

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: CROSSY-IXSI State: TX
 ZIP: 77532 Country: US
 Latitude: 17256138 Longitude: _____
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 02/13/2023 Local Time: ?
 mm/dd/yyyy
 Time Zone: CENTRAL

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: 3238L

Manufacturer: CESNA

Model: 172IT

Serial Number: 17256138

Year of Manufacture: 1967

Amateur-Built: Yes ☒ If Yes: Kit/Plans Make: _____
 Original Design

☒ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 2550 lbs

Weight at Time of Accident/Incident: 2020 lbs

Number of Seats: 4 Flight Crew Seats: _____

Cabin Crew Seats: 2 Passenger Seats: 2

Number of Engines: 1

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard

☒ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☒ Utility

Special

☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear

(Check all that apply)

☒ Tricycle
☐ Retractable
☐ Tailwheel
☐ Amphibian
☐ High Skid
☐ Emergency Float
☐ Skid
☐ Float
☐ Ski
☐ Hull
☐ Ski/Wheel

Other Launch/Recovery System

None Unknown

Engine Type (Select one)

☒ Reciprocating
☐ Liquid Rocket
☐ Turbo Shaft
☐ Solid Rocket
☐ Turbo Prop
☐ Hybrid Rocket
☐ Turbo Jet
☐ None
☐ Turbo Fan
☐ Unknown
☐ Electric

Fuel System Type (Reciprocating)

☒ Carburetor
☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	CONTINENTAL	O-300 D	34424-D-6-D		145	3443	149	566
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 02/02/2022
 mm/dd/yyyy

Airframe Total Time: 4667 hrs
 hours measured at (Select one)

☒ Last Inspection Time of Accident/Incident

Type of Maintenance Program (Select one)

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

Description of Fire Extinguishing System

None
 Specify: _____

Propeller 1

☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: MACAULEY

Model: 1C12/EM7653

Propeller 2

☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ?

Model or Part No.: ?

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☐ Yes ☒ No

Did ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft? ☐ Yes ☒ No

If not activated:

Indicate Reason: ☐ Impact Damage
☐ Fire Damage
☒ Battery Expired/Damaged
☐ Unknown

Additional Equipment (Check all that apply)

☒ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☒ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☒ Stall Warning System
☐ Video Recording Device
 Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: AERONAUTICAL FORMATION ASSOCIATIONCity: KATYState: TXZIP: 77413Fractional Ownership Aircraft: Yes ☐ No ☒PENDINGCountry: US**Operator of Aircraft**Same As Registered OwnerSame Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- ☒ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☐ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation
☐ Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☒ FAR 91 FAR 129 FAR 415
FAR 103 FAR 133 FAR 431
FAR 121 FAR 135 FAR 435
FAR 125 FAR 137 FAR 437

☐ FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft (Select one)

- ☐ Armed Forces
☐ Federal
☐ State
☐ Local

☐ Unknown**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- Scheduled or Commuter Domestic
Non-Scheduled or Air Taxi International

- ☐ Passenger
☐ Cargo
☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- Aerial Application Firefighting Unknown
Aerial Observation Flight Test
Air Drop Glider Tow
Air Race/Show Instructional
Banner Tow Other Work Use
Business ☒ Personal
Executive/Corporate Positioning
External Load Skydiving
Ferry

Revenue Sightseeing FlightYes ☐ No ☒**Air Medical Flight**Yes ☐ No ☒**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: DUNHAM FIELD (KS1)Airport Identifier: KS1Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A ☐DEPARTED RUNWAY

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: 60 ft. msl**Runway Information**Runway ID: 09 (L/R/C) Length: 2700 MAX ft Width: 100 ft**Runway/Landing Surface (Check all that apply)**

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

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
Slush-Covered Vegetation Unknown

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: RICHARD WALKER

City of Residence: KATY

Middle Initial: D-A

State: TX

ZIP: 77499

Last Name: WALKER

Country: _____

Age at time of Accident/Incident: 75

Date of Birth: mm/dd/yyyy

Certificate Number: _____

Degree of Injury

None Fatal
Minor Unknown
☒ Serious

Seat Occupied

☒ Left Front Unknown
Right Rear
Center Single

Restraint Type

Available	Used
☒ None	None
☐ Lap only	Lap only
☐ 3-point	3-point
☐ 4-point	4-point
☐ 5-point	5-point
☐ Unknown	Unknown

Inflatable Restraints

☒ Not Installed
Installed
Not Deployed
Deployed
Unknown

Pilot Certificate(s) (Check all that apply)

None Flight Instructor Commercial US Military
Private ☒ Recreational Airline Transport Foreign
Student Sport Flight Engineer

Principal Occupation

☒ Pilot
☐ Other
Unknown

Medical Certificate

None Class 3
Class 1 Driver's License (Sport Pilot only)
Class 2 Unknown

BASIC MED

Medical Certificate Validity

☒ Without limitations/waivers Unknown
☐ With limitations/waivers N/A
Special Issuance

Date of Last Medical

09/13/2022
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 11/13/2022
mm/dd/yyyy

Flight Review Aircraft

Make: 172 CESSNA
Model: 172H

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
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

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	190	14.7	190		17	2.7				
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	12.5									
Last 30 Days	4.8									
Last 24 Hours	0.9									

"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: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> Certificate Number: _____																																																																																																				
Degree of Injury None Fatal Minor Unknown Serious			Seat Occupied Left Front Unknown Right Rear Center Single			Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown			Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown																																																																																											
Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance			Date of Last Medical _____ <i>mm/dd/yyyy</i>																																																																																												
Principal Occupation Pilot Other Unknown			Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown			Medical Certificate Limitations 																																																																																														
Medical Certificate Special Issuance 																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ _____ <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: _____ Model: _____																																																																																																
Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea			Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift			Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift			Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift					Instrument Airplane Instrument Helicopter Helicopter Glider Sport																																																																																						
Type Ratings 							Student Endorsements <i>(Include dates)</i> 																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 5%;">This Make & Model</th> <th rowspan="2" style="width: 5%;">Airplane Single Engine</th> <th rowspan="2" style="width: 5%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											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	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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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: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Private Recreational Student Sport Commercial US Military Airline Transport Foreign Flight Engineer					Restraint Type: Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Inflatable Restraints None Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes 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: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Private Recreational Student Sport Commercial US Military Airline Transport Foreign Flight Engineer					Restraint Type: Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Inflatable Restraints None Installed Installed Not Deployed Deployed 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 cabin crew; continue on separate sheet if necessary)									
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: <u>RICHARD</u> City: <u>CYPRESS</u> Middle Initial: <u>P</u> State: <u>TX</u> ZIP: <u>77433</u> Last Name: <u>CARTER</u> Country: <u>US</u> Crew ☒ Passenger Other			Left Center ☒ Right Unknown Row: _____	None ☒ Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		☒ Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint ☒ Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>1X51</u> City: <u>CROSBY</u> State: <u>TX</u> Country: <u>US</u>		Time of Departure Time: <u>APPROX 5:00 PM</u> Time Zone: <u>CENT.</u>		Destination Airport ID: <u>KIWS</u> City: <u>HOUSTON</u> State: <u>TX</u> Country: <u>US</u>
Type Flight Plan Filed ☒ None Company VFR Military VFR VFR VFR/IFR IFR Unknown Activated? Yes No Unknown				
Type of ATC Clearance/Service (Check all that apply) ☒ None VFR ☐ Special VFR IFR ☐ Special IFR VFR On Top ☐ VFR Flight Following Traffic Advisory ☐ Cruise Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A Class B Class C ☒ Class D ☒ Class E Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 Special Air Traffic Control Area Unknown Altitude of In-Flight Occurrence: <u>?</u> ft msl				
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather Company ☐ Military ☐ Internet ☐ None ☐ Unknown			Weather Observation Facility Facility ID: <u>KIWS, KLVK, KEFD</u> Observation Time: <u>14:00</u> Time Zone: <u>CENTRAL</u> Distance from Accident Site: <u>18</u> nm Direction from Accident Site: <u>S, SW</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown		
Sky/Lowest Cloud Condition Clear Few Partial Obscuration Scattered Thin Broken Thin Overcast Unknown Lowest Cloud Condition Height <u> </u> ft agl		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height <u> </u> ft agl		Temperature: <u>?</u> (C) or <u>?</u> (F) Dew Point: <u>?</u> (C) or <u>?</u> (F) Altimeter Setting: <u> </u> in. Hg or <u> </u> MB
Wind Direction Variable <u>POORLY</u> Direction: <u>TAIL WIND</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>10</u> kts	Wind Gusts Not Gusting -or- Speed: <u> </u> kts	Visibility <u>0.1</u> miles RVR: <u> </u> feet RVV: <u> </u> miles Density Altitude: <u>?</u> ft	
Intensity of Precipitation Light Moderate Heavy ☒ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None Rain Snow Hail Rain Showers ☐ Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals ☐ Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle		Restriction to Visibility (Check all that apply) ☒ None Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust ☐ Fog Ground Fog Haze Ice Fog Smoke Unknown
Icing Forecast Amount ☒ None Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown		Icing Actual Amount ☒ None Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown		Turbulence Type (Check all that apply) ☒ None Clear Air Terrain-Induced Convective Turbulence Severity Light Moderate Severe Extreme
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>NONE</u>				

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

None
Minor
Substantial
☒ Destroyed
Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

AIRCRAFT ENDED UPSIDE DOWN. ENGINE AND FIREWALL
SEPARATED FROM FUSELAGE FROM PICS NOT SEEN.

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.

3238L Accident Flight Feb 12, 2023

Rick Carter and I decided to fly to Baytown Airport, KHPY for lunch, and then on to Dunham Field, 1XS1 to meet with an A&P. I had visited the A&P by car previously, and had reservations about the airstrip, but the prospect of saving money and a nice day overrode my gut feelings.

Via radio, the A&P at Dunham suggested landing on 27, and maintaining altitude over wires near he runway approach. I made a low pass to check it out from the air, and then made a successful landing, albeit with short roll out and thought it was rather soft. I hadn't noticed a train when landing. I taxied to near a bend in the runway to meet the A&P. After the meeting, he suggested taking off runway 07, even with a quartering tailwind as it was under 10 kts he thought. When ready to depart, I asked Rick if he would fly the departure, since he had more hours and a higher rating than me. He had also taken off a grass strip with me some months earlier, while it had been 4 years or so for me. However, he declined, which gave me second thoughts. When I began the takeoff roll, the bumpy, soft surface seemed to impede our speed somewhat, so I decided to perform a soft field takeoff in ground effect. A bit past the halfway point, the slow build up of speed was very concerning. Rick suggested aborting but that didn't seem possible at that point. I did my best to gain enough altitude to clear the train, but the wheels just clipped the top of a boxcar, resulting in the fuselage clearing with the resulting crash. Another 12-18 inches and we would have cleared.

Post accident, Rick added that from where we took off, we had about 2200 feet or so of runway.

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

Operator/Owner Safety Recommendation

FOR UNFAMILIAR AIRPORTS, ASK LOCALS ABOUT HAZARDS,
OTHER SPECIAL CIRCUMSTANCES, EVEN THOUGH POH
DOESN'T RECOMMEND FLAPS FOR TAKEOFF, PEP HANDS
POP IN 10° WHEN AIRBORN FOR QUICK CLIMB.
ALSO FOR SHORT, SOFT FIELD, COMBINE SHORT
AND SOFT FIELD TECHNIQUE WITH SHORT FIELD!
ON STRIPS WITH MOSTLY SHRUBS ON BOTH SIDES,
TRY TO FIND A WAY TO DETERMINE THE HALF WAY PT.
FOR A SAFE ABORT.

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)30 Gallons

Fuel Type

80/87
✓ 100 Low Lead
100/130115/145
Jet A
Jet A-1Jet B
JP8
Automotive

Other, specify _____

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

CARTER DEPARTED CABIN UNDER HIS OWN POWER. CARTER AND
A PILOT FROM THE AIRPORT RELEASED WALKER'S SEAT BELTS AND
LIFTED HIM FROM CABIN TO GROUND. HE WAS CONSCIOUS.

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.

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

Date of this Report

03/31/2023
mm/dd/yyyy

Name of Pilot/Operator

HOWARD WACKER

Signature

-- or --

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 ONLYNTSB Accident/Incident No.
CEN23LA108Reviewed by NTSB Regional Office
CENName of Investigator
SauerDate Report Received
04/12/2023