were still working and I responded to calls from an aircraft at the end of runway 08 that had seen me disappear on my approach. I confirmed I was down and apparently ok. That aircraft then departed runway 08 and circled over me until he could see help had reached me. I turned the master switch off and gathered my things out of the aircraft. By that time nearby residents had come to my aid and helped me climb out of the ravine with my stuff. First responders arrived shortly surprised as I was to see me walking around seemingly uninjured.

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

Operator/Owner Safety Recommendation

Following through with my planned fuel management plan.
Flying a tighter traffic pattern.
Following emergency procedures and check sheets.

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)15 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**AWOS**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 locationI was able to release my seat belt, open door and exit. No other occupants.**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)****Aircraft Registration Number**N5242W**Manufacturer:** Piper**Model:** PA28-160**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.

Page 3. Latitude and longitude of accident location approximated with help of google maps.

Page 4. Distance and location of accident from airport center also approximated with google maps.

Page 8. Same for weather observation facility (AWOS) used same approximation as on page 4.

Page 8. I did not make note of temperature, dew point, altimeter setting, or density altitude at the time of the accident.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**Date of this Report**12/11/2020*mm/dd/yyyy***Name of Pilot/Operator:** Johnnie D Bush**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.**

CEN21LA068

Reviewed by NTSB Regional Office

CENTRAL

Name of Investigator

LINDBERG

Date Report Received

12/11/2020