Trinity River Authority of Texas

FAX COVER SHEET

TO: Tom Latson, Air Safety Investigator DATE: 10/25/10

COMPANY: NTSB

FAX NUMBER: [redacted]

NUMBER PAGES INCLUDING COVER: 2

FROM: Gary Shreve [redacted]

CONFIDENTIAL: _____ URGENT: _____ REPLY _REQUESTED: _____

Attached is the Accident Report from Trinity River Authority

If not received correctly, please call **Connie Jones@** [redacted]

FAX: [redacted]

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
Nearest City/Place: PALESTINE State: TX
ZIP: 75801 Country: USA
Latitude: N31:46:78 (dd:mm:ss N/S) Longitude: W95:42:38 (ddd:mm:ss E/W)

Date/Time
Date: 10-18-2010 (mm/dd/yyyy) Local Time: 12:45
Time Zone: CENTRAL (CDT)

Phase of Operation
☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☒ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft
☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence
4000 ft MSL

AIRCRAFT INFORMATION

Manufacturer: BEECHCRAFT
Model: KING AIR A100
Serial Number: B234
Registration Number: N1TR **Amateur-built:** ☐ Yes ☒ No

Max Gross Weight: 11500 lbs
Weight at Time of Accident/Incident: 9514 lbs
Location of Center of Gravity at Time of Accident/Incident:
182 inches from ☐ nose or ☒ datum
-or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft
☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate *(Check all that apply)*
Standard
☒ Normal
☐ Utility
☐ Acrobatic
☐ Transport
Special
☐ Restricted
☐ Limited
☐ Provisional
☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: 10
If Large Aircraft, how many seats for:
Flight Crew: 2
Cabin Crew: 0
Passengers: 8

Landing Gear ☒ Retractable
Check any additional landing gear configuration that applies:
☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program
☐ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☒ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type
☐ 100 Hour ☐ Continuous Airworthiness
☒ AAIP ☐ Conditional Inspection
☐ Annual ☐ Unknown

Date Last Inspection: 09-07-2010 (mm/dd/yyyy)

Airframe Total Time: 8021.5 hrs
hours measured at *(check one)*
☒ Last Inspection ☐ Time of Accident/Incident

IFR Equipped
☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed
☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System
☒ None
☐ Specify _____

ELT Installed
☒ Yes ☐ No

ELT Activated
☐ Yes ☒ No

ELT Aided in Locating Accident/Incident
☐ Yes ☒ No

ELT Manufacturer: ARTEX
Model/Series: ELT 110-4 453-0150R3
Serial Number: 68918
Battery Type: 452-0130 **Battery Exp. Date:** 1/2012

Engine Type
☐ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☒ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type
☐ Carburetor
☐ Fuel Injected

Propeller
☐ Fixed Pitch
☒ Controllable Pitch
Manufacturer: HARTZELL
Model: HC-B4TN-3A

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm dd yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	PRATT & WHITNEY	PT6-28	E51472	07/11/77	680	8021.5	135	1033.9
Eng. 2	PRATT & WHITNEY	PT6-28	E51475	07/13/77	680	8021.5	135	1033.9
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: TRINITY RIVER AUTHORITY OF TEXAS
Fractional Ownership Aircraft: ☐ Yes ☒ No

Owner Address [redacted]
City: ARLINGTON
State: TX ZIP: 76018
Country: USA

Operator of Aircraft ☒ Same As Registered Owner
Name:
Doing Business As:
Air Carrier/Operator Designator (4 Character Code):

Operator Address ☒ Same As Registered Owner
City:
State: ZIP:
Country:

Regulation Flight Conducted Under
☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☒ Public Use (select type)
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ *Federal* ☒ *State* ☐ *Local*
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces

Revenue Sightseeing Flight ☐ Yes ☒ No

Air Medical Flight ☐ Yes ☒ No

Purpose of Flight
for FAR 91, 103, 133, 137 *(Select one)*
☐ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☐ Instructional
☐ Ferry
☐ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☒ Public Use
☐ Unknown

Revenue Operation
for FAR 121, 125, 129, 135 *(Select one)*
☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International
☐ Domestic ☐ International

Cargo Operation
☐ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

Type of Commercial Operating Certificate Held
(Check all that apply)
☒ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
- or -
☐ Agricultural Aircraft (137)
☐ Other Operator of Large 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
First Name: City:
Middle Initial: State: ZIP:
Last Name: Country:

Pilot of Other Aircraft
First Name: City:
Middle Initial: State: ZIP:
Last Name: Country:

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

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part
_____ Hours
_____ Cycles

Time Since This Part Inspected/Overhauled
_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
☐ None ☒ Substantial
☐ Minor ☐ Destroyed

Aircraft Fire
☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion
☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

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

Left wing leading edge damage outboard of stall fence. Deformed wing spar.
Left Horizontal Stab leading edge deformed
Leading edge of vertical Stab dented (damaged).
All associated de-ice boots damaged.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: _____ **Distance From Airport Center:** _____ SM

Airport Name: _____ **Direction From Airport:** _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip **Airport Elevation:** _____ ft. MSL

Approach Segment *(Select one)*

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach *(Check all that apply)*

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

VFR Approach *(Check all that apply)*

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

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

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

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

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: GKY
City: ARLINGTON
State: TX
Country: USA

Time of Departure
Time: 12:25
Time Zone: CENTRAL

Destination
Airport ID: PSN
City: PALESTINE
State: TX
Country: USA

Type Flight Plan Filed
☐ None ☐ VFR/IFR
☐ Company VFR ☒ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☒ Yes ☐ No

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

☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☒ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

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

☐ Class A ☒ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description *(Check all that apply)*

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff *(convert from pounds, as necessary)*

250 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☐ 100 Low Lead ☒ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

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

3 passengers and 2 crew exited the aircraft via the airstairs on the main entry door.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility
Facility ID: _____
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ NM
Direction from Accident Site: _____ degrees MAG

Source of Weather Information *(Check all that apply)*
☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☑ Internet
☐ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS)

Method of Briefing *(Check all that apply)*
☐ In Person
☐ Teletype
☐ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness
☐ Full ☐ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☐ Not Pertinent

Light Condition
☐ Dawn ☐ Dusk ☐ Dark Night
☑ Day ☐ Night ☐ Bright Night
☐ Not Reported

Visibility
Ø miles

Sky/Lowest Cloud Condition
☐ Clear ☑ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Ceiling
☐ None (clear) ☐ Obscured
☑ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Restriction to Visibility *(Check all that apply)*
☐ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Lowest Cloud Condition Height
Approx 3500 ft AGL

Ceiling Height
Approx 3500 ft AGL

Wind Direction
☑ Indicated:
210 degrees MAG
☐ Variable

Wind Speed
Velocity: 9 KTS
-or-
☐ Calm
☐ Light and Variable

Wind Gusts
Velocity: _____ KTS
☐ Gusting
☑ Not Gusting

Type of Turbulence *(Check all that apply)*
☐ None ☑ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence
☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☑ Moderate Chop

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

KCRS METAR 181653Z AUTO 21009KT 10SM SCT 034 SCT 055 27/18 A3000 RMK A02 SLP154
PSN's ASOS IS INCOMPLETE- DOESN'T REPORT IMPORTANT INFO.

Temperature: 27 (C) or _____ (F)
Altimeter Setting: 3000 in. HG or _____ MB
Density Altitude: _____ ft
Dew Point: 18 (C) or _____ (F)

Icing Forecast
Amount: ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light
Type: ☐ Rime ☐ Clear ☐ Mixed

Icing Actual
Amount: ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light
Type: ☐ Rime ☐ Clear ☐ Mixed

Type of Precipitation *(Check all that apply)*
☒ None ☐ Drizzle
☐ Rain ☐ Ice Pellets
☐ Snow ☐ Snow Pellets
☐ Hail ☐ Snow Grains
☐ Rain Showers ☐ Ice Crystals
☐ Freezing Rain ☐ Ice Pellets Shower
☐ Snow Shower ☐ Freezing Drizzle

Intensity of Precipitation
☐ Light ☐ Moderate ☐ Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

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

Pilot "A" Identification

First Name: GARY
Middle Initial: L
Last Name: SHREVE

City: MANSFIELD
State: TX ZIP: 76063
Country: USA

Age at time of Accident/Incident: 41 Date of Birth: [redacted] *mm/dd/yyyy* Certificate Number: [redacted]

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☑ None ☐ Fatal	☑ Left ☐ Front ☐ Unknown	Used ☑ Yes ☐ No	Used ☑ Yes ☐ No
☐ Minor ☐ Unknown	☐ Right ☐ Rear	Available ☑ Yes ☐ No	Available ☑ Yes ☐ No
☐ Serious	☐ Center ☐ Single		

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☑ Airline Transport ☐ U.S. Military

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☑ Pilot	☐ None ☐ Class 3	☑ Without limitations/waivers	01/12/2010
☐ Other	☑ Class 1 ☐ Driver's License (Sport Pilot only)	☐ With limitations/waivers	*mm/dd/yyyy*
☐ Unknown	☐ Class 2 ☐ Unknown	☐ Unknown	

Medical Certificate Limitations

NONE

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 02/04/2010 *mm/dd/yyyy*

Flight Review Aircraft
Make: BEECHCRAFT
Model: KING AIR B200 SIMULATOR - SIMUFLITE

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)*
☐ None	☐ None	☐ None	☑ None
☐ Single-Engine Land	☐ Airship	☑ Airplane	☐ Airplane Single-Engine
☐ Single-Engine Sea	☐ Free Balloon	☐ Helicopter	☐ Airplane Multi-Engine
☑ Multiengine Land	☐ Glider	☐ Powered Lift	☐ Gyroplane
☐ Multiengine Sea	☐ Gyroplane		☐ Powered Lift
	☑ Helicopter		☐ Instrument Airplane
	☐ Powered Lift		☐ Instrument Helicopter
			☐ Helicopter
			☐ Glider
			☐ Sport

Type Ratings

NONE

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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	2930	994	1711	1160	420	70	105	59	Ø	Ø
Pilot in Command (PIC)	2799	994	1610	1154	400	70	100	35	Ø	Ø
Time as Instructor	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
This Make/Model					4	50	Ø			
Last 90 Days	110	38	72	38	3	2	Ø	Ø	Ø	Ø
Last 30 Days	43	18	25	18	Ø	1	Ø	Ø	Ø	Ø
Last 24 Hours	3.5	3.5	Ø	3.5	Ø	.5	Ø	Ø	Ø	Ø

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

First Name: JAMES
Middle Initial: A
Last Name: WRIGHT
City: MANSFIELD
State: TX ZIP: 76063
Country: USA
Age at time of Accident/Incident: 55 Date of Birth [redacted] *mm/dd/yyyy*
Certificate Number: [redacted]

Degree of Injury
☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious

Seat Occupied
☐ Left ☐ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single

Seat Belt
Used ☒ Yes ☐ No
Available ☒ Yes ☐ No

Shoulder Harness
Used ☒ Yes ☐ No
Available ☒ Yes ☐ No

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☒ Airline Transport ☐ U.S. Military

Principal Occupation
☒ Pilot ☐ Other ☐ Unknown

Medical Certificate
☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown

Medical Certificate Validity
☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown

Date of Last Medical
03-1-2010 *mm/dd/yyyy*

Medical Certificate Limitations
MUST HAVE GLASSES AVAILABLE FOR NEAR VISION.

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 05-06-2010 *mm/dd/yyyy*

Flight Review Aircraft
Make: BEECHCRAFT
Model: KING AIR B200 SIMULATOR - SIMULATE

Airplane Rating(s) *(Check all that apply)*
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☒ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings
NONE

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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	4958	3758	283	4438	190	5.72	112.5	—	—	—
Pilot in Command (PIC)	4462	2926	204	3943	180	5.38	83.0	—	—	—
Time as Instructor	—	—	—	—	—	—	—	—	—	—
This Make/Model	[redacted]				20	4.83	58.5	[redacted]		
Last 90 Days	32.6	32.6	0	32.6	0	2.0	0	—	—	—
Last 30 Days	12.1	12.1	0	12.1	0	1.0	0	—	—	—
Last 24 Hours	2.4	2.4	0	2.4	0	.3	0	—	—	—

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

Pilot Name and Address

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

Pilot Name and Address

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: NANCY Middle Initial: E Last Name: LAVINSKI City: ARLINGTON State: TX ZIP: 76018 Country: U.S.A.	3R	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐
First Name: HERSCHEL Middle Initial: S Last Name: BRANNEN III City: ARLINGTON State: TX ZIP: 76018 Country: U.S.A.	2L	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐
First Name: AMANDA Middle Initial: B Last Name: DAVIS City: ARLINGTON State: TX ZIP: 76018 Country: U.S.A.	3L	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Trinity River Authority of Texas

General Office

0207.100

October 19, 2010

Kenneth L. Nimmo
Aviation Safety Inspector
Federal Aviation Administration
Flight Standards District Office
13601 North Freeway, Suite 100
Fort Worth, Texas 76177

RE: Incident : Beechcraft King Air A100, B-238, N1TR Bird Strike, October 18, 2010

Dear Mr. Nimmo:

On Monday, October 18, 2010, at approximately 12:25 pm CDT, N1TR departed the Arlington Municipal Airport (KGKY) on an IFR flight plan en route to the Palestine Municipal Airport, Palestine, Texas (KPSN). I was the pilot-in-command accompanied by Trinity River Authority's Chief Pilot, James Wright, who was the pilot-not-flying. We had three passengers onboard.

On the descent into Palestine, approximately 20 miles west of the airport, N1TR suffered a multiple bird strike, which resulted in damage to the left wing leading edge and spar outboard of the stall fence, as well as minor damage to the leading edge of the vertical stabilizer. The aircraft was descending through approximately 4000 feet msl to our assigned altitude of 3000 feet, in instrument meteorological conditions when the impact occurred. The aircraft shuddered from the impact, but control of the aircraft was never in jeopardy.

On exiting the base of the clouds, we observed the damage to the leading edge of the wing and decided to discontinue the flight to Palestine and return to Arlington. The aircraft handling was not adversely affected. We did not observe any immediate threats to our safety. Upon returning to Arlington, as a precautionary measure, we asked that the crash-fire-rescue equipment be mobilized. The approach and landing into Arlington was normal and uneventful. The fire department response was cancelled for us by the Arlington Control Tower personnel, and the aircraft was taxied to our hangar without further incident.

Yours very truly,

[redacted]

GARY L. SHREVE
Pilot/Mechanic

GLS/cj

P.O. Box 60
Arlington, Texas 76004
Metro: [redacted]
TeleFax: [redacted]

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

See attached letter to Butch Nimmo, Aviation Safety Inspector, dated October 19, 2010.

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

Operator/Owner Safety Recommendation

Development of Onboard large-bird detection system would enhance safety in this area.

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	Signatur[redacted]ator
10/25/2010 *mm/dd/yyyy*	Signature: [redacted] PILOT
	Type or Print Name: GARY L. SIKKEMA

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN11TA027	NTSB - Central Region	Thomas J. Latson, Jr.	Oct 25, 2010