



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: [REDACTED] Officer Name (Last, First, MI): Jones, Robert, R

Station: Huntsville Service: HP

Accident Date: 10/02/2015 Accident Time: 10:40 County: Walker

Nearest City: Huntsville

Distance and Direction to Nearest City: In Huntsville city limits

Weather Condition: 1 - Clear/Cloudy

Aircraft: Piper Tail Number: N3552K

Aircraft Owner Name - Last: Jensen First: Robert Middle: E Injured: ☐

Pilot Name - Last: Parker First: Charles Middle: Albert Injured: ☐

Synopsis: On Friday, October 2, 2015, at approximately 10:30 a.m., the pilot made his departure from the Huntsville Airport headed to the Conroe Airport. At approximately 7:00 p.m. Walker County Sheriff's Office was notified by a family member that their father was missing and that he did not make it to his destination. At approximately 9:30 p.m. the plane was located inverted approximately a quarter mile east of the Huntsville Airport runway. Pilot was killed on impact. Scene was secured and turned over to FAA.

People

Deceased: ☒ Injured: ☐

Name Last: Parker Name First: Charles Name Middle: Albert

Race: W - White Sex: Male Age: 80 Occupation: Retired

Address: [REDACTED]

City: Huntsville State: TX Zip: 77340

Hospital: _____ Hospital or Death Location: At the scene.

Injury Condition: Pick Entry Injury Type: Pick Entry

Time of Death (w/ date): 9:29 p.m. 10/2/2015 Pronounced by: Judge Mark Holt Kin notified: ☒

Funeral Home: Sam Houston Funeral Home Funeral Home Location: [REDACTED], Huntsville, TX

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: _____

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: _____

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: _____

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: DPS
Officer Name (Last, First, MI): Sgt. McNiel, Steven
RDSA: [REDACTED] Service: THP/ HP Station: Huntsville Office Phone: [REDACTED]
Non-DPS Assist: _____

Officer ID: [REDACTED] Agency: DPS

Officer Name (Last, First, MI): Simental, Jason, A

RDSA: [REDACTED] Service: THP/HP Station: Huntsville Office Phone: [REDACTED]

Non-DPS Assist: _____

Officer ID: [REDACTED] Agency: DPS

Officer Name (Last, First, MI): Monjaras, Gabino

RDSA: [REDACTED] Service: THP/HP Station: Huntsville Office Phone: [REDACTED]

Non-DPS Assist: _____

Officer ID: _____ Agency: _____

Officer Name (Last, First, MI): _____

RDSA: _____ Service: _____ Station: _____ Office Phone: _____

Non-DPS Assist: Walker County Sheriff's Office

Officer ID: _____ Agency: _____

Officer Name (Last, First, MI): _____

RDSA: _____ Service: _____ Station: _____ Office Phone: _____

Non-DPS Assist: Huntsville Police Department