

**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: Stevenson State: WA
 ZIP: 98648 Country: USA
 Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 06/27/2021 Local Time: 7:45A
mm/dd/yyyy Time Zone: PK

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N6548M
Manufacturer: STINSON
Model: 108-3
Serial Number: 108-4548
Year of Manufacture: 1948
Amateur-Built: Yes If Yes: Kit/Plans Make: _____
 No Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: 2400 lbs
Weight at Time of Accident/Incident: ~2040 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 **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)
 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 <i>mm/dd/yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time <i>(hours)</i>	Time Since: Inspection <i>(hours)</i>	Overhaul <i>(hours)</i>
Eng. 1	Franklin	GA4-165B3	32360	1948	105	3	30	495
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 10/18/2020
mm/dd/yyyy
Airframe Total Time: _____ 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: Hand held x

Propeller 1 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: _____
 Model: _____

ELT Installed: Yes No
 If Yes:
ELT Manufacturer: _____
Model or Part No.: _____
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: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Doug Bill
 Fractional Ownership Aircraft: Yes No

City: Stevenson
 State: WA ZIP: 98648
 Country: USA

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: _____
 Doing Business As: _____
 Air Carrier/Operator Designator (4 Character Code): _____

City: _____
 State: _____ ZIP: _____
 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

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> FAR 91 | <input type="checkbox"/> FAR 129 | <input type="checkbox"/> FAR 415 |
| <input type="checkbox"/> FAR 103 | <input type="checkbox"/> FAR 133 | <input type="checkbox"/> FAR 431 |
| <input type="checkbox"/> FAR 121 | <input type="checkbox"/> FAR 135 | <input type="checkbox"/> FAR 435 |
| <input type="checkbox"/> FAR 125 | <input type="checkbox"/> FAR 137 | <input type="checkbox"/> 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)

- | | |
|--|--|
| <input type="checkbox"/> Scheduled or Commuter | <input type="checkbox"/> Domestic |
| <input type="checkbox"/> Non-Scheduled or Air Taxi | <input type="checkbox"/> International |
| <input type="checkbox"/> Passenger | |
| <input type="checkbox"/> Cargo | |
| <input type="checkbox"/> Mail Contract Only | |

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Aerial Application | <input type="checkbox"/> Firefighting | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Aerial Observation | <input type="checkbox"/> Flight Test | |
| <input type="checkbox"/> Air Drop | <input type="checkbox"/> Glider Tow | |
| <input type="checkbox"/> Air Race/Show | <input type="checkbox"/> Instructional | |
| <input type="checkbox"/> Banner Tow | <input type="checkbox"/> Other Work Use | |
| <input type="checkbox"/> Business | <input type="checkbox"/> Personal | |
| <input type="checkbox"/> Executive/Corporate | <input type="checkbox"/> Positioning | |
| <input type="checkbox"/> External Load | <input type="checkbox"/> Skydiving | |
| <input type="checkbox"/> 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: KEYWAY
 Airport Identifier: 19WA
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: 1/2 m sm
 Direction From Airport: N degrees true
 Airport Elevation: 960 ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: 2100 ft Width: 75 ft

Condition of Runway/Landing Surface (Check all that apply)

- | | | | |
|-----------------------------------|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Asphalt | <input checked="" type="checkbox"/> Grass/Turf | <input type="checkbox"/> Macadam | <input type="checkbox"/> Water |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Gravel | <input type="checkbox"/> Metal/Wood | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Dirt | <input type="checkbox"/> Ice | <input type="checkbox"/> Snow | |

- | | | |
|--|---|---------------------------------------|
| <input checked="" type="checkbox"/> Dry | <input type="checkbox"/> Snow-Compacted | <input type="checkbox"/> Water-Calm |
| <input type="checkbox"/> Holes | <input type="checkbox"/> Snow-Crusted | <input type="checkbox"/> Water-Choppy |
| <input type="checkbox"/> Ice Covered | <input type="checkbox"/> Snow-Dry | <input type="checkbox"/> Water-Glassy |
| <input type="checkbox"/> Rough | <input type="checkbox"/> Snow-Wet | <input type="checkbox"/> Wet |
| <input type="checkbox"/> Rubber Deposits | <input type="checkbox"/> Soft | |
| <input type="checkbox"/> Slush-Covered | <input type="checkbox"/> Vegetation | <input type="checkbox"/> Unknown |

Approach/Departure Segment (Select one)

- | | | | | |
|--|--|--|------------------------------------|--|
| <input type="checkbox"/> Taxi | <input type="checkbox"/> VFR Departure | <input checked="" type="checkbox"/> On Instrument Approach | <input type="checkbox"/> Downwind | <input type="checkbox"/> Low Approach |
| <input type="checkbox"/> Takeoff | <input type="checkbox"/> IFR Departure Procedure/Clearance | <input type="checkbox"/> Landing | <input type="checkbox"/> Base | <input type="checkbox"/> Go Around |
| <input type="checkbox"/> Initial Climb | | | <input type="checkbox"/> Final | <input type="checkbox"/> Aborted Landing (after touchdown) |
| | | | <input type="checkbox"/> Crosswind | <input type="checkbox"/> Unknown |

IFR Approach (Check all that apply)

- None
 ADF/ADF
 SDF
 VOR/TVOR
 VOR/DME
 TACAN
- | | | |
|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> PAR | <input type="checkbox"/> MLS | <input type="checkbox"/> Practice |
| <input type="checkbox"/> Sidestep | <input type="checkbox"/> LDA | <input type="checkbox"/> GPS |
| <input type="checkbox"/> ILS | <input type="checkbox"/> ASR | <input type="checkbox"/> Visual |
| <input type="checkbox"/> Localizer Only | <input type="checkbox"/> Contact | <input type="checkbox"/> Circling |
| <input type="checkbox"/> LOC-back course | | |
| <input type="checkbox"/> RNAV | | |
- Unknown

VFR Approach (Check all that apply)

- None
 Traffic Pattern
 Straight-In
 Valley/Terrain Following
 Go Around
 Full Stop
- | |
|---|
| <input type="checkbox"/> Stop and Go |
| <input type="checkbox"/> Touch and Go |
| <input type="checkbox"/> Simulated Forced Landing |
| <input type="checkbox"/> Forced Landing |
| <input type="checkbox"/> Precautionary Landing |
| <input type="checkbox"/> 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: Doug City of Residence: Stevenson
 Middle Initial: B State: WA ZIP: 98648
 Last Name: Bill Country: USA
 Age at time of Accident/Incident: 52 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury None Fatal Minor Unknown <input checked="" type="radio"/> Serious	Seat Occupied Left Front Unknown <input checked="" type="radio"/> Right Rear Single Center	Restraint Type Available Used		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	
		None Lap only <input checked="" type="radio"/> 3-point <input checked="" type="radio"/> 4-point 5-point Unknown	None Lap only 3-point 4-point 5-point Unknown		
Pilot Certificate(s) (Check all that apply)					
<input checked="" type="radio"/> None <input checked="" type="radio"/> Private Student	Flight Instructor Recreational Sport	Commercial Airline Transport Flight Engineer	US Military Foreign		
Principal Occupation Pilot <input checked="" type="radio"/> Other Unknown	Medical Certificate None Class 3 <u>Basic Med</u> Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity <input checked="" type="radio"/> Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance		Date of Last Medical <u>5/27/21</u> mm/dd/yyyy	

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 6521
mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA
Model: 185

Airplane Rating(s) (Check all that apply) <input checked="" type="radio"/> None <input checked="" type="radio"/> 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) <input checked="" type="radio"/> None <input checked="" type="radio"/> Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="radio"/> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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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	<u>988</u>	<u>214</u>	<u>988</u>					<u>~ 25</u>		
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

"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: Todd City of Residence: Eagle
 Middle Initial: _____ State: CO ZIP: _____
 Last Name: SWANSON Country: USA
 Age at time of Accident/Incident: 50 Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious <input checked="" type="checkbox"/>		Seat Occupied Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown <input type="checkbox"/>		Restraint Type Available <input type="checkbox"/> Used <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Lap only <input type="checkbox"/> Lap only <input type="checkbox"/> 3-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input checked="" type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/>		Inflatable Restraints Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown <input type="checkbox"/>
Pilot Certificate(s) (Check all that apply) None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer <input type="checkbox"/>						
Principal Occupation Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>		Medical Certificate None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown <input checked="" type="checkbox"/>		Medical Certificate Validity Without limitations/waivers <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A <input type="checkbox"/> Special Issuance <input type="checkbox"/>		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 <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea <input type="checkbox"/>	Other Aircraft Rating(s) (Check all that apply) None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/>	Instrument Rating(s) (Check all that apply) None <input type="checkbox"/> Airplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/>	Instructor Rating(s) (Check all that apply) None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/>	Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport <input type="checkbox"/>
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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										

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>19WA</u> City: <u>Stevenson</u> State: <u>WA</u> Country: <u>USA</u>	Time of Departure Time: <u>7:45 A</u> Time Zone: <u>P</u>	Destination Airport ID: <u>19WA</u> City: _____ State: _____ Country: _____	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR VFR/IFR IFR Unknown Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)

<input checked="" type="checkbox"/> None VFR	<input type="checkbox"/> Special VFR IFR	<input type="checkbox"/> Special IFR VFR On Top	<input type="checkbox"/> VFR Flight Following Traffic Advisory	<input type="checkbox"/> Cruise Unknown / NA
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Airspace where the accident/incident occurred (Check all that apply)

Class A	<input checked="" type="checkbox"/> Class G	Military Operations Area (MOA)	Special Air Traffic Control Area	Altitude of In-Flight Occurrence: _____ ft msl
Class B	Demo Area	Airport Advisory Area	Unknown	
Class C	Warning Area	Jet Training Area		
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition Dawn <input checked="" type="radio"/> Day Dusk Night Dark Night Bright Night Unknown
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Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown	Temperature: _____ (C) or <u>75</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl	

Wind Direction <input checked="" type="radio"/> Variable -or- Direction: _____ degrees true	Wind Speed <input checked="" type="radio"/> Calm <input checked="" type="radio"/> Light and Variable -or- Speed: _____ kts	Wind Gusts <input type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>UnLim.</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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Icing Forecast <table border="1"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td>N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td>Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td>Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td>Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td>Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	N/A	<input type="radio"/> Trace	Rime	<input type="radio"/> Light	Clear	<input type="radio"/> Moderate	Mixed	<input type="radio"/> Severe	Unknown	<input type="radio"/> Unknown		Icing Actual <table border="1"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td>N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td>Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td>Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td>Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td>Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	N/A	<input type="radio"/> Trace	Rime	<input type="radio"/> Light	Clear	<input type="radio"/> Moderate	Mixed	<input type="radio"/> Severe	Unknown	<input type="radio"/> Unknown		Turbulence <table border="1"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td>Light</td> </tr> <tr> <td><input type="radio"/> Clear Air</td> <td>Moderate</td> </tr> <tr> <td><input type="radio"/> Terrain-Induced</td> <td>Severe</td> </tr> <tr> <td><input type="radio"/> Convective Turbulence</td> <td>Extreme</td> </tr> </table>	Type	Severity	<input checked="" type="radio"/> None	Light	<input type="radio"/> Clear Air	Moderate	<input type="radio"/> Terrain-Induced	Severe	<input type="radio"/> Convective Turbulence	Extreme
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<input type="radio"/> Convective Turbulence	Extreme																																							

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground
Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground
Both Ground and In-Flight
Explosion at Unknown Time
Unknown

Description of Damage to Aircraft and Other Property *(Use additional sheet if necessary)*

Plane 9590 consumed by fire.
small area on ground burned (50ft circle)

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.

Departed Keyway about 7:45 Am for 1 turn of the pattern. ON final approach, just about to flare, a van pulled out into the runway at just about touch down point. A go-around was the only option to avoid a collision and was attempted. aircraft failed to climb out against rising terrain resulting in off-airport landing. 2 occupants climbed out and got clear before fire consumed plane.

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

Operator/Owner Safety Recommendation

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)

45 Gallons

Fuel Type

80/87
100 Low Lead
100/130

115/145
Jet A
Jet A-1

Jet B
JP8
Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

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

out the doors (2)

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

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

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
8/8/21
mm/dd/yyyy

Name of Pilot/Operator: Dove, Bill

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

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NTSB Accident/Incident No.
WPR21LA251

Reviewed by NTSB Regional Office
WPR

Name of Investigator
E Simpson

Date Report Received
8/10/21