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: Huntsville State: TX
ZIP: ____ Country: USA
Latitude: N3037.40 (00:00:00 N/S) Longitude: W9533.40 (000:00:00 E/W)

Date/Time
Date: 06/08/2008 (mm/dd/yyyy) Local Time: 02:48
Time Zone: CDT

Phase of Operation
- [ ] Standing
- [ ] Taxi
- [ ] Descent
- [ ] Takeoff (incl. initial climb)
- [ ] Climb
- [ ] Landing
- [x] Cruise
- [ ] Maneuvering
- [ ] Approach
- [ ] Hover
- [ ] Other
- [ ] Unknown

Collision with Other Aircraft
- [ ] Midair
- [ ] On-ground
- [x] None

Altitude of In-Flight Occurrence
____ ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility
Facility ID: UTS
Observation Time: 0235
Time Zone: CDT
Distance from Accident Site: 8 NM
Direction from Accident Site: 360 degrees MAG

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

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

Briefing Type/Completeness
- [ ] Full
- [ ] Partial / Limited By Pilot
- [ ] Partial / Limited By Briefer
- [ ] Abbreviated
- [x] Unknown
- [ ] Not Pertinent

Light Condition
- [ ] Dawn
- [ ] Day
- [ ] Dusk
- [ ] Night
- [x] Dark Night
- [ ] Bright Night
- [ ] Not Reported

Visibility
10 miles

Sky/Lowest Cloud Condition
- [ ] Clear
- [ ] Few
- [ ] Partial Obscuration
- [x] Scattered
- [ ] Thin Broken
- [ ] Thin Overcast
- [ ] Unknown

Ceiling
- [ ] None (clear)
- [ ] Broken
- [ ] Overcast
- [ ] Obscured
- [ ] Indefinite
- [ ] Unknown

Lowest Cloud Condition Height
1,200 ft AGL

Ceiling Height
____ ft AGL

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

Wind Direction
- [ ] Indicated: ____ degrees MAG
- [x] Variable

Wind Speed
Velocity: 6 KTS
-or-
- [ ] Calm
- [ ] Light and Variable

Wind Gusts
Velocity: ____ KTS
- [ ] Gusting
- [x] Not Gusting

Type of Turbulence *(Check all that apply)*
- [x] None
- [ ] Clear Air
- [ ] In Clouds
- [ ] Vicinity of Thunderstorm

Severity of Turbulence
- [ ] Extreme
- [ ] Severe
- [ ] Moderate
- [ ] Moderate Chop
- [ ] Light

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

Temperature: 26 (C) or ____ (F)
Altimeter Setting: 29.97 in. HG or ____ MB
Density Altitude: ____ ft
Dew Point: 23 (C) or ____ (F)

Icing Forecast
Amount:
- [x] None
- [ ] Trace
- [ ] Light
- [ ] Moderate
- [ ] Severe

Type:
- [ ] Rime
- [ ] Clear
- [ ] Mixed

Icing Actual
Amount:
- [x] None
- [ ] Trace
- [ ] Light
- [ ] Moderate
- [ ] Severe

Type:
- [ ] Rime
- [ ] Clear
- [ ] Mixed

Type of Precipitation *(Check all that apply)*
- [x] None
- [ ] Rain
- [ ] Snow
- [ ] Hail
- [ ] Rain Showers
- [ ] Freezing Rain
- [ ] Snow Shower
- [ ] Drizzle
- [ ] Ice Pellets
- [ ] Snow Pellets
- [ ] Snow Grains
- [ ] Ice Crystals
- [ ] Ice Pellets Shower
- [ ] Freezing Drizzle

Intensity of Precipitation
- [ ] Light
- [ ] Moderate
- [ ] Heavy

AIRCRAFT INFORMATION

Manufacturer: Bell
Model: 407
Serial Number: 53276
Registration Number: N416PH **Amateur-built:** ☐ Yes ☑ No

Max Gross Weight: 5,000 lbs
Weight at Time of Accident: 4,798 lbs
Location of Center of Gravity at Time of Accident:
124.96 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	Special
☑ Normal	☐ Restricted
☐ Utility	☐ Limited
☐ Aerobatic	☐ Provisional
☐ Transport	☐ Experimental
	☐ Special Flight
	☐ Light Sport

Number of Seats: 4
If Large Aircraft, how many seats for:
Flight Crew: _____
Cabin Crew: _____
Passengers: _____

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: _____
mm/dd/yyyy

Airframe Total Time: 6,185 hrs
hours measured at *(check one)*
☐ Last Inspection ☐ Time of Accident

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: C406 - 2HM
Serial Number: 10202
Battery Type: N 1 - CAD **Battery Exp. Date:** 02-28-2011

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: _____
Model: _____

Engine	Engine Manufacturer	Engine Model/Series	Manufacturing 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	RR	C-47B	CAE-847737	01/30/06	650 SHP	2,182	46	462
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: PHI, Inc.
Fractional Ownership Aircraft: ☐ Yes ☑ No

Owner Address
City: 2001 SE Evangeline Thrwy
State: LA ZIP: 70508
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: _____

AIRPORT INFORMATION (If the accident 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: Huntsville Mem
City: Huntsville
State: TX
Country: USA

Time of Departure

Time: 02:46
Time Zone: CDT

Destination

Airport ID: Hermann Mem.
City: Houston
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 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

Aircraft Load Description *(Check all that apply)*

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

FUEL & SERVICES INFORMATION

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

80 Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

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
- ☐ Minor
- ☐ Substantial
- ☑ Destroyed

Aircraft Fire

- ☑ None
- ☐ In-Flight
- ☐ On-Ground
- ☐ Both Ground and In-Flight
- ☐ Unknown Origin

Aircraft Explosion

- ☑ None
- ☐ In-Flight
- ☐ On-Ground
- ☐ Both Ground and In-Flight
- ☐ Unknown Origin

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

Damage to A/C consistent with high speed impact with trees and ground.

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

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident

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

Pilot "A" Identification

First Name: Charles
Middle Initial: W.
Last Name: Kirby

City: Bryan
State: TX ZIP: 77807
Country: USA

Age at time of Accident: 64 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
03/13/2008 (mm/dd/yyyy)

Medical Certificate Limitations
Holder shall wear corrective lenses.

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 11/17/2007 (mm/dd/yyyy)

Flight Review Aircraft
Make: Bell
Model: 407

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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings
SK - 64

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	20,537	199			224	156	152	20,537		
Pilot in Command (PIC)	15,229	199			121					
Time as Instructor										
This Make/Model										
Last 90 Days	36	36								
Last 30 Days	13	13			3					
Last 24 Hours										

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident

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

Pilot "B" Identification

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

Age at time of Accident: _____ 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

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
_____ (mm/dd/yyyy)

Medical Certificate Limitations

Medical Certificate Waivers

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)*
☐ 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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ 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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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: Jana Middle Initial: E Last Name: Bishop City: Magnolia State: TX ZIP: 77354 Country: USA	RR	☑	☐	☐	☐	☐	☑	☐	☐	☐	☐
First Name: Stephanie Middle Initial: S Last Name: Waters City: Cedar Park State: TX ZIP: 78613 Country: USA	LR	☑	☐	☐	☐	☐	☑	☐	☐	☐	☐
First Name: David Middle Initial: Last Name: Dismon 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:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name: City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

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

At approximately 01:20 Montgomery County Dispatch (PHI contracted dispatch center) was contacted by Huntsville Memorial Hospital Emergency Department with a flight request. The dispatch center was notified at that time that Hermann Hospital Life Flight had aborted the flight earlier. The request was for PHI to conduct a weather check and confirm whether or not they could accept this flight request. The pilot at Bryan Base was notified of the flight request and he contacted PHI's Communications Center in Phoenix, Az. to discuss the flight with the Enhanced Operational Control Supervisor on duty. The EOC Supervisor and the flight crew were aware that Hermann Life Flight had turned the flight down but were not aware that the flight had been aborted. The decision to take the flight was in accordance with PHI EOC procedures.

At 02:10 the crew arrived at Huntsville Memorial Hospital. The pilot then called the Phoenix Communication Center to report that there was no significant weather encountered during the flight and to get an updated weather report for his route of flight to Houston. Based on information available, a decision to continue the flight was made.

At 02:45 the crew departed Huntsville Memorial Hospital for the trip to Houston with the critical patient on board. At 02:47 the last recorded position of the aircraft was transmitted via OuterLink satellite tracking. At 02:59 the Air Force Rescue Coordination Center in Virginia contacted PHI's Communication Center in Lafayette, La. regarding an ELT signal they were receiving registered to N416PH. At that time PHI started trying to contact N416PH with no success after numerous attempts over the next 20 to 30 minutes. Another PHI aircraft flying attempted to contact N416PH also with no success. Houston Approach was contacted and they advised that the aircraft had not made contact with them. Numerous public safety agencies were notified and a search was initiated for the aircraft and crew. The FAA was notified also. PHI launched another aircraft from their Conroe base to search for the ELT/aircraft location.

The aircraft wreckage was located from the air and ground crews were sent in. The aircraft had made contact with trees and then the ground and there were no survivors. The accident scene was approximately 6 miles from the hospital where the flight originated and on course to their intended destination.

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

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	Signature
6/27/08 *mm/dd/yyyy*	[redacted] Signature Type or Print Name: Robert P. Bouillion, Director of Safety, Env & Auditing

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
DEN08FA101	Denver, Colorado	Jennifer S. Kaiser	June 27, 2008