

**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: Pearland State: TX
 ZIP: 77584 Country: United States
 Latitude: N33°38.20 Longitude: W95°27.05
(Enter in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time
 Date: 4/3/2021 Local Time: 7:30am
mm/dd/yyyy Time Zone: CST

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: _____
Manufacturer: Beechcraft
Model: Bonanza B35
Serial Number: D-2631
Year of Manufacture: 1950
Amateur-Built: Yes If Yes Kit/Plans Make: _____
 No Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 2650 lbs
Weight at Time of Accident/Incident: 2615 lbs
Number of Seats: 4 Flight Crew Seats: 1
 Cabin Crew Seats: _____ Passenger Seats: 3
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
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental
<input checked="" type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport
	<input type="checkbox"/> Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear
(Check all that apply)

<input checked="" type="checkbox"/> Tricycle	<input checked="" type="checkbox"/> Retractable	<input type="checkbox"/> Tailwheel
<input type="checkbox"/> Amphibian	<input type="checkbox"/> High Skid	<input type="checkbox"/> Skid
<input type="checkbox"/> Emergency Float	<input type="checkbox"/> Ski	<input type="checkbox"/> Ski/Wheel
<input type="checkbox"/> Hull	<input type="checkbox"/> Other Launch/Recovery System	<input type="checkbox"/> None

Engine Type *(Select one)*

<input checked="" type="checkbox"/> Reciprocating	<input type="checkbox"/> Liquid Rocket
<input type="checkbox"/> Turbo-Smart	<input type="checkbox"/> Solid Rocket
<input type="checkbox"/> Turbo Prop	<input type="checkbox"/> Hybrid Rocket
<input type="checkbox"/> Turbo Jet	<input type="checkbox"/> None
<input type="checkbox"/> Turbo Fan	<input type="checkbox"/> Unknown
<input type="checkbox"/> Electric	

Fuel System Type *(Reciprocating)*

<input type="checkbox"/> Carburetor	<input type="checkbox"/> Fuel-Injected
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	Continental	E185-11	25619-D-1-8		211			
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

<input checked="" type="checkbox"/> 100-Hour	<input type="checkbox"/> Continuous Airworthiness
<input checked="" type="checkbox"/> AAIP	<input type="checkbox"/> Conditional Inspection
<input type="checkbox"/> Annual	<input type="checkbox"/> Unknown

Date Last Inspection: 10/9/2020
mm/dd/yyyy

Airframe Total Time: _____ hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident

Type of Maintenance Program *(Select one)*

<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: _____

Description of Fire Extinguishing System

None
 Specify: _____

Propeller 1

<input type="checkbox"/> Fixed Pitch	<input checked="" type="checkbox"/> Controllable Pitch
<input type="checkbox"/> Ground Adjustable	

Manufacturer: Hartzel
 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:

<input type="checkbox"/> Impact Damage
<input type="checkbox"/> Fire Damage
<input type="checkbox"/> Battery Expired/Damaged
<input type="checkbox"/> Unknown

Propeller 2

<input type="checkbox"/> Fixed Pitch	<input type="checkbox"/> Controllable Pitch
<input type="checkbox"/> Ground Adjustable	

Manufacturer: _____
 Model: _____

Additional Equipment *(Check all that apply)*

<input checked="" type="checkbox"/> ADS-B
<input type="checkbox"/> Airframe Parachute
<input type="checkbox"/> Angle of Attack Indicator
<input type="checkbox"/> Autopilot
<input type="checkbox"/> Data Recorder
<input type="checkbox"/> Electronic Flight Bag or Handheld Device
<input type="checkbox"/> Electronic Multifunction Display
<input type="checkbox"/> Electronic Primary Flight Display
<input checked="" type="checkbox"/> Handheld GPS
<input type="checkbox"/> Heads Up Display
<input type="checkbox"/> Onboard Weather
<input type="checkbox"/> Satellite Tracking Device
<input type="checkbox"/> Stall Warning System
<input type="checkbox"/> Video Recording Device
<input type="checkbox"/> Other, Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Pete Hardy

City: Pearland

State: TX ZIP: 77584

Fractional Ownership Aircraft: Yes No

Country: United States

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation
- Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

Regulation Flight Conducted Under

- FAR 91
- FAR 129
- FAR 121
- FAR 133
- FAR 135
- FAR 137
- FAR 415
- FAR 431
- FAR 435
- FAR 437

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft *(Select one)*

- Armed Forces
- Federal
- State
- Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- Scheduled or Commuter Domestic
- Non-Scheduled or Air Taxi International

- Passenger
- Cargo
- Mail Contract Only

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

(Select one)

- Aerial Application
- Aerial Observation
- Air Drop
- Air Race/Show
- Banner Tow
- Business
- Executive/Corporate
- External Load
- Ferry
- Firefighting
- Flight Test
- Glider Tow
- Instructional
- Other Work Use
- Personal
- Positioning
- Skydiving
- Unknown

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: Skyway Manor Airport

Distance From Airport Center: _____ sm

Airport Identifier: T79

Direction From Airport: 170 degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Airport Elevation: 55 ft. msl

Runway Information

Runway ID: 17 (L/R/C) Length: 2550 ft Width: 70 ft

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

- Dry
- Holes
- Ice Covered
- Rough
- Rubber Deposits
- Slush-Covered
- Snow-Compacted
- Snow-Crusted
- Snow-Dry
- Snow-Wet
- Soft
- Vegetation
- Water-Calm
- Water-Choppy
- Water-Glassy
- Wet
- Unknown

Runway/Landing Surface *(Check all that apply)*

- Asphalt
- Concrete
- Dirt
- Grass/Turf
- Gravel
- Ice
- Macadam
- Metal/Wood
- Snow
- Water
- Unknown

Approach/Departure Segment *(Select one)*

- Taxi
- Takeoff
- Initial Climb
- VFR Departure
- IFR Departure Procedure/Clearance
- On Instrument Approach Landing
- Downwind
- Base
- Final
- Crosswind
- Low Approach
- Go Around
- Aborted Landing (after touchdown)
- Unknown

IFR Approach *(Check all that apply)*

- None
- ADF/NDB
- SDF
- VOR/TVOR
- VOR/DME
- TACAN
- PAR
- Sidestep
- ILS
- Localizer Only
- LOC-back course
- RNAV
- MLS
- LDA
- ASR
- Visual
- Contact
- Circling
- Practice
- GPS
- Unknown

VFR Approach *(Check all that apply)*

- None
- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Full Stop
- Stop and Go
- Touch and Go
- Simulated Forced Landing
- Forced Landing
- Precautionary Landing
- Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: Pete City of Residence: Pearland
 Middle Initial: _____ State: TX ZIP: 77584
 Last Name: Hardy Country: United States
 Age at time of Accident/Incident: 43 Date of Birth: 77 mm/dd/yyyy
 Certificate Number: _____

Degree of Injury <input checked="" type="checkbox"/> None Fatal <input type="checkbox"/> Minor Unknown <input type="checkbox"/> Serious	Seat Occupied <input checked="" type="checkbox"/> Left Front Unknown <input type="checkbox"/> Right Rear <input type="checkbox"/> Center Single	Restraint Type Available Used <input checked="" type="checkbox"/> Lap only <input checked="" type="checkbox"/> Lap only <input type="checkbox"/> 3-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown

Pilot Certificate(s) (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input checked="" 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	

Principal Occupation <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Class 2	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Special Issuance	Date of Last Medical <u>2/5/2021</u> mm/dd/yyyy
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Medical Certificate Limitations
 Valid for 12 months following the month examined.

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>9/5/2020</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>SAAB</u> Model: <u>SAAB340</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> 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	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings SIC SAAB-340 **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	1593	51	1117	476	241	97	106			
Pilot in Command (PIC)	1395	51	1029	366	231	97	106			
Time as Instructor	0	0	0	0	0	0	0			
This Make/Model					2	3.5	0			
Last 90 Days	30	27	18	12	6	11	0			
Last 30 Days	10	7	7	3	4	5	0			
Last 24 Hours	0	0	0	0	0	0	0			

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury	Seat Occupied	Restraint Type	Inflatable Restraints
None Fatal Minor Unknown Serious	Left Front Unknown Right Rear Center Single	Available None Lap only 3-point 4-point 5-point Unknown	Used None Lap only 3-point 4-point 5-point Unknown
Pilot Certificate(s) <i>(Check all that apply)</i>			
None Private Student	Flight Instructor Recreational Sport	Commercial Airline Transport Flight Engineer	US Military Foreign

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
Pilot Other Unknown	None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	_____ 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) <i>(Check all that apply)</i>	Other Aircraft Rating(s) <i>(Check all that apply)</i>	Instrument Rating(s) <i>(Check all that apply)</i>	Instructor Rating(s) <i>(Check all that apply)</i>
None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	None Airship Balloon Glider Gyroplane Helicopter Powered Lift	None Airplane Helicopter Powered Lift	None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift
			Instrument Airplane Instrument Helicopter Helicopter Glider Sport

Type Ratings	Student Endorsements <i>(Include dates)</i>

Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied	Injury	
First Name: _____	City of Residence: _____	Left Center Right	Front Rear Single Unknown	
Middle Initial: _____	State: _____ ZIP: _____		None Minor Serious Fatal Unknown	
Last Name: _____	Country: _____			
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
None Private Student	Flight Instructor Recreational Sport	Commercial Airline Transport Flight Engineer	US Military Foreign	
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		Used None Lap Only 3-point 4-point 5-point Unknown

Crew Name and Address		Seat Occupied	Injury	
First Name: _____	City of Residence: _____	Left Center Right	Front Rear Single Unknown	
Middle Initial: _____	State: _____ ZIP: _____		None Minor Serious Fatal Unknown	
Last Name: _____	Country: _____			
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
None Private Student	Flight Instructor Recreational Sport	Commercial Airline Transport Flight Engineer	US Military Foreign	
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		Used None Lap Only 3-point 4-point 5-point Unknown

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Nycole</u> City: <u>Pearland</u> Middle Initial: <u>C</u> State: <u>TX</u> ZIP: <u>77584</u> Last Name: <u>Hardy</u> Country: <u>United States</u> Crew <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Left Center Right Unknown Row: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	Available <input type="checkbox"/> None <input checked="" type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown Used <input type="checkbox"/> None <input checked="" type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: <u>Nyah</u> City: <u>Pearland</u> Middle Initial: <u>N</u> State: <u>TX</u> ZIP: <u>77584</u> Last Name: <u>Hardy</u> Country: <u>United States</u> Crew <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Left Center Right Unknown Row: <u>2</u>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	Available <input type="checkbox"/> None <input checked="" type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown Used <input type="checkbox"/> None <input checked="" type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: <u>Meyah</u> City: <u>Pearland</u> Middle Initial: <u>L</u> State: <u>TX</u> ZIP: <u>77584</u> Last Name: <u>Hardy</u> Country: <u>United States</u> Crew <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other <input type="checkbox"/>	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: <u>2</u>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	Available <input type="checkbox"/> None <input checked="" type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown Used <input type="checkbox"/> None <input checked="" type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/>	Left Center Right Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown Used <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>T79</u> City: <u>Pear and</u> State: <u>TX</u> Country: <u>Un ted States</u>	Time of Departure Time: <u>7:35am</u> Time Zone: <u>Centra</u>	Destination Airport ID: <u>KSKF</u> City: <u>San Antonio</u> State: <u>TX</u> Country: <u>United States</u>	Type Flight Plan Filed None VFR/IFR Company VFR IFR Military VFR Unknown <input checked="" type="checkbox"/> VFR Activated? Yes <input checked="" type="checkbox"/> 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	Altitude of In-Flight Occurrence: _____ ft msl
Class B	<input type="checkbox"/> Demo Area	Airport Advisory Area	Air Traffic Control Area	
Class C	<input type="checkbox"/> Warning Area	Jet Training Area	Unknown	
Class D	<input type="checkbox"/> Prohibited Area	TRSA		
Class E	<input type="checkbox"/> Restricted Area	FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input checked="" type="checkbox"/> National Weather Service Flight Service Station <input checked="" type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial weather Service (DUATS) <input type="checkbox"/> On-Board Weather Company: <input checked="" type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: <u>KHOU</u> Observation Time: <u>6:53am</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>8</u> nm Direction from Accident Site: <u>360</u> degrees true
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Basic Conditions <input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown	Light Condition <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Unknown
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Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered Thin Broken Thin Overcast Unknown Lowest Cloud Condition Height <u>8000</u> ft agl	Ceiling <input type="checkbox"/> None (Clear) <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Overcast Obscured Indefinite Unknown Ceiling Height <u>25000</u> ft agl	Temperature: <u>12</u> (C) or <u>53</u> (F) Dew Point: <u>6</u> (C) or <u>42</u> (F) Altimeter Setting: <u>30.32</u> in Hg or _____ MB
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Wind Direction Variable -or- Direction: <u>120</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>4</u> kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>55</u> ft
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Intensity of Precipitation Light Moderate Heavy <input checked="" type="checkbox"/> 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"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <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 Amount: <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown Type: N/A <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown	Icing Actual Amount: <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown Type: N/A <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown	Turbulence Type (Check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity: Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

N/A

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)*

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.

On April 3rd at 735am I concluded my preflight checks and my run up checks on N5240C. All checks were within limits. Once we reach 70 knots, rotate speed over 50ft, I rotated and performed a short field take off (while in ground effect, lowered nose to gain airspeed). At this point I noticed a difference in engine sound and that I did not have the power I normally have. While slowly climbing out I noticed my rpm gauge was at 2100 rpms and dropping. At this point I had power lines in front of me and a power line pole in front of me. I briefly increased my pitch while checking fuel, throttle and prop pitch to see if I could clear the power lines. At 85 knots I was no longer climbing and my rpms were reading 1800 and dropping. Knowing I would not clear the power lines I slowly pitched down and to the right to go under the power lines and avoid the power line pole. I already had the field in front of me and a point where I could land once I clear the 2 obstacles. The field is a long and wide strip of grass that is behind an elementary school. While avoiding the obstacles in front and left of me, I clipped a tree with my right wing. At this point we may have been 20 feet off the ground. I pulled the nose up hoping to land on the belly. The plane landed on the belly. Slid for a while and we exited as soon as possible. Aboard was my wife and 2 daughters.

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

Operator/Owner Safety Recommendation

Since the reason for the power lose is unknown, I cannot speculate on how to avoid this in the future. I can say the extent of damage could have been avoided if the tree that the plane clipped was not there. Per the airport manager, that tree was in an exclusion zone on the field. The owner of that potion of land was asked/advised to cut the tree down due to its location. If the tree was not there, I could have successfully maneuvered under the power lines and around the power line pole. Leveled and landed on the grass on the planes belly at worst.

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.)

Engine failure on take off.

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)*

44

Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

 100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

Other Services, if Any, Prior to Departure**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

4 occupants exited through main door.

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**Aircraft Registration Number****Manufacturer:** _____**Damage to Other Aircraft****Model:** _____

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report 04/19/2021 <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <u>Pete Hardy</u> Signature: <u>[REDACTED]</u> -- or -- Check here to electronically sign this document
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If a Person Other than Pilot/Operator is Filing Report

Name: _____ **Title:** _____
Signature: _____
-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN21LA176	Reviewed by NTSB Regional Office CEN	Name of Investigator LINK	Date Report Received 4/19/2021
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