

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

| | | | |
|---|--|---|--|
| Accident/Incident Location Nearest City/Place: <u>Porter</u> State: <u>TX</u> ZIP: _____ Country: <u>United States</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W) | | Date/Time Date: <u>08/23/2010</u> Local Time: <u>22:30</u> <i>mm/dd/yyyy</i> Time Zone: <u>Central</u> | |
| Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown | | Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None | |
| | | Altitude of In-Flight Occurrence <div style="text-align: right;">300 ft MSL</div> | |

AIRCRAFT INFORMATION

| | | | |
|---|--|--|--|
| Manufacturer: <u>Cirrus</u> Model: <u>SR20</u> Serial Number: <u>1371</u> Registration Number: <u>N8154M</u> | | Max Gross Weight: <u>3,050</u> lbs Weight at Time of Accident/Incident: <u>2,436</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC) | |
| Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | |
|---|---|--|--|
| Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown | Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Aerobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport | Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____ | Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown |
|---|---|--|--|

| | | |
|---|--|---|
| Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____ | Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown | Date Last Inspection: <u>08/19/2010</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>1,130</u> hrs hours measured at <i>(check one)</i> <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident |
|---|--|---|

| | | |
|---|---|---|
| IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify Fire extinguisher on board _____ |
|---|---|---|

| | |
|---|--|
| ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | ELT Manufacturer: <u>Unknown</u> Model/Serial: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____ |
| ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | |
|---|---|---|
| Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected | Propeller <input type="checkbox"/> Fixed Pitch Manufacturer: <u>Hartzell</u> <input checked="" type="checkbox"/> Controllable Pitch Model: <u>PHC-J3YF-1BF</u> |
|---|---|---|

| Engine | Engine Manufacturer | Engine Model/Serial | Manufacturer's Serial Number | Date of Mfg. <i>mm dd yyyy</i> | Engine Rated Power Measured as <i>(check one)</i> <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|---|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | Continental | 10-360-ES | 357886 | | 200 | 1,130 | 5 | |
| Eng. 2 | | | | | | | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

| OWNER/OPERATOR INFORMATION | | | |
|---|--|---|--|
| Registered Aircraft Owner Name: <u>Vince Brock</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Owner Address City: <u>Kingwood</u> State: <u>Texas</u> ZIP: <u>77345</u> Country: <u>United States</u> | |
| Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>Court Koenning</u> Doing Business As: <u>n/a</u> Air Carrier/Operator Designator (4 Character Code): <u>n/a</u> | | Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>Humble</u> State: <u>Texas</u> ZIP: <u>77396</u> Country: <u>United States</u> | |
| Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces | | Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown | Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail | Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft | |
| OTHER AIRCRAFT COLLISION OR DAMAGE TO OTHER AIRCRAFT | | | |
| Aircraft Registration Number _____ | Manufacturer: _____ Model: _____ | Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None | |
| Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | |
| Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | |
| MECHANICAL MALFUNCTION/FAILURE (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) | | | |
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (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 |
| DAMAGE TO AIRCRAFT AND OTHER PROPERTY | | | |
| Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed | Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground | Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground | |

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

Impacted trees during landing process and struck ground.

AIRPORT INFORMATION (If an accident/incident occurred, approach, takeoff, within 5 miles of an airport, complete this section)Airport Identifier: 9X1Distance From Airport Center: 1 SMAirport Name: Williams AirportDirection From Airport: 308 degrees MAGProximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On AirstripAirport Elevation: 122 ft. MSL**Approach Segment** (Select one)☐ On Instrument Approach☐ Landing☐ Base leg☐ Final☐ Go Around☐ Crosswind☐ Downwind☐ Low Approach☒ Aborted Landing (after touchdown)**IFR Approach** (Check all that apply)☐ None☐ PAR☐ MLS☐ Practice☐ ADF/NDB☐ Sidestep☐ LDA☐ GPS☐ SDF☐ ILS☐ ASR☐ Loran☐ VOR/TVOR☐ Localizer Only☐ Visual☐ Unknown☐ VOR/DME☐ LOC-back course☐ Contact☐ TACAN☐ RNAV☐ Circling**VFR Approach** (Check all that apply)☐ None☐ Stop and Go☐ Traffic Pattern☐ Touch and Go☐ Straight-In☐ Simulated Forced Landing☐ Valley/Terrain Following☐ Forced Landing☒ Go Around☐ Precautionary Landing☐ Full Stop☐ Unknown**Runway Information**Runway ID: 35 (L/R/C) Length: 3,594 ft Width: 46 ft**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☐ Unknown☐ Slush Covered☐ Vegetation**Runway/Landing Surface** (Check all that apply)☒ Asphalt☐ Grass/Turf☐ Macadam☐ Water☐ Concrete☐ Gravel☐ Metal/Wood☐ Unknown☐ Dirt☐ Ice☐ Snow**FLIGHT ITINERARY INFORMATION****Last Departure Point**Airport ID: KIWSCity: HoustonState: TexasCountry: United States**Time of Departure**Time: 22:00Time Zone: Central**Destination**Airport ID: 9X1City: PorterState: TexasCountry: United States**Type Flight Plan Filed**☒ None☐ VFR/IFR☐ Company VFR☐ IFR☐ Military VFR☐ Unknown☐ VFRActivated? ☐ Yes ☐ No**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 E☐ Prohibited Area☐ Jet Training Area☐ Special☐ Class B☐ Class G☐ Restricted Area☐ TRSA☐ Air Traffic Control Area☐ Class C☐ Demo Area☐ Military Operations Area (MOA)☐ FAR 93☐ Unknown☐ Class D☐ Warning Area☐ Airport Advisory Area**Aircraft Load Description** (Check all that apply)☒ None☐ Towing Glider☐ Parachutists☐ Livestock☐ Passengers☐ Towing Banner☐ Water☐ Unknown☐ Cargo☐ Other External☐ Chemical/Fertilizer/Seeds**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

26 Gallons**Fuel Type**☐ 80/87☐ 115/145☐ JP3☐ Other, specify _____☒ 100 Low Lead☐ Jet A☐ JP4☐ 100/130☐ Automotive☐ JP5**Other Services, if Any, Prior to Departure**

| ADDITIONAL FLIGHT INFORMATION | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Pilot Name and Address | | | | | | Degree of Injury | | | | | | | | | | | |
| First Name: <u>N/A</u> City: _____ | | | | | | <input type="checkbox"/> None <input type="checkbox"/> Fatal | | | | | | | | | | | |
| Middle Initial: _____ State: _____ ZIP: _____ | | | | | | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown | | | | | | | | | | | |
| Last Name: _____ Country: _____ | | | | | | <input type="checkbox"/> Serious | | | | | | | | | | | |
| Pilot Certificate(s) (Check all that apply) | | | | | | Seat Occupied | | | | | | | | | | | |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | | | | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown | | | | | | | | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | | | | | | | |
| Pilot Name and Address | | | | | | Degree of Injury | | | | | | | | | | | |
| First Name: <u>N/A</u> City: _____ | | | | | | <input type="checkbox"/> None <input type="checkbox"/> Fatal | | | | | | | | | | | |
| Middle Initial: _____ State: _____ ZIP: _____ | | | | | | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown | | | | | | | | | | | |
| Last Name: _____ Country: _____ | | | | | | <input type="checkbox"/> Serious | | | | | | | | | | | |
| Pilot Certificate(s) (Check all that apply) | | | | | | Seat Occupied | | | | | | | | | | | |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | | | | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown | | | | | | | | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | | | | | | | |
| Pilot Name and Address | | | | | | Degree of Injury | | | | | | | | | | | |
| First Name: <u>N/A</u> City: _____ | | | | | | <input type="checkbox"/> None <input type="checkbox"/> Fatal | | | | | | | | | | | |
| Middle Initial: _____ State: _____ ZIP: _____ | | | | | | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown | | | | | | | | | | | |
| Last Name: _____ Country: _____ | | | | | | <input type="checkbox"/> Serious | | | | | | | | | | | |
| Pilot Certificate(s) (Check all that apply) | | | | | | Seat Occupied | | | | | | | | | | | |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | | | | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown | | | | | | | | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | | | | | | | |
| PASSENGER LIST OR CREW PERSONNEL | | | | | | | | | | | | | | | | | |
| Name and Address | | | | | | Seat | Crew | Non-Revenue | Revenue | Non-Occupant | FAA | Fatal | Serious Injury | Minor Injury | No Injury | Unknown | |
| First Name: <u>N/A</u> City: _____ | | | | | | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____ | | | | | | | | | | | | | | | | | |
| Last Name: _____ Country: _____ | | | | | | | | | | | | | | | | | |
| First Name: _____ City: _____ | | | | | | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Middle Initial: _____ State: _____ ZIP: _____ | | | | | | | | | | | | | | | | | |
| Last Name: _____ Country: _____ | | | | | | | | | | | | | | | | | |
| First Name: _____ City: _____ | | | | | | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Middle Initial: _____ State: _____ ZIP: _____ | | | | | | | | | | | | | | | | | |
| Last Name: _____ Country: _____ | | | | | | | | | | | | | | | | | |
| First Name: _____ City: _____ | | | | | | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Middle Initial: _____ State: _____ ZIP: _____ | | | | | | | | | | | | | | | | | |
| Last Name: _____ Country: _____ | | | | | | | | | | | | | | | | | |
| First Name: _____ City: _____ | | | | | | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Middle Initial: _____ State: _____ ZIP: _____ | | | | | | | | | | | | | | | | | |
| Last Name: _____ Country: _____ | | | | | | | | | | | | | | | | | |
| First Name: _____ City: _____ | | | | | | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Middle Initial: _____ State: _____ ZIP: _____ | | | | | | | | | | | | | | | | | |
| Last Name: _____ Country: _____ | | | | | | | | | | | | | | | | | |
| First Name: _____ City: _____ | | | | | | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Middle Initial: _____ State: _____ ZIP: _____ | | | | | | | | | | | | | | | | | |
| Last Name: _____ Country: _____ | | | | | | | | | | | | | | | | | |
| First Name: _____ City: _____ | | | | | | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Middle Initial: _____ State: _____ ZIP: _____ | | | | | | | | | | | | | | | | | |
| Last Name: _____ Country: _____ | | | | | | | | | | | | | | | | | |

NARRATIVE HISTORY OF FLIGHT FROM 17:00 TO 17:10

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 time and point of departure, intended destination, and services obtained.

While enroute from West Houston Airport (KIWS) to Williams Airport (9X1) I checked the weather report from Houston Intercontinental Airport (KIAH). That commercial airport is less than 10 miles from 9X1 and I use it for my weather at 9X1. KIAH was reporting winds as "light and variable". While typically one would land on runway 17 during this time of the year, with winds light and variable I made the decision to land runway 35. That decision was based on the desire to avoid the 35' trees that are near the touchdown point for runway 17. Typically while landing 17 a pilot would clear the trees and then make a steep descent in order to land. With winds light and variable, the safer option is to land from the south.

Upon touching down, the aircraft bounced on the runway and I was unable to bring her back down. I surmised that I ended up getting blown down the runway. Concerned I was going to run out of runway length before I could land I made the decision to abort and go around. I put full power in and retracted the flaps. However, I did not gain enough altitude to clear the trees at the north end of the runway. The aircraft struck a tree that tore off the left wing. Then the plane spun and struck another tree before crashing to the ground. I deployed the parachute as soon as I heard the trees striking the underside of the aircraft.

I do not remember much from that point forward.

RECOMMENDATION FOR PREVENTION OF REPEATED ACCIDENT**Operator/Owner Safety Recommendation**


Not certain. Maybe should not have aborted the landing and just let the plane eventually settle down. Not sure that would have prevented an accident. Maybe would have lessened the severity.

Could have landed on runway 17, but the trees at the end of the runway make that dangerous (especially at night).

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 09/27/2010 <i>mm/dd/yyyy</i> | Signature and Name of Pilot/Operator Signature:  Type or Print Name: Court Koenning | | |
| Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: _____ Title: _____ | | | |
| FOR NTSB USE ONLY | | | |
| NTSB Accident/Incident No. CEN10LA502 | Reviewed by NTSB Regional Office CEN-A | Name of Investigator LeBaron | Date Report Received 09/18/2010 |