

**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>Katy</u> State: <u>TX</u> ZIP: <u>77450</u> Country: <u>United States</u> Latitude: _____ Longitude: _____ <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>07/13/2019</u> Local Time: <u>10:30am</u> <i>mm/dd/yyyy</i> Time Zone: <u>CDT</u> Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None

AIRCRAFT INFORMATION	
Registration Number: <u>N517LA</u> Manufacturer: <u>Cessna</u> Model: <u>172S</u> Serial Number: <u>172S10915</u> Year of Manufacture: <u>2009</u> Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If Yes:</i> <input type="radio"/> Kit/Plans <input type="radio"/> Original Design <i>Make:</i> _____	<input checked="" type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>2550</u> lbs Weight at Time of Accident/Incident: <u>2152 est</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: _____ Passenger Seats: <u>3</u> Number of Engines: <u>1</u>

Category of Aircraft <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input 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 checked="" 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 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 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 type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> <input 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 checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input 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 checked="" type="radio"/> Fuel-Injected
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 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	Lycoming	I0360L2A	L-32101-51E	5/31/2005	180HP		13.1	2182.2
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>07/02/2019</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>4912</u> hrs hours measured at <i>(Select one)</i> <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident	Propeller 1 <input checked="" type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>McCauley</u> Model: <u>1A170E</u>	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 checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input 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 <i>If Yes:</i> ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input 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 type="radio"/> No <i>If activated:</i> Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If not activated:</i> Indicate Reason: <input type="checkbox"/> Impact Damage <input checked="" type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown	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 type="checkbox"/> Data Recorder <input 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 type="checkbox"/> Satellite Tracking Device <input checked="" type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____
Description of Fire Extinguishing System <input type="radio"/> None <input checked="" type="radio"/> Specify: <u>Manually Operated</u>		

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner		City: <u>Houston</u>
Name: <u>BLH VISIONS LLC</u>		State: <u>Texas</u> ZIP: <u>77084</u>
Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		Country: <u>USA</u>
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner		<input type="checkbox"/> Same Address as Registered Owner
Name: <u>West Houston Airport Corporation</u>		City: <u>Houston</u>
Doing Business As: _____		State: <u>Texas</u> ZIP: <u>77084</u>
Air Carrier/Operator Designator (4 Character Code): _____		Country: <u>USA</u>
Operating Certificates Held <i>(Check all that apply)</i> <input checked="" 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 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	Regulation Flight Conducted Under <input checked="" 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 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	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only
Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input checked="" 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
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>		
Airport Name: <u>West Houston Airport Corporation</u> Airport Identifier: <u>KIWS</u> Proximity to Airport: <input checked="" type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		Distance From Airport Center: <u>approx 4</u> sm Direction From Airport: <u>SW</u> degrees true Airport Elevation: <u>110</u> ft. msl
Runway Information Runway ID: <u>33</u> (L/R/C) Length: <u>4000</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown
Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" 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 <i>(Select one)</i> <input type="radio"/> Taxi <input checked="" type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach <input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around <input type="radio"/> Initial Climb <input type="radio"/> Final <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> Crosswind <input type="radio"/> Unknown		
IFR 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"/> Visual <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Circling <input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown		VFR Approach <i>(Check all that apply)</i> <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 1" INFORMATION												
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident												
<input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew												
"Flight Crewmember 1" was pilot flying <input type="checkbox"/> Yes <input type="checkbox"/> No												
"Flight Crewmember 1" Identification												
First Name: <u>Noshir</u>					City of Residence: <u>Houston</u>							
Middle Initial: <u>K</u>					State: <u>Texas</u>			ZIP: <u>77041</u>				
Last Name: <u>Medhora</u>					Country: <u>USA</u>							
Age at time of Accident/Incident: <u>69</u>				Date of Birth: [REDACTED]		mm/dd/yyyy						
Certificate Number: [REDACTED]												
Degree of Injury			Seat Occupied			Restraint Type			Inflatable Restraints			
<input type="radio"/> None <input checked="" type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			<input type="radio"/> Left <input checked="" 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 checked="" 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		<input type="checkbox"/> Not Installed <input checked="" type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
Pilot Certificate(s) <i>(Check all that apply)</i>												
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" 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 checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown			<input type="radio"/> None <input checked="" 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 checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance			<u>8/17/2018</u> mm/dd/yyyy			
Medical Certificate Limitations												
Must wear corrective lenses												
Medical Certificate Special Issuance												
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:					Flight Review Aircraft							
<u>6/28/2018</u> mm/dd/yyyy					Make: <u>Cessna</u>							
					Model: <u>172S</u>							
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>			
<input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			<input checked="" 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 checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<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		<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 <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	
Total Time		300					Actual	Simulated				
Pilot in Command (PIC)												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												

"FLIGHT CREWMEMBER 2" INFORMATION											
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew											
"Flight Crewmember 2" was pilot flying <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			Seat Occupied <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			Restraint Type 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			Inflatable Restraints <input 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 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 type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown			Medical Certificate <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			Medical Certificate Validity <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			Date of Last Medical _____ mm/dd/yyyy		
Medical Certificate Limitations 											
Medical Certificate Special Issuance 											
Date of Last Flight Review or Equivalent, including FAR 121/135 Checks: _____ mm/dd/yyyy					Flight Review Aircraft Make: _____ Model: _____						
Airplane Rating(s) (Check all that apply) <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			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 type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <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
Total Time							Actual	Simulated			
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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown		<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <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		Restraint Type: Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		

Crew Name and Address		Seat Occupied		Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown		<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <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		Restraint Type: Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		

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

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	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	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	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	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	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	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	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	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown

FLIGHT ITINERARY INFORMATION																															
Last Departure Point Airport ID: <u>KIWS</u> City: <u>Houston</u> State: <u>Texas</u> Country: <u>USA</u>		Time of Departure Time: <u>10:26am</u> Time Zone: <u>CDT</u>																													
Destination Airport ID: _____ City: _____ State: _____ Country: _____		Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input 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 type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input checked="" 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 <input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input checked="" 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			Altitude of In-Flight Occurrence: _____ ft msl																												
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE																															
Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather		Weather Observation Facility Facility ID: <u>KIWS</u> Observation Time: <u>15:30</u> Time Zone: <u>GMT</u> Distance from Accident Site: <u>4</u> nm Direction from Accident Site: <u>SW</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 type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night																													
Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered Lowest Cloud Condition Height _____ ft agl		Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height _____ ft agl																													
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: _____ kts		Visibility <u>clear</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>2100</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"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals																													
Icing Forecast <table border="0"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>		Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Icing Actual <table border="0"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>		Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown	
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<input type="radio"/> Severe	<input type="radio"/> Unknown																														
<input type="radio"/> Unknown																															
Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown																															
Turbulence <table border="0"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>				Type	Severity	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme																		
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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)*

Damage to aircraft appears to be total loss due to impact and fire. Other property damage consists of concrete block building hit by impact of aircraft, swimming pool, and other outdoor buildings destroyed due to impact or fire.

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.

Pilot scheduled the rental of a flight school aircraft Cessna 172S G1000 for a flight on July 13, 2019 from 10:00-12:00am CDT. Pilot appeared in the terminal building of West Houston Airport at approximately 9:42 AM CDT on July 13, 2019. He went to the front desk counter of West Houston Airport to check in. The airplane was currently flying at that time with an instructor and student. When the aircraft returned from the flight it was dispatched to the pilot. Approximately 10:02am pilot was dispatched to rent the aircraft.

Pilot gathered his bags and departed the terminal through the north east ramp doors. It appeared he was carrying three (3) bags one belonging to the flight school aircraft, another appeared to be a headset bag, the other a small case. He walked to the flight school airplane tie down area north of the terminal.

At approximately 10:19am CDT he started taxiing to runway 33. He took off from West Houston Airport runway 33 at approximately 10:26am CDT.

West Houston Airport was notified by law enforcement of accident at approximately 10:50am CDT.

END

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

Operator/Owner Safety Recommendation
Unknown

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>	Total Time/Cycles On Part ____ Hours ____ Cycles
	Time Since This Part Inspected/Overhauled ____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> 26 estimated _____ Gallons	Fuel Type <input type="radio"/> 80/87 <input type="radio"/> 115/145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____ <input checked="" type="radio"/> 100 Low Lead <input type="radio"/> Jet A <input type="radio"/> JP8 <input type="radio"/> 100/130 <input type="radio"/> Jet A-1 <input type="radio"/> Automotive
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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

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


Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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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 8/1/2019 <i>mm/dd/yyyy</i>	Name of Pilot/Operator: West Houston Airport Corporation Signature:  EUP -- or -- <input type="checkbox"/> Check here to electronically sign this document
---	--

If a Person Other than Pilot/Operator is Filing Report

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

FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN19FA221	Reviewed by NTSB Regional Office Central Regional Office - CEN	Name of Investigator Michael J. Hodges	Date Report Received 08/01/2019
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