

**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 <u>Austin</u> State: <u>TX</u> ZIP: <u>78724</u> Country: <u>USA</u> Latitude: <u>30.261367</u> Longitude: <u>-097.650147</u> <i>(Enter in decimal degrees or degrees minutes seconds)</i>	Accident/Incident Date/Time Date: <u>11/22/2021</u> Local Time: <u>14:25</u> <i>mm/dd/yyyy</i> Time Zone: <u>Central</u> Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None
---	---

AIRCRAFT INFORMATION

Registration Number: <u>N307TC</u> Manufacturer: <u>Leonardo</u> Model: <u>AW169</u> Serial Number: <u>69081</u> Year of Manufacture: <u>2019</u> Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If Yes:</i> <input type="radio"/> Kit/Plans <input type="radio"/> Make <input type="radio"/> Original Design	<input checked="" type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>10582</u> lbs Weight at Time of Accident/Incident: <u>10116</u> lbs Number of Seats: <u>6</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: <u>1</u> Passenger Seats: <u>3</u> Number of Engines: <u>2</u>
---	---

Category of Aircraft <input type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input checked="" type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width:100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input 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 checked="" type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Retractable <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"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type <i>(Select one)</i> <input type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input checked="" type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type <i>(Reciprocating)</i> <input type="radio"/> Carburetor <input type="radio"/> Fuel-Injected
Standard	Special																		
<input 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 checked="" type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm dd yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng 1	Pratt & Whitney	PW210A	PCE-BP0162	11/01/2017	850	662.7	662.7	
Eng 2	Pratt & Whitney	PW210A	PCE-BP0175	01/01/2018	850	639.8	639.8	
Eng 3								
Eng 4								

Last Inspection Type <input type="radio"/> 100-Hour <input checked="" type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>02/11/2021</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>639.8</u> hrs hours measured at <i>(Select one)</i> <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident	Propeller 1 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____ Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program <i>(Select one)</i> <input type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input checked="" type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	ELT Installed: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: ELT Manufacturer: <u>ARTEX</u> Model or Part No.: <u>C406-N HM</u> TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input checked="" type="radio"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input checked="" type="radio"/> No If activated: Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input checked="" type="checkbox"/> Unknown
Description of Fire Extinguishing System <input type="radio"/> None <input checked="" type="radio"/> Specify: Engine Compartment Fire Detection/Extinguishing System	Additional Equipment <i>(Check all that apply)</i> <input checked="" type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input checked="" type="checkbox"/> Autopilot <input checked="" type="checkbox"/> Data Recorder <input checked="" type="checkbox"/> Electronic Flight Bag or Handheld Device <input checked="" type="checkbox"/> Electronic Multifunction Display <input checked="" type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input checked="" type="checkbox"/> Onboard Weather <input checked="" type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input checked="" type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: County of Travis City: Austin
 State: TX ZIP: 78701
 Fractional Ownership Aircraft: Yes No
 Country: USA

Operator of Aircraft Same As Registered Owner Same Address as Registered Owner
 Name: Travis County EMS City: Austin
 Doing Business As: STAR Flight State: TX ZIP: 78724
 Air Carrier/Operator Designator (4 Character Code): LEUA Country: USA

Operating Certificates Held <i>(Check all that apply)</i>	Regulation Flight Conducted Under	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i>
<input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input checked="" type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	<input type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input checked="" type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown	<input type="radio"/> Scheduled or Commuter <input checked="" type="radio"/> Domestic <input checked="" type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International <input checked="" type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only
		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Unknown <input type="radio"/> Aerial Observation <input type="radio"/> Flight Test <input type="radio"/> Air Drop <input type="radio"/> Glider Tow <input type="radio"/> Air Race/Show <input type="radio"/> Instructional <input type="radio"/> Banner Tow <input type="radio"/> Other Work Use <input type="radio"/> Business <input type="radio"/> Personal <input type="radio"/> Executive/Corporate <input type="radio"/> Positioning <input type="radio"/> External Load <input type="radio"/> Skydiving <input type="radio"/> Ferry
Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	Air Medical Flight <input checked="" type="radio"/> Yes <input type="radio"/> No	

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: _____ Distance From Airport Center: _____ sm
 Airport Identifier: _____ Direction From Airport: _____ degrees true
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A
 Airport Elevation: _____ ft msl

Runway Information	Condition of Runway/Landing Surface <i>(Check all that apply)</i>
Runway ID _____ (L/R/C) Length: _____ ft Width: _____ ft	<input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown
Runway/Landing Surface <i>(Check all that apply)</i> <input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown	

Approach/Departure Segment *(Select one)*

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

IFR Approach <i>(Check all that apply)</i>	VFR Approach <i>(Check all that apply)</i>
<input type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown

"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
<input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown

Pilot Certificate(s) (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer	

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
<input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	<input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	_____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	Flight Review Aircraft
_____ mm/dd/yyyy	Make: _____ Model: _____

Airplane Rating(s) (Check all that apply)	Other Aircraft Rating(s) (Check all that apply)	Instrument Rating(s) (Check all that apply)	Instructor Rating(s) (Check all that apply)
<input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport

Type Ratings	Student Endorsements (Include dates)

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

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)							
Crew Name and Address				Seat Occupied		Injury	
First Name _____		City of Residence: _____		<input type="radio"/> Left	<input type="radio"/> Front	<input type="radio"/> None	
Middle Initial _____		State: _____ ZIP: _____		<input type="radio"/> Center	<input type="radio"/> Rear	<input type="radio"/> Minor	
Last Name _____		Country: _____		<input type="radio"/> Right	<input type="radio"/> Single	<input type="radio"/> Serious	
				<input type="radio"/> Unknown	<input type="radio"/> Unknown	<input type="radio"/> Fatal	
				<input type="radio"/> Unknown	<input type="radio"/> Unknown	<input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints	
<input type="checkbox"/> None		<input type="checkbox"/> Flight Instructor		Available		Used	
<input type="checkbox"/> Private		<input type="checkbox"/> Recreational		<input type="radio"/> None		<input type="radio"/> None	
<input type="checkbox"/> Student		<input type="checkbox"/> Sport		<input type="radio"/> Lap Only		<input type="radio"/> Lap Only	
		<input type="checkbox"/> Commercial		<input type="radio"/> 3-point		<input type="radio"/> 3-point	
		<input type="checkbox"/> Airline Transport		<input type="radio"/> 4-point		<input type="radio"/> 4-point	
		<input type="checkbox"/> Flight Engineer		<input type="radio"/> 5-point		<input type="radio"/> 5-point	
		<input type="checkbox"/> US Military		<input type="radio"/> Unknown		<input type="radio"/> Unknown	
		<input type="checkbox"/> Foreign					
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			
Crew Name and Address				Seat Occupied		Injury	
First Name _____		City of Residence: _____		<input type="radio"/> Left	<input type="radio"/> Front	<input type="radio"/> None	
Middle Initial _____		State: _____ ZIP: _____		<input type="radio"/> Center	<input type="radio"/> Rear	<input type="radio"/> Minor	
Last Name _____		Country: _____		<input type="radio"/> Right	<input type="radio"/> Single	<input type="radio"/> Serious	
				<input type="radio"/> Unknown	<input type="radio"/> Unknown	<input type="radio"/> Fatal	
				<input type="radio"/> Unknown	<input type="radio"/> Unknown	<input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints	
<input type="checkbox"/> None		<input type="checkbox"/> Flight Instructor		Available		Used	
<input type="checkbox"/> Private		<input type="checkbox"/> Recreational		<input type="radio"/> None		<input type="radio"/> None	
<input type="checkbox"/> Student		<input type="checkbox"/> Sport		<input type="radio"/> Lap Only		<input type="radio"/> Lap Only	
		<input type="checkbox"/> Commercial		<input type="radio"/> 3-point		<input type="radio"/> 3-point	
		<input type="checkbox"/> Airline Transport		<input type="radio"/> 4-point		<input type="radio"/> 4-point	
		<input type="checkbox"/> Flight Engineer		<input type="radio"/> 5-point		<input type="radio"/> 5-point	
		<input type="checkbox"/> US Military		<input type="radio"/> Unknown		<input type="radio"/> Unknown	
		<input type="checkbox"/> Foreign					
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(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)							
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints
First Name: <u>Jason</u> City: <u>Austin</u>			<input checked="" type="radio"/> Left	<input checked="" type="radio"/> None	Available		<input checked="" type="checkbox"/> Not Installed
Middle Initial: _____ State: <u>TX</u> ZIP: <u>78724</u>			<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None		<input type="checkbox"/> Installed
Last Name: <u>Freitag</u> Country: <u>USA</u>			<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only		<input type="checkbox"/> Not Deployed
<input checked="" type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other			<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point		<input type="checkbox"/> Deployed
			Row: <u>1</u>	<input type="radio"/> Unknown	<input type="radio"/> 4-point		<input type="checkbox"/> Unknown
					<input type="radio"/> 5-point		<input type="checkbox"/> Under 5 years
					<input type="radio"/> Unknown		<i>If Under 5,</i>
					<input type="radio"/> Unknown		<input type="radio"/> Child Restraint
					<input type="radio"/> Unknown		<input type="radio"/> Lap-Held
					<input type="radio"/> Unknown		<input type="radio"/> Unknown
First Name: <u>Joel</u> City: <u>Austin</u>			<input type="radio"/> Left	<input checked="" type="radio"/> None	Available		<input checked="" type="checkbox"/> Not Installed
Middle Initial: _____ State: <u>TX</u> ZIP: <u>7824</u>			<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None		<input type="checkbox"/> Installed
Last Name: <u>Covey</u> Country: <u>USA</u>			<input checked="" type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only		<input type="checkbox"/> Not Deployed
<input checked="" type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other			<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point		<input type="checkbox"/> Deployed
			Row: <u>2</u>	<input type="radio"/> Unknown	<input type="radio"/> 4-point		<input type="checkbox"/> Unknown
					<input type="radio"/> 5-point		<input type="checkbox"/> Under 5 years
					<input type="radio"/> Unknown		<i>If Under 5,</i>
					<input type="radio"/> Unknown		<input type="radio"/> Child Restraint
					<input type="radio"/> Unknown		<input type="radio"/> Lap-Held
					<input type="radio"/> Unknown		<input type="radio"/> Unknown
First Name: <u>Nicole</u> City: <u>Austin</u>			<input type="radio"/> Left	<input checked="" type="radio"/> None	Available		<input checked="" type="checkbox"/> Not Installed
Middle Initial: _____ State: <u>TX</u> ZIP: <u>78724</u>			<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None		<input type="checkbox"/> Installed
Last Name: <u>Holmgreen</u> Country: <u>USA</u>			<input checked="" type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only		<input type="checkbox"/> Not Deployed
<input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other			<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point		<input type="checkbox"/> Deployed
			Row: <u>3</u>	<input type="radio"/> Unknown	<input type="radio"/> 4-point		<input type="checkbox"/> Unknown
					<input type="radio"/> 5-point		<input type="checkbox"/> Under 5 years
					<input type="radio"/> Unknown		<i>If Under 5,</i>
					<input type="radio"/> Unknown		<input type="radio"/> Child Restraint
					<input type="radio"/> Unknown		<input type="radio"/> Lap-Held
					<input type="radio"/> Unknown		<input type="radio"/> Unknown
First Name: <u>Heather</u> City: <u>Austin</u>			<input checked="" type="radio"/> Left	<input checked="" type="radio"/> None	Available		<input checked="" type="checkbox"/> Not Installed
Middle Initial: _____ State: <u>TX</u> ZIP: <u>78724</u>			<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None		<input type="checkbox"/> Installed
Last Name: <u>Lewis</u> Country: <u>USA</u>			<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only		<input type="checkbox"/> Not Deployed
<input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other			<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point		<input type="checkbox"/> Deployed
			Row: <u>3</u>	<input type="radio"/> Unknown	<input type="radio"/> 4-point		<input type="checkbox"/> Unknown
					<input type="radio"/> 5-point		<input type="checkbox"/> Under 5 years
					<input type="radio"/> Unknown		<i>If Under 5,</i>
					<input type="radio"/> Unknown		<input type="radio"/> Child Restraint
					<input type="radio"/> Unknown		<input type="radio"/> Lap-Held
					<input type="radio"/> Unknown		<input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>Hospital Pad</u> City: <u>Bastrop</u> State: <u>TX</u> Country: <u>USA</u>	Time of Departure Time: <u>14:15</u> Time Zone: <u>Central</u>	Destination Airport ID: <u>TE94</u> City: <u>Austin</u> State: <u>TX</u> Country: <u>USA</u>	Type Flight Plan Filed <input type="radio"/> None <input checked="" type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
---	---	---	---

Type of ATC Clearance/Service (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input checked="" type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input checked="" type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

<input type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	Altitude of In-Flight Occurrence: <u>1440</u> ft msl
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input checked="" type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> 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 <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input checked="" type="checkbox"/> Commercial Weather Service (DUATS) <input checked="" type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: <u>KAUS</u> Observation Time: <u>14:18</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>5.69</u> nm Direction from Accident Site: <u>198</u> degrees true
--	--

Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input checked="" type="radio"/> Day <input type="radio"/> Dusk <input type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Bright Night <input type="radio"/> Unknown
---	--

Sky/Lowest Cloud Condition <input type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input checked="" type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown Lowest Cloud Condition Height <u>30000</u> ft agl	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown Ceiling Height _____ ft agl	Temperature: <u>20</u> (C) or _____ (F) Dew Point: <u>00</u> (C) or _____ (F) Altimeter Setting: <u>3027</u> in. Hg or _____ MB
--	---	---

Wind Direction <input type="checkbox"/> Variable -or- Direction: <u>350</u> degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>9</u> kts	Wind Gusts <input type="checkbox"/> Not Gusting -or- Speed: <u>17</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>912</u> ft
--	--	---	--

Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> 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
--	---	---

Icing Forecast Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input checked="" type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	Icing Actual Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input checked="" type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> 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 <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme
--	--	--

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

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

- None Substantial
 Minor Destroyed
 Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

Cracked Right Front Windshield, Cracked windshield support beam, Cracked greenhouse window, undetermined main rotor blade surface damage.

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.

STAR Flight 1 (N307TC) on 22 NOV 21 while transporting a patient, a Turkey Vulture impacted the aircraft in flight. PIC conducted a precautionary landing at TE94, which was approximately a minute away from where the impact occurred. SF1 was returning to Austin with a patient on board when a black vulture appeared in front of the aircraft and impacted within in a matter of seconds from first sight. The medical crew member sitting in the front left cockpit seat, was the first to see the bird and announced its presence. The vulture was first seen ascending from the lower left field of view, it maintained its current track. It looked as though it was going to impact directly in the middle of the right front windshield. As soon as PIC saw the vulture, he maneuvered the aircraft to the left and started to descend in an attempt to avoid the vulture or minimize the severity of the impact location on the aircraft. Seemingly, within a couple of seconds after maneuvering the bird impacted the aircraft.

PIC quickly determined that they needed to divert from the intended point of landing at Seton Main Hospital, and land at the STAR Flight Hangar Helipad (TE94) as it was just over 1 minute away. PIC felt that going to the STAR Flight hangar helipad was the most expeditious means to safely terminate the flight.

Once safely landed and aircraft was shut down, PIC called Austin TRACON to advise of the situation, since in the course of events PIC, became too occupied to call over the radio to the Control Tower. PIC was flight following with Austin Tower since they were operating near the KAUS Class C airspace.

Patient and medical team members were successfully transferred to the intended destination via ground ambulance.

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)Total Time/Cycles
On Part_____ Hours
_____ CyclesTime Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

163 _____ 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 AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

This was a precautionary landing. Normal engine shutdown and then normal personnel departure from the aircraft.

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

-
- Destroyed
-
- Minor
-
-
- Substantial
-
- None

Registered Owner of Other Aircraft

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.

Passengers Continued:

One adult patient on board. Secured to stretcher mounted to aircraft cabin floor. No injuries from this incident.

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

Date of this Report 12/01/2021
mm/dd/yyyy

Name of Pilot/Operator: TAYLOR G. PETTY
Signature: _____
-- or -- Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: Craig Hiltendager Title: Director of Operations
Signature: _____
-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN22LA057	Reviewed by NTSB Regional Office CEN	Name of Investigator J.Brannen	Date Report Received 12/2/2021
--	---	-----------------------------------	-----------------------------------