



Aircraft Report



After approved, this report should be sent via email up through your chain of command to the Regional Commander and to your local Communications office. The Communications office will post this report to Sharepoint under the [Regional Commands](#) page.

Correction

Correction: ☐

Correction Notes: _____

Information

Officer ID: 14140 Officer Name (Last, First, MI): BAKER, JUSTIN S.

Station: ANDREWS Service: HIGHWAY PATROL

Accident Date: 02/05/2015 Accident Time: 00:48 HRS County: ANDREWS COUNTY

Nearest City: ANDREWS

Distance and Direction to Nearest City: 2 MILES NORTHEAST OF ANDREWS, TX

Weather Condition: 1 - Clear/Cloudy

Aircraft: BEECHCRAFT BONANZA Tail Number: N29AC

Aircraft Owner Name - Last: HENLEY First: THOMAS Middle: LAWRENCE Injured: ☒

Pilot Name - Last: HENLEY First: THOMAS Middle: LAWRENCE Injured: ☒

Synopsis: AIRCRAFT #1 WAS FLYING SOUTHBOUND AND ATTEMPTED TO LAND AT THE ANDREWS AIRPORT. AIRCRAFT #1 HAD ICE BUILT UP ON THE LEADING EDGES OF THE WINGS AND TAIL. THE PILOT OF AIRCRAFT #1 LOST CONTROL OF THE AIRCRAFT AS HE DECREASED POWER TO LAND ON THE RUNWAY. AIRCRAFT #1 CRASH LANDED IN A PASTURE AREA OFF THE NORTH SIDE OF THE AIRFIELD.

People

Deceased: ☐ Injured: ☒

Name Last: HENLEY Name First: THOMAS Name Middle: LAWRENCE

Race: W - White Sex: Male Age: 42 Occupation: PILOT

Address:

City: ANDREWS State: TX Zip: 79714

Hospital: PERMIAN REGIONAL MEDICAL CENTER Hospital or Death Location: ANDREWS, TX

Injury Condition: Stable Injury Type: Non-incapacitating

Time of Death (w/ date): N/A Pronounced by: N/A Kin notified: ☐

Funeral Home: N/A Funeral Home Location: N/A

Deceased: ☐ Injured: ☒

Name Last: YOUNG Name First: MELINDA Name Middle: MARY

Race: W - White Sex: Female Age: 61 Occupation: RETIRED

Address:

City: ANDREWS State: TX Zip: 79714
Hospital: PERMIAN REGIONAL MEDICAL CENTER Hospital or Death Location: ANDREWS, TX
Injury Condition: Stable Injury Type: Non-incapacitating
Time of Death (w/ date): N/A Pronounced by: N/A Kin notified: ☐
Funeral Home: N/A Funeral Home Location: N/A

Deceased: ☐ Injured: ☐
Name Last: GOOD Name First: JULIE Name Middle: _____
Race: W - White Sex: Female Age: 40 Occupation: STAY HOME MOM
Address: [REDACTED]
City: TWENTY-NINE PALMS State: CA Zip: 92277
Hospital: PERMIAN REGIONAL MEDICAL CENTER Hospital or Death Location: ANDREWS, TX
Injury Condition: Pick Entry Injury Type: Pick Entry
Time of Death (w/ date): N/A Pronounced by: N/A Kin notified: ☐
Funeral Home: N/A Funeral Home Location: N/A

Deceased: ☐ Injured: ☒
Name Last: HENLEY Name First: SARA Name Middle: KATHRYN
Race: W - White Sex: Female Age: 39 Occupation: PHYSICIAN'S ASSISTANT
Address: [REDACTED]
City: ANDREWS State: TX Zip: 79714
Hospital: PERMIAN REGIONAL MEDICAL CENTER Hospital or Death Location: ANDREWS, TX
Injury Condition: Treated and Released Injury Type: Non-incapacitating
Time of Death (w/ date): N/A Pronounced by: N/A Kin notified: ☐
Funeral Home: N/A Funeral Home Location: N/A

Deceased: ☐ Injured: ☐
Name Last: _____ Name First: _____ Name Middle: _____
Race: Pick Entry Sex: Pick Entry Age: _____ Occupation: _____
Address: _____
City: _____ State: _____ Zip: _____
Hospital: _____ Hospital or Death Location: _____
Injury Condition: Pick Entry Injury Type: Pick Entry
Time of Death (w/ date): _____ Pronounced by: _____ Kin notified: ☐
Funeral Home: _____ Funeral Home Location: _____

Assisted By

Officer ID: [REDACTED] Agency: TEXAS DEPARTMENT OF PUBLIC SAFETY
Officer Name (Last, First, MI): LOFTIN, JOSHUA D.
RDSA: [REDACTED] Service: HIGHWAY PATROL Station: ANDREWS Office Phone: [REDACTED]
Non-DPS Assist: _____

Officer ID: _____ Agency: _____
Officer Name (Last, First, MI): _____

RDSA: _____ Service: _____ Station: _____ Office Phone: _____
Non-DPS Assist: ANDREWS COUNTY SHERIFF'S DEPARTMENT

Officer ID: _____ Agency: _____
Officer Name (Last, First, MI): _____
RDSA: _____ Service: _____ Station: _____ Office Phone: _____
Non-DPS Assist: ANDREWS COUNTY FIRE DEPARTMENT

Officer ID: _____ Agency: _____
Officer Name (Last, First, MI): _____
RDSA: _____ Service: _____ Station: _____ Office Phone: _____
Non-DPS Assist: _____

Officer ID: _____ Agency: _____
Officer Name (Last, First, MI): _____
RDSA: _____ Service: _____ Station: _____ Office Phone: _____
Non-DPS Assist: _____