## 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			, iecej <u>(8</u>							1 60 80	4577
Accident/Incident Location				,	D	ate/Time					
Nearest City/Place: Crosby			State	: TX	Da	ate:09/10/2		Loc	al Time: 15	530	
ZIP: 77532 Country: Unite				mm/dd/уууу Time Zone: CDT							
Latitude: (dd:mm:ss N/S) Longitude: (ddd:mm:ss E/S				:mm:ss E/W)							
Phase of Operation	_					ollision with C	ther Airc	raft		of In-Flight	
☐ Standing ☐ Takeoff (incl. initial cli☐ Taxi ☐ Climb	imb) 🔲 Cruis 🔲 Mane			Hover Other		] Midair ] On-ground			Occurren	ce	
Descent Landing	Appr			Jnknown	V	None		ŀ			ft MSL
AIRCRAFT INFORMATION	III : F	1.45000013							Zeda		
Manufacturer: Robinson Helicopte	ers					Max Gross V	Veight:		1,370 lbs		
Model: R22 Beta II						Weight at Ti	me of Acc	ident/Inc	ident:		lbs
Serial Number: 4250						Location of C	Center of C	Gravity a	t Time of	Accident/I	ncident:
Registration Number: N281RG		Amateur-b	uilt:	☐ Yes 🗹 N	0	-or-				or	
Category of Aircraft Type of Air	rworthiness (	Certificate		Number of	Sea	ats:	2	Landii	ıg Gear	Retrac	table
Airplane (Check all th	/									nal landing ge	ear
Blimp/Dirigible Standard	Spec			If Large Airc	raft,	how many seats	for:	config	ration that	applies:	
Glider	□ Ke	stricted mited		Flight C	rew:			☐ Tri	cycle	☐ Ta	ailwheel
Gyrocraft  Acrobatic	e 🔲 Pro	ovisional		Cabin C	rew:	·			nphibian		igh Skid
Powered lift		perimental ecial Flight		Passenge	ers: _			☐ Em	ergency Flo at	at ☑ SI □ SI	
☐ Ultralight ☐ Unknown		ght Sport						☐ Hu	II		i/Wheel
		T . T							known		
Type of Maintenance Program  ✓ Annual		Last Ins	_				Date La	st Inspec	tion:	08/31/2012 m/dd/yyyy	<u>.                                    </u>
Conditional (Amateur-built only)		☑ 100 Ho ☐ AAIP	ur	☐ Continuo		Airworthiness Inspection	<b>.</b>			m/aa/yyyy 	
Manufacturer's Inspection Program Other Approved Inspection Program (A	ATD\	🗖 Annual		Unknow			Airfram	e Total T	`ime:	2,0	04 hrs
Continuous Airworthiness	AIF)								at (check	,	
Other, specify:				· · · · · · · · · · · · · · · · · · ·			Z L	ast Inspect	ion 🔲 T	ime of Accid	ent/Incident
IFR Equipped				g System Inst		ed	–	Fire Ext	nguishing	System	
☐ Yes 📈 No 🗌 Unknown		∐ Yes	<b>∠</b> No	Unknov	vn		✓ None	<b>.</b> ,			
							<u> Бресп</u>	,			
ELT Installed ELT Activated	d	FI T Mar	nufac	cturer: Point	er						
✓ Yes □ No □ Yes ☑ No				<del></del>			-		<del></del>		
ELT Aided in Locating Accident/Inc	cident			r:							
☐ Yes  ☑ No		Battery T						Ratte	y Exp. Da	ıte.	
	Reciprocatin			opeller				Datte	у Бхр. Бг		
☑ Reciprocating ☐ Turbo let	System Type		1.	opener							
☐ Turbo Shaft ☐ Turbo Fan	Carburetor Fuel Injecte	d		Fixed Pitch	N:4 - 1-		turer:				
☐ Turbo Prop ☐ Unknown		<u> </u>		Controllable F	iten	Model: _			1		
							Engine Ra Power Me			Time	Time
		1				Date	as (check	one)	Total	Since	Since
	ngine Iodel/Series			ıfacturer's l Number		of Mfg. mm/dd/yyyy	✓ Horse ☐ lbs of	power or	Time (hours)	Inspection (hours)	Overhaul (hours)
8 9	-360-J2A		-40494			UNK	103 01	145	2,200	24	24
Eng. 2										-	
Eng. 3											
Eng. 4							1				

OWNER/OPERATOR INFORMATION	ON A SECTION AND					
Registered Aircraft Owner		Owner Address				
Name: Helicopter Services, Inc.	City: Spring					
Fractional Ownership Aircraft:   Yes   No	State: TX ZIP: 77379 Country: United States					
Operator of Aircraft	Operator Address Same As Registered Owner					
Name:		City: State: ZIP:				
Doing Business As:	1->-	State: ZIP:				
Air Carrier/Operator Designator (4 Character Co	de):	Country:  Revenue Sightseeing Flight				
Regulation Flight Conducted Under	<u>_</u>	Yes No				
☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Specia ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Comm ☐ FAR 121 ☐ FAR 135 ☐ Non-US, N	mercial	Air Medical Flight  Yes No				
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial Operating Certificate Held (Check all that apply)				
Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning Aerial Application	☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi  Domestic or International ☐ Domestic ☐ International	None     Flag Carrier Operating Certificate (121)     Supplemental     Air Cargo     Foreign Air Carriers (129)     Commuter Air Carrier (135)     On-Demand Air Taxi (135)     Large Helicopter (127)				
✓ Aerial Observation ☐ Air Drop	Cargo Operation  Passenger/Cargo	Rotorcraft External Load (133)				
Air Blob Air Race / Show	PassengerHow many?	or - Agricultural Aircraft (137)				
☐ Flight Test☐ Public Use	Cargo lbs					
Unknown	Mail	Other Operator of Large Aircraft				
OTHER AIRCRAFT - COLLISION	If air or ground collision occurred, complete	this section for <i>other</i> aircraft)				
Aircraft Registration Number   Manufactures	:	Damage to Other Aircraft				
Registered Owner of Other Aircraft		Justinia Tronc				
8						
First Name:	Citv:					
First Name: Middle Initial:	State:	ZIP:				
First Name:  Middle Initial:  Last Name:	State:	ZIP:				
Middle Initial:	State:	ZIP:				
Middle Initial: Last Name:  Pilot of Other Aircraft  First Name:	State: Country: City:	ZIP:				
Middle Initial: Last Name:  Pilot of Other Aircraft  First Name:  Middle Initial:	State: Country:  City: State:	ZIP:				
Middle Initial: Last Name: Pilot of Other Aircraft  First Name: Middle Initial: Last Name:	State:   Country:	ZIP:				
Middle Initial: Last Name: Pilot of Other Aircraft  First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FAI	State:   Country:	ZIP:  ZIP:  On separate sheet)				
Middle Initial: Last Name: Pilot of Other Aircraft  First Name: Middle Initial: Last Name:	State: Country:  City: State: Country:  LURE (If more space is needed, continue)  Yes \[ \] No \[ \vec{\vec{\vec{\vec{\vec{\vec{\vec{	ZIP:				
Middle Initial: Last Name:  Pilot of Other Aircraft  First Name: Middle Initial: Last Name:  MECHANICAL MALFUNCTION/FAI  Was there Mechanical Malfunction/Failure?	State: Country:  City: State: Country:  LURE (If more space is needed, continue)  Yes \[ \] No \[ \vec{\vec{\vec{\vec{\vec{\vec{\vec{	ZIP:				
Middle Initial: Last Name:  Pilot of Other Aircraft  First Name: Middle Initial: Last Name:  MECHANICAL MALFUNCTION/FAI  Was there Mechanical Malfunction/Failure?	State: Country:  City: State: Country:  LURE (If more space is needed, continue)  Yes \[ \] No \[ \vec{\vec{\vec{\vec{\vec{\vec{\vec{	ZIP:  ZIP:  Don separate sheet)  Total Time/Cycles On Part Hours				
Middle Initial: Last Name:  Pilot of Other Aircraft  First Name: Middle Initial: Last Name:  MECHANICAL MALFUNCTION/FAI  Was there Mechanical Malfunction/Failure?	State: Country:  City: State: Country:  LURE (If more space is needed, continue)  Yes \[ \] No \[ \vec{\vec{\vec{\vec{\vec{\vec{\vec{	ZIP:  ZIP:  Don separate sheet)  Total Time/Cycles On Part  Hours  Cycles				
Middle Initial: Last Name:  Pilot of Other Aircraft  First Name: Middle Initial: Last Name:  MECHANICAL MALFUNCTION/FAI  Was there Mechanical Malfunction/Failure?	State: Country:  City: State: Country:  LURE (If more space is needed, continue)  Yes \[ \] No \[ \vec{\vec{\vec{\vec{\vec{\vec{\vec{	ZIP:  ZIP:  Don separate sheet)  Total Time/Cycles On Part Hours				
Middle Initial: Last Name:  Pilot of Other Aircraft  First Name: Middle Initial: Last Name:  MECHANICAL MALFUNCTION/FAI  Was there Mechanical Malfunction/Failure?	State: Country:  City: State: Country:  LURE (If more space is needed, continue)  Yes \[ \] No \[ \vec{\vec{\vec{\vec{\vec{\vec{\vec{	ZIP:  ZIP:  Don separate sheet)  Total Time/Cycles On Part  Hours  Cycles  Time Since This Part				
Middle Initial: Last Name:  Pilot of Other Aircraft  First Name: Middle Initial: Last Name:  MECHANICAL MALFUNCTION/FAI  Was there Mechanical Malfunction/Failure?	State: Country:  City: State: Country:  LURE (If more space is needed, continue)  Yes \[ \] No \[ \vec{\vec{\vec{\vec{\vec{\vec{\vec{	ZIP:  Total Time/Cycles On Part  Hours  Cycles  Time Since This Part Inspected/Overhauled				
Middle Initial:	State:Country:  City:State:Country:  LURE (If more space is needed, continue)  Yes \[ \] No \[ \] Unknown  serial no., and describe the failure.)	ZIP:  Total Time/Cycles On Part  Hours  Cycles  Time Since This Part Inspected/Overhauled				
Middle Initial: Last Name:  Pilot of Other Aircraft  First Name: Middle Initial: Last Name:  MECHANICAL MALFUNCTION/FAI  Was there Mechanical Malfunction/Failure?	State: Country: City: State: Country: LURE (If more space is needed, continue of the space is needed.	ZIP:  Total Time/Cycles On Part  Hours  Cycles  Time Since This Part Inspected/Overhauled				

Description of Damage to the craft and o	ther Property (use addi	litional sheet if i	necessary)		
Aircraft totally consumed after post-crash fire.					
AIRPORT INFORMATION (If the	sasalala sun sida at assa	urred on ann	roach takeoff or within 3 mile	e of an airnor	t_complete this section)
Airport Identifier:			Distance From Airport Ce		
Airport Name:		<del></del>	Direction From Airport:		· · · · · · · · · · · · · · · · · · ·
Proximity to Airport  Off Airport/Airst	rin	On Airstrip	Airport Elevation:		
Approach Segment (Select one)	inp Convention G	Оптивир	7 port ziterationi		
On Instrument Approach	g 🔲 Base	e leg	∏ Final		☐ Go Around
Crosswind Down		v Approach	Aborted Landing	(after touchdow	
IFR Approach (Check all that apply)			VFR Approach (Check all t		
☐ None ☐ PAR ☐ Sidestep		☐ Practice ☐ GPS	│		op and Go ouch and Go
☐ ADF/NDB         ☐ Sidestep           ☐ SDF         ☐ ILS		Loran	Straight-In	□ Si	mulated Forced Landing
VOR/TVOR Localizer Only	☐ Visual ☐ Contact	Unknown	☐ Valley/Terrain Following ☐ Go Around		orced Landing recautionary Landing
□ VOR/DME       □ LOC-back course         □ TACAN       □ RNAV	Circling		Full Stop		nknown
Runway Information			Condition of Runway/Land	ling Surface	(Check all that apply)
Runway ID:(L/R/C) Length:	ft Width:	ft		w-Compacted w-Crusted	☐ Water-Calm ☐ Water-Choppy
Runway/Landing Surface (Check all that	apply)		☐ Ice Covered ☐ Sno		Water-Glassy
☐ Asphalt ☐ Grass/Turf ☐ Mac	adam Water		Rough Sno		Wet
☐ Concrete ☐ Gravel ☐ Meta	al/Wood 🔲 Unknown	n	☐ Rubber Deposits ☐ Soft ☐ Slush Covered ☐ Veg		Unknown
FLIGHT ITINERARY INFORMA		4-14-0	<del>-</del>		anny market 1978 and 1971 and
Philippe of the Control of the Contr	The state of the s	US and the second			t Plan Filed
Last Departure Point	Time of Departure	Destination	1	Type Fligh  ☐ None	t Plan Filed  VFR/IFR
Last Departure Point Airport ID: KHPY	The state of the s	Destination Airport ID:	ı KDWH	Type Fligh  None  Company	□ VFR/IFR VFR □ IFR
Last Departure Point Airport ID: KHPY City: Baytown	Time of Departure	Destination	ı KDWH	Type Fligh  ☐ None	□ VFR/IFR VFR □ IFR
Last Departure Point Airport ID: KHPY	Time of Departure  Time: Unk	Destination Airport ID: _ City: _Sprin State: _TX	ı KDWH	Type Fligh  None Company Military	VFR/IFR  VFR ☐ IFR  VFR ☐ Unknown
Last Departure Point Airport ID: KHPY City: Baytown State: TX	Time of Departure  Time: Unk  Time Zone: CDT	Destination Airport ID: _ City: _Sprin State: _TX	KDWH	Type Fligh  None Company Military VFR	VFR/IFR  VFR ☐ IFR  VFR ☐ Unknown
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check at Special VFR)	Time of Departure  Time: Unk  Time Zone: CDT	Destination Airport ID: _ City: Sprin State: TX Country: Un	KDWH  g  ited States  UFR Flight Follo	Type Fligh  None Company Military VFR Activated?	VFR/IFR VFR   IFR VFR   Unknown
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check of Inc.)  VFR Special VFR	Time of Departure  Time: Unk  Time Zone: CDT  Il that apply)  Specie	Destination Airport ID: City: Sprint State: TX Country: Un al IFR On Top	KDWH  g  ited States	Type Fligh  None Company Military VFR Activated?	VFR/IFR VFR ☐ IFR Unknown  ✓ Yes ☐ No
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check at Special VFR IFR)  VFR IFR  Airspace where the accident/incident occ	Time of Departure  Time: Unk  Time Zone: CDT  Il that apply)  Special VFR (curred (Check all that apply)	Destination Airport ID: City: Sprint State: TX Country: Un  al IFR On Top  uply)	ited States  VFR Flight Follo	Type Fligh  None Company Military VFR Activated?	VFR/IFR VFR   IFR VFR   Unknown  VFR   Vnknown  Cruise   Unknown / NA
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check of Inc.)  VFR Special VFR	Time of Departure  Time: Unk  Time Zone: CDT  Il that apply)  Special VFR ( curred (Check all that apply)	Destination Airport ID: City: Sprint State: TX Country: Un al IFR On Top	ited States  VFR Flight Follo Traffic Advisory  Jet Trainin TRSA	Type Fligh  None Company Military VFR Activated?	VFR/IFR VFR   IFR VFR   Unknown
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check at I) Special VFR  VFR Special VFR  Airspace where the accident/incident occurrence (Class A Class E) Class G  Class C Demo Area	Time of Departure  Time: Unk  Time Zone: CDT  Il that apply)  Special VFR ( curred (Check all that apply)  Res  Mili	Destination Airport ID: _ City: Sprin State: TX Country: Un  al IFR On Top  pply) hibited Area stricted Area itary Operation	ited States  VFR Flight Follo Traffic Advisory  Jet Trainin TRSA s Area (MOA) FAR 93	Type Fligh  None Company Military VFR Activated?	VFR/IFR VFR ☐ IFR VFR ☐ Unknown  ✓ Yes ☐ No  ☐ Cruise ☐ Unknown / NA  ☐ Special
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check of Check of	Time of Departure  Time: Unk  Time Zone: CDT  Il that apply)  Specia VFR ( curred (Check all that apple)  Ress  Mill Air	Destination Airport ID: _ City: Sprin State: TX Country: Un  al IFR On Top  apply) hibited Area ctricted Area	ited States  VFR Flight Follo Traffic Advisory  Jet Trainin TRSA s Area (MOA) FAR 93	Type Fligh  None Company Military VFR Activated?	VFR/IFR VFR
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check at Special VFR IFR)  VFR IFR  Airspace where the accident/incident occurrence of Class A Class E Class G Class C Demo Area Class D Warning Area  Aircraft Load Description (Check all that	Time of Departure  Time: Unk  Time Zone: CDT  Il that apply)  Specia VFR (  Curred (Check all that apply)  Ress Milli Airg	Destination Airport ID: City: Sprint State: TX Country: Un  all IFR On Top piply) hibited Area itary Operation port Advisory A	ited States  VFR Flight Follo Traffic Advisory  Jet Trainin TRSA s Area (MOA) FAR 93	Type Fligh  None Company Military VFR Activated?	VFR/IFR VFR
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check at I) None Special VFR  Class A Glass E Class B Class G Demo Area  Class D Warning Area  Aircraft Load Description (Check all that I) None Towing Glide  Passengers Towing Bann	Time of Departure  Time: Unk  Time Zone: CDT  Il that apply)  Special VFR (  Curred (Check all that apply)   Res   Militian Airp  apply)  r	Destination Airport ID: _ City: Sprin State: TX Country: Un  al IFR On Top  ply) hibited Area attricted Area itary Operation port Advisory A achutists ter	ited States  VFR Flight Follo Traffic Advisory  Jet Trainin TRSA s Area (MOA)	Type Fligh  None Company Military VFR Activated?	VFR/IFR VFR
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check of Check of	Time of Departure  Time: Unk  Time Zone: CDT  Il that apply)  Specia VFR of Check all that apply    Resi    Airp  apply)  T    Para    Check    Che	Destination Airport ID: City: Sprint State: TX Country: Un  al IFR On Top  pply) hibited Area stricted Area itary Operation port Advisory A achutists	KDWH   19   19   19   19   19   19   19   1	Type Fligh  None Company Military VFR Activated?	□ VFR/IFR VFR □ IFR VFR □ Unknown □ Yes □ No □ Cruise □ Unknown / NA □ Special □ Air Traffic Control Area □ Unknown
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check of Special VFR)  VFR Special VFR  IFR  Airspace where the accident/incident occ  Class A Class E  Class B Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that Invone Towing Glide  Passengers Towing Banna Cargo Other External	Time of Departure  Time: Unk  Time: CDT  Il that apply)  Special VFR ( Curred (Check all that apply)  Resident Airp  apply)  The Control of the Check all that apply  The Control of the Check all that a	Destination Airport ID: _ City: Sprin State: TX Country: Un  al IFR On Top  ply) hibited Area attricted Area itary Operation port Advisory A achutists ter	ited States  VFR Flight Follo Traffic Advisory  Jet Trainin TRSA s Area (MOA)	Type Fligh  None Company Military VFR Activated?	VFR/IFR VFR
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check of Check of	Time of Departure  Time: Unk  Time: CDT  Il that apply)  Special VFR ( Curred (Check all that apply)  Ress Milical Airp  apply)  rest Wat I Che  Fuel Type	Destination Airport ID: _ City: _Sprin State: _TX Country: Un  all IFR On Top  pply) hibited Area stricted Area itary Operation port Advisory A  achutists ter emical/Fertilize	KDWH   Ig   Ited States   VFR Flight Folloo   Traffic Advisory   Jet Trainin   TRSA   FAR 93   Trea   Livestock   Unknown   Items   Unknown   Items   Items	Type Fligh  None Company Military VFR Activated?	□ VFR/IFR VFR □ IFR VFR □ Unknown □ Yes □ No □ Cruise □ Unknown / NA □ Special □ Air Traffic Control Area □ Unknown
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check of Inc.)  VFR Special VFR  IFR  Airspace where the accident/incident occidents A Class B Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that Inc.)  None Towing Glide  Passengers Towing Bann  Cargo Other Externa  FUEL & SERVICES INFORMAT	Time of Departure  Time: Unk  Time: Unk  Time Zone: CDT  Il that apply)  Specia VFR (  Curred (Check all that apply)    Prol   Ress   Militian     Airp   Airp   Check     Wat   Check     Fuel Type   80/87   100 Low Lead	Destination Airport ID: City: Sprint State: TX Country: Un  al IFR On Top  pply) hibited Area stricted Area itary Operation port Advisory A  achutists ter emical/Fertilizer  115/145 Jet A	KDWH   19   19   19   19   19   19   19   1	Type Fligh  None Company Military VFR Activated?	□ VFR/IFR VFR □ IFR VFR □ Unknown □ Yes □ No □ Cruise □ Unknown / NA □ Special □ Air Traffic Control Area □ Unknown
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check of Special VFR)  VFR Special VFR  IFR  Airspace where the accident/incident occ Class A Class E  Class B Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that None Towing Glide  Passengers Towing Bann Cargo Other Externation of Control of Check all that Towing Special Cargo Towing Special Cargo Towing Glide  FUEL & SERVICES INFORMATEUR OF BOARD AS A Recessary)  Gallons	Time of Departure  Time: Unk  Time: Unk  Time Zone: CDT    It that apply)	Destination Airport ID: City: Sprint State: TX Country: Un  al IFR On Top  pply) hibited Area stricted Area itary Operation port Advisory A  achutists ter emical/Fertilize	KDWH   19   19   19   19   19   19   19   1	Type Fligh  None Company Military VFR Activated?	□ VFR/IFR VFR □ IFR VFR □ Unknown □ Yes □ No □ Cruise □ Unknown / NA □ Special □ Air Traffic Control Area □ Unknown
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check of Inc.)  Type of ATC Clearance/Service (Check of Inc.)  Type of ATC Clearance/Service (Check of Inc.)  Special VFR  IFR  Airspace where the accident/incident occurrence  Class A  Class B  Class B  Class C  Demo Area  Class D  Warning Area  Aircraft Load Description (Check all that Inc.)  None  Towing Glide  Passengers  Towing Bann  Cargo  Other Externa  FUEL & SERVICES INFORMA  Fuel on Board at Last Takeoff (convert from pounds, as necessary)  Gallons  Other Services, if Any, Prior to Departure	Time of Departure  Time: Unk  Time: Unk  Time Zone: CDT    It that apply)	Destination Airport ID: City: Sprint State: TX Country: Un  al IFR On Top  pply) hibited Area stricted Area itary Operation port Advisory A  achutists ter emical/Fertilizer  115/145 Jet A	KDWH   19   19   19   19   19   19   19   1	Type Fligh  None Company Military VFR Activated?	□ VFR/IFR VFR □ IFR VFR □ Unknown □ Yes □ No □ Cruise □ Unknown / NA □ Special □ Air Traffic Control Area □ Unknown
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check of Special VFR)  VFR Special VFR  IFR  Airspace where the accident/incident occ Class A Class E  Class B Class G  Class C Demo Area  Class D Warning Area  Aircraft Load Description (Check all that None Towing Glide  Passengers Towing Bann Cargo Other Externation of Control of Check all that Towing Special Cargo Towing Special Cargo Towing Glide  FUEL & SERVICES INFORMATEUR OF BOARD AS A Recessary)  Gallons	Time of Departure  Time: Unk  Time: Unk  Time Zone: CDT    It that apply)	Destination Airport ID: City: Sprint State: TX Country: Un  al IFR On Top  pply) hibited Area stricted Area itary Operation port Advisory A  achutists ter emical/Fertilizer  115/145 Jet A	KDWH   19   19   19   19   19   19   19   1	Type Fligh  None Company Military VFR Activated?	□ VFR/IFR VFR □ IFR VFR □ Unknown □ Yes □ No □ Cruise □ Unknown / NA □ Special □ Air Traffic Control Area □ Unknown
Last Departure Point  Airport ID: KHPY  City: Baytown  State: TX  Country: United States  Type of ATC Clearance/Service (Check of Inc.)  Type of ATC Clearance/Service (Check of Inc.)  Type of ATC Clearance/Service (Check of Inc.)  Special VFR  IFR  Airspace where the accident/incident occurrence  Class A  Class B  Class B  Class C  Demo Area  Class D  Warning Area  Aircraft Load Description (Check all that Inc.)  None  Towing Glide  Passengers  Towing Bann  Cargo  Other Externa  FUEL & SERVICES INFORMA  Fuel on Board at Last Takeoff (convert from pounds, as necessary)  Gallons  Other Services, if Any, Prior to Departure	Time of Departure  Time: Unk  Time: Unk  Time Zone: CDT    It that apply)	Destination Airport ID: City: Sprint State: TX Country: Un  al IFR On Top  pply) hibited Area stricted Area itary Operation port Advisory A  achutists ter emical/Fertilizer  115/145 Jet A	KDWH   19   19   19   19   19   19   19   1	Type Fligh  None Company Military VFR Activated?	□ VFR/IFR VFR □ IFR VFR □ Unknown □ Yes □ No □ Cruise □ Unknown / NA □ Special □ Air Traffic Control Area □ Unknown

EVACUATION OF AIRCRAFT									
Was an emergency evacuation of the aircraft performed?									
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location									
WEATHER INFORMA Weather Observation Facilit Facility ID: KIAH Observation Time: 1953Z	TION AT THE		DENI Sour (Chec	T/INGIDENT Tree of Weather In The All that apply) The atlight on the second sec	SITE not	iocati	□ Company	Method o (Check all t □ In Perso	that apply)
Time Zone: CDT		_		ight Service Station V/Radio	1		☐ Military ☐ Internet	☐ Teletype☐ Telepho	e one/Computer
Distance from Accident Site:  Direction from Accident Site:			□ A	utomated Report ommercial Weather	Service (DUA)	TS)	Unknown	Aircraft TV/Rad	Radio lio
Briefing Type/Completeness			Ligh	t Condition				Visibility	
☐ Full ☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer	☐ Abbreviate☐ Unknown☐ Not Pertine	ent	☐ D	awn 🔲 Da		B	ark Night right Night ot Reported		_ miles
Few Partial Obscuration Scattered	Thin Broken Thin Overcast Unknown	Ceiling None Broke Overc	n ast	☐ Ind	scured efinite known		triction to Visibility None Blowing Dust Blowing Sand Blowing Snow	☐ Fog ☐ Gro ☐ Haz ☐ Ice	und Fog æ Fog
Lowest Cloud Condition Hei	ght ) ft AGL	Ceiling 1	Height ft AGL				Blowing Spray Dust	Smo	cnown
Wind Direction	Wind Speed		_	Wind Gusts		Tvr	oe of Turbulence (C	heck all that a	apply)
☐ Indicated:	Velocity:	KTS		Velocity:	KTS		None 🔲 In Cl	ouds	
degrees MAG	-or-				_			nity of Thund	erstorm
☐ Variable	☑ Calm ☐ Light and Varia	able		☐ Gusting ☑ Not Gusting			erity of Turbulence Extreme		Light
NOTAMs (D, L and FDC)	), AIRMETs, SI	IGMETs.	, PIR	EPs in effect at	the time of	the	accident/incident		
	T v.	sing Dougo	-954				Type of Precipitati	on (Chash si	I that apply
Temperature: 31 (C) or (F) Altimeter Setting: 3004	in. HG	cing Forec Amoun None Trace Light	nt 🔲 🤅	Moderate Severe	Type  Rime Clear Mixed		✓ None ☐ Rain ☐ Snow ☐ Hail	on (Check al.  ☐ Drizzle ☐ Ice Pellets ☐ Snow Pell ☐ Snow Gra ☐ Ice Crysta	s lets iins
Density Altitude:	ft	cing Actua Amour	nt	Moderate	Type ☐ Rime		Freezing Rain	☐ Ice Pellets ☐ Freezing	s Shower
Dew Point:(C) or(F)		None Trace Light		Moderate Severe	Clear Mixed	- 1	Intensity of Precipi	itation oderate	☐ Heavy

PILOT "A" INFORMAT	3.44.X.4.000.4.X.4.4.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4		finite and the second							
Pilot "A" Responsibilities at t  ☑ Pilot ☐ Co-Pilot	the Time of A	ccident/Incid		Check Pilot	☐ Flight	Engineer	Other	Flight Crew		
Pilot "A" Identification										
First Name: Christopher				City	y: Houst	on		_		
Middle Initial: J				Stat	e: TX	7	ZIP: <u>7707</u> 3	3		
Last Name: Yeager	······································			Cot	intry: Un	ited State	es			
Age at time of Accident/Incide	ent:40	Date of Bi	rth:		rtificate N	umber: 📕				
Degree of Injury	Seat Occup	oied		Seat	Belt			Shoulder F	Iarness	
☐ None	☐ Left ✓ Right ☐ Center	☐ Front ☐ Rear ☐ Single	Unknov	wn Used Avai	-	-	□ No □ No	Used Available	✓ Yes ✓ Yes	□ No
Pilot Certificate(s) (Check all	that apply)									
□ None   □ Stude     □ Private   □ Flight	nt Instructor	Recre		Commerci			Flight Engir U.S. Militar	у	Foreign	
	ledical Certific	cate		I	lical Cert		-	Date of L	ast Medica	i
		Class 3	(C . D'l.)		Vithout limi			12/16	2011	
		] Driver's Lice ] Unknown	ense (Sport Pilot	only)	Vith limitati Inknown	ons/waiver	S	mm/dd	/уууу	
Medical Certificate Limitation	ons									
Holder shall wear corrective lenses.										
Medical Certificate Waivers										
None										
Ì										
Date of Last Flight Review		Fligh	t Review Airc	raft	-					
or Equivalent, Including	10/00/0011	_	Robinson							
FAR 121/135 Checks:	10/29/2011 mm/dd/yyyy		R22							
At the Butter ()	Other Aircra			4 D -4'(a)		T4	Dadi(a)			<del></del>
Airplane Rating(s) (Check all that apply)	(Check all that a		į.	ent Rating(s) I that apply)		(Check all	r Rating(s)			
None None	None	PP'9)	✓ None	i inai appiy)		None	тин ирргу)	Γ-	Instrument	A irolane
Single-Engine Land	Airship		Airpla	ne			e Single-Eng		Instrument	
Single-Engine Sea	Free Balloon	ı	Helico	pter		Airplan 🗌	e Multi-Engi	ne 🗀	Helicopter	•
☐ Multiengine Land ☐ Multiengine Sea	Glider		Power	ed Lift		Gyropla	ine		Glider	
Multiengine Sea	Gyroplane Helicopter				1	Powere	a Litt	L-	Sport	
:	Powered Lif	t								
Type Ratings						Student F	Endorseme	nts (Include d	lates)	
None					1	None				
<u>,                                      </u>										
Flight Time (enter appropriate	All	This Make	Airplane	Airplane		Inst	rument	ļ		Lighter
number of hours in each box)	Aircraft	& Model	Single Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	757	619	0	0	32	0	25	757	0	0
Pilot in Command (PIC)	640	479	0	0	28	0		640	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					3		ļ	4.1		
Last 90 Days	141	52	0	0		0	ļ <u> </u>		0	0
Last 30 Days	40	15	0		4	0		40	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

PILOT "B" INFORM	ATION		100 P. C. C. C. C. C.						Aut Mary 1	200 0015 315
Pilot "B" Responsibilities ☐ Pilot ☐ Co-Pilot		ent/Inciden	nt	Check Pilo		ght Engineer	☐ Other	Flight Crew		
Pilot "B" Identification										
First Name: Middle Initial: Last Name:				(	City: State: Country: _		ZIP:			
Age at time of Accident/Ind	eident: E	Date of Birth	1: mm/dd/y		Certificate	Number: _				
Daguas of Injumy	Seat Occupied		mm/acvy)		eat Belt			Shoulder H	Jarnace	<del></del>
Degree of Injury  ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	· ·	Front Rear Single	Unknown	ı U	Ised vailable		□ No □ No	Used Available	Yes Yes	□ No □ No
Pilot Certificate(s) (Check	all that apply)									
	udent ight Instructor	☐ Recreati	ional	Commo			Flight Engir U.S. Militar	у	Foreign	
Principal Occupation	Medical Certificate					rtificate Va	-	Date of L	ast Medic	al
☐ Pilot☐ Other☐ Unknown			e (Sport Pilot	only)	_	tations/waive		mm/dd/		
Medical Certificate Limit	ations							<u> </u>		
Medical Certificate Waive	ore.									
Medical Certificate Waivers										
Date of Last Flight Review	v	Flight R	Review Airc	eraft						
Date of Last Flight Reviev or Equivalent, Including FAR 121/135 Checks:	Y	-	Review Airc							
or Equivalent, Including	<b>v</b> mm/dd/yyyy	-								
or Equivalent, Including		Make: Model: _ ating(s)	Instrum	ent Rating I that apply) ne opter	g(s)	Instructor (Check all t None Airplane Gyropla Powered	Rating(s) hat apply) Single-Engine Multi-Engine Lift	ne 🗍	Instrument A Instrument B Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land	mm/dd/yyyy  Other Aircraft R (Check all that apply None Airship Free Balloon Glider Gyroplane Helicopter	Make: Model: _ ating(s)	Instrum (Check ali None Airpla Helico	ent Rating I that apply) ne opter	g(s)	Instructor (Check all t None Airplane Gyropla Powered	Rating(s) hat apply) Single-Engine Multi-Engine Lift	ne 🔲	Instrument I Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy  Other Aircraft R (Check all that apply None Airship Free Balloon Glider Gyroplane Helicopter	Make: Model: _ ating(s)	Instrum (Check ali None Airpla Helico Power	ent Rating I that apply) ne opter	g(s)	Instructor (Check all t None Airplane Gyropla Powered  Student E	Rating(s) hat apply) Single-Engin Multi-Engin ne Lift ndorsemen	ne 🗍	Instrument I Helicopter Glider Sport	
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or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply) None Single-Engine Land Multiengine Sea Multiengine Sea Type Ratings  Flight Time (enter approprinumber of hours in each box) Total Time Pilot in Command (PIC)	mm/dd/yyyy  Other Aircraft R (Check all that apply None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make:Model:ating(s)	Instrum (Check ali None Airpla Helico Power	ent Rating I that apply) ne opter red Lift Airplane	g(s)	Instructor (Check all t None Airplane Gyropla Powered  Student E	Rating(s) that apply) Single-Engine Multi-Engine Lift  ndorsemen	ne	Instrument I Helicopter Glider Sport	- Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea  Type Ratings  Flight Time (enter approprinumber of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	mm/dd/yyyy  Other Aircraft R (Check all that apply None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make:Model:ating(s)	Instrum (Check ali None Airpla Helico Power	ent Rating I that apply) ne opter red Lift Airplane	g(s)	Instructor (Check all t None Airplane Gyropla Powered  Student E	Rating(s) that apply) Single-Engine Multi-Engine Lift  ndorsemen	ne	Instrument I Helicopter Glider Sport	- Lighter
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or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea  Type Ratings  Flight Time (enter approprinumber of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	mm/dd/yyyy  Other Aircraft R (Check all that apply None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make:Model:ating(s)	Instrum (Check ali None Airpla Helico Power	ent Rating I that apply) ne opter red Lift Airplane	g(s)	Instructor (Check all t None Airplane Gyropla Powered  Student E	Rating(s) that apply) Single-Engine Multi-Engine Lift  ndorsemen	ne	Instrument I Helicopter Glider Sport	- Lighter

ADDITIONAL FLIGHT CREW MEM	IBERS (Exclusive of cabin a	attendants, complete the	following infe	ormati	on)	A. A. (4. 71. 1
Pilot Name and Address	4***				Degree of I	• •
First Name:	City:				☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial:	State:	ZIP:			Serious	☐ Olikilowii
Last Name:	Country:		=			• •
Pilot Certificate(s) (Check all that apply)			□ r		Seat Occup	∏ Front
☐ None       ☐ Student       ☐ Recre         ☐ Private       ☐ Flight Instructor       ☐ Sport		☐ Flight Engineer ☐ U.S. Military	☐ Foreign		Right	Rear
Type Rating/Endorsement for		Time at the Time			☐ Center	Single
Accident/Incident Aircraft?		nt/Incident:	hrs			Unknown
Pilot Name and Address	000000 00000 00000 00000 00000 00000000	Space - The state of the state	MICHEL 1000 MICH. 1000	XIIID 24 CAIIIIIIIIINN	Degree of I	
First Name:	City:				None	Fatal
Middle Initial:	State:	ZIP:		Ì	☐ Minor ☐ Serious	Unknown
Last Name:	Country:					
Pilot Certificate(s) (Check all that apply)			□ F		Seat Occup	Front
☐ None ☐ Student ☐ Recre		☐ Flight Engineer ☐ U.S. Military	☐ Foreign		Right	Rear
Type Rating/Endorsement for Accident/Incident Aircraft?	Total Flight	Time at the Time	hrs		☐ Center	☐ Single ☐ Unknown
		n marina ya sunun angan kalanda kata da kata d	CHEST IN SECTION SECTI		Degree of I	higarassaniher askassi <u>i (*</u> ***********************************
Pilot Name and Address					□ None	⊓ Fatal
First Name: Middle Initial:	City: State:	ZIP:			Minor	Unknown
Last Name:	Country:		_	ĺ	☐ Serious	
Pilot Certificate(s) (Check all that apply)					Seat Occup	ied
☐ None ☐ Student ☐ Recre		☐ Flight Engineer	☐ Foreign		Left	Front
Private Flight Instructor Sport					Right	Rear
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes		Time at the Time	hrs	ĺ	☐ Center	☐ Single ☐ Unknown
		morneident.				
				cessar	v)	
PASSENGER(S) / OTHER PERSO						w w
			ate sheet if ne			rtal rivious jury jury jury o Injury
PASSENGER(S) / OTHER PERSO  Name and Address	NNEL (Include flight attend	ants; continue on separa				Fatal Serious Injury Minor Injury No Injury Unknown
PASSENGER(S) / OTHER PERSO  Name and Address  First Name: Joyce	NNEL (Include flight attend	ants; continue on separa	ate sheet if nee	Crew Non-	Revenue Revenue Non- Occupant FAA	
PASSENGER(S) / OTHER PERSO  Name and Address  First Name: Joyce Middle Initial:	NNEL (Include flight attend	ants; continue on separa t City ZIP: 73110	ate sheet if ne	Crew Non-	Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury
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PASSENGER(S) LOTHER PERSO  Name and Address  First Name: Joyce Middle Initial: Last Name: Atles  First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:	City: Midwest State: OK Country: Unite  City: State: Country: Unite  City: State: Country:  City: State: Country:  City: State: Country:  City: State: Country:  City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: Country: City: State: City: City: State: City: City: State: City: City: State: City: City: State: City: City	ants; continue on separa  ants; continue on separa  art City	L	Crew	Revenue  Coccupant  Non-  FAA	

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 time and point of departure, intended destination, and services obtained.
N281RG departed David Wayne Hooks Airport (KDWH) at 12:00 pm for the purpose of aerial photography in the east Houston area. There were two people onboard the aircraft: Pilot Chris Yeager and passenger/customer photographer Joyce Ates. The pilot called company flight following at 14:30 pm after landing at the Baytown Airport (KHPY) for refueling. The pilot updated his company flight plan and stated that he intended to continue with the photo mission. The pilot also stated that he would make the next flight plan update to company flight following upon returning for landing/refueling at KHPY at approximately 16:30 pm. The exact time of departure from KHPY is unknown.
At approximately 16:15 pm another company aircraft made contact with company flight following advising that there was talk on the local helicopter frequency (123.025) of a reported helicopter crash in the Crosby, TX area. Flight following immediately initiated procedures to locate N281RG.
No company personnel have been to the crash site. We have no knowledge of the conditions of the crash site or circumstances leading to the accident. A statement made by the photographer's husband over the phone said that the crash site was an intended location to photograph some structures.
RECOMMENDATION (How could this accident/incident have been prevented?)
Operator/Owner Safety Recommendation

ADDITIONAL IN	EODMA	TION (Places type or print in ink)		, ,
		TION (Please type or print in ink)		
Use this space if addit	ional space	is needed for any answers.		
				niki Nissentsi jällääätin osa estruvin jällämpe hassilki jajinna suora majakkoi osat 1906.
I HEREBY CERTIF	Y THAT TH	HE ABOVE INFORMATION IS COMPLI	TE AND ACCURATE TO THE BEST OF M	IY KNOWLEDGE
Date of this Report	Signature	and Name of Milo Operator		
09/18/2012	Signature:	124/		
mm/dd/yyyy		nt Name: Michael Crossland		
		Filing Report if Other than Pilot/Operato	r	
Signature:			-	
Type or Print Name:				
Title:		FOR NEOD	ISE ONLY	
		FOR NTSB	The state of the s	
NTSB Accident/Incid CEN12FA6	ient No.	Reviewed by NTSB Regional Office CEN-TX	Name of Investigator	Date Report Received
CENTZLAC	, <u>~</u> _	CEIVIA	Yeager	9/22/2012