

UNITED STATES OF AMERICA

NATIONAL TRANSPORTATION SAFETY BOARD

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Investigation of:

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AIR METHODS CORPORATION
LIFENET HELICOPTER ACCIDENT
AUGUST 26, 2011
NEAR MOSBY, MISSOURI

Docket No.: CEN11FA599

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Interview of: MIKE RUDDER

Kansas City, Missouri

Thursday,
September 15, 2011

The above-captioned matter convened, pursuant to notice.

BEFORE: JIM SILLIMAN
Accident Investigator

APPEARANCES:

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1 I N T E R V I E W

2 MR. SILLIMAN: Hi, Mike. My name is Jim Silliman with
3 NTSB. This is Malcolm Brenner. And I understand that you realize
4 that the interview is being recorded?

5 MR. RUDDER: Yes.

6 MR. SILLIMAN: Could you give your name, please?

7 MR. RUDDER: Mike Rudder.

8 INTERVIEW OF MIKE RUDDER

9 BY MR. SILLIMAN:

10 Q. And can you tell me what kind of position you have with
11 Air Methods?

12 A. Flight medic.

13 Q. Is that -- and you're an employee of Air Methods?

14 A. Yes.

15 Q. As a flight medic, what duties do you have?

16 A. Well, taking care of the patient injured; making sure
17 that there's safe operations kind of around the aircraft, like
18 with the other EMS, things like that, depending on where we're at;
19 but mostly, I'm just on the medical side of it as far as dealing
20 with the patient.

21 Q. And what kind of certificates do you have to be a
22 flight --

23 A. To do with the flying?

24 Q. Yes.

25 A. I'm licensed in Missouri and Kansas as a paramedic and I

1 carry a -- and it's just a certification; it's not a licensure --
2 but like a flight paramedic certification. It's not a required
3 thing, just kind of an additional education type of thing. And
4 then all of the, oh, various certifications, like ACLS, which
5 advanced cardiac, and then all those. We have to have a whole --
6 there's like a little list of things that we have to carry, so I
7 carry all of those.

8 Q. Okay.

9 A. And that's standard for all of us.

10 Q. All right. And how long have you been working with Air
11 Methods?

12 A. I want to say it'll be 9 years in February of 2012.

13 Q. Oh. So 9 years of experience?

14 A. Um-hum.

15 Q. And had you been working with any other EMS company
16 before this?

17 A. Not air ambulance, no. This is my first flight job.
18 But I have worked with other ground services, emergency rooms,
19 things like that.

20 Q. And the other medical person on board then, that's the
21 flight nurse?

22 A. Yes.

23 Q. So you have a two-team -- flight medic and a flight
24 nurse --

25 A. Yes.

1 Q. -- and, of course, the pilot. Are you -- you're not
2 teamed -- are you teamed up with that flight nurse all the time or
3 is it just kind of what -- whoever gets on the schedule, or how
4 does that go?

5 A. No. I mean, generally, at our base, it's like me and
6 the guy you'll be interviewing next, we've been partners for the
7 last 8-1/2 years.

8 Q. Really?

9 A. Yeah.

10 Q. Oh.

11 A. So, I mean, there's not a real turnover for us at all.
12 But, occasionally, I'll work with someone else, like if someone's
13 on vacation or something like that, but not very often.

14 Q. Okay. Was that true for the people on board the
15 helicopter as well?

16 A. They've been partners -- I'm trying to think of how long
17 Chris had been there -- 6 years.

18 Q. So -- and it's Chris, Christopher or Chris Frakes?

19 A. Yes.

20 Q. And Randall Bever. So they were teamed up for at least
21 6 years then?

22 A. From the time Chris got hired on, yeah.

23 Q. Okay. So you guys pretty much know what everybody's
24 thinking and doing, it seems like?

25 A. I know what my partner's thinking.

1 Q. Yeah.

2 A. Yeah.

3 Q. Well, were you on duty on the p.m. that -- what was --
4 what date?

5 A. We were on -- we left duty that morning at 7:00. They
6 came on and relieved us.

7 Q. Okay. So you were the p.m. crew?

8 A. Yeah. Well --

9 Q. Well, the --

10 A. Yeah.

11 Q. -- the previous day's crew?

12 A. Yeah.

13 Q. Because you're on 24 hours, correct?

14 A. Yes.

15 Q. Okay. So you came in at 7 a.m. on --

16 A. Thursday. Left 7 a.m. Friday.

17 Q. Thursday to 7 a.m. Friday. And during that time, you
18 were in November-101?

19 A. Yes.

20 Q. Because they have -- the other aircraft was doing night
21 vision goggle work?

22 A. Yeah, I believe so.

23 Q. Okay. Was the pilot, James Freudenberg, was he on duty
24 on Thursday, when you were there, or was there some other pilot
25 that was on duty?

1 A. I'm trying to think of who was on. I think Gary would
2 have been on that night. I'm trying to think of who was on. I
3 don't think he was on that -- matter of fact, I know he wasn't on
4 that day. He was doing ground school that day, the day that we
5 were there.

6 Q. Oh. You mean, the accident pilot, James --

7 A. God, was it that day? I don't remember. I don't
8 remember who our dayshift pilot was because I don't think we flew
9 that day.

10 Q. Okay.

11 A. I don't think we had any missions.

12 Q. No, you didn't have any missions on Thursday.

13 A. Yeah.

14 Q. So you don't remember if it was James or some other
15 pilot that was on duty?

16 A. I'm pretty sure James wasn't on duty with us that day.
17 I know Gary was on that night.

18 Q. Okay.

19 A. Or, I'm pretty sure it was Gary that was on that night.

20 Q. And Gary was coming back on duty the --

21 A. I know Gary was there Friday night.

22 Q. Okay.

23 A. Right. Friday was the accident.

24 Q. Yeah.

25 A. Yeah, Gary was on Friday night.

1 Q. Okay. Well, how about -- was it -- could it have been
2 then Peter as the pilot that was on the nights before?

3 A. I don't remember.

4 Q. All right.

5 A. Well, and we would have been off on our rotation anyway.
6 So that would have been --

7 Q. Yeah, that's right.

8 A. We would have had a 7-day break, so we wouldn't have
9 even been around.

10 Q. Oh, okay. So you came on Thursday then?

11 A. We came on, on Thursday, and then Chris and Randy would
12 have come on, on Friday, coming off of their break.

13 Q. Okay.

14 A. So it would have been the other crews that would have
15 been on that week prior.

16 Q. All right. When did you first see the accident pilot?

17 A. When did I first see him?

18 Q. On Friday, yeah.

19 A. I guess it would have been that morning. We get up and
20 then stand around, coffee, talk, things like that. So I guess he
21 would have been coming in that morning at some point. I don't
22 specifically remember any conversation.

23 Q. Okay. Do you remember if he had -- so you don't know if
24 he drove in that morning or --

25 A. I don't remember. I remember talking to Chris and Randy

1 because we had a PR. And I had to leave early that morning
2 because we had a golf tournament. And I remember talking to Chris
3 and then I called Chris later for some PR items, things like that,
4 but that's about the extent of what I remember. But I don't
5 really remember talking to James at all. Because sometimes
6 they'll do their -- normally, I'm there a little longer --

7 Q. Um-hum.

8 A. -- and then I leave. You know, I mean, I'll stand
9 around and talk to him, but I had to get out of there early that
10 morning for a golf tournament and I think they were all still in,
11 back in the pilots' quarters, or their room anyway.

12 Q. Okay.

13 A. Because I don't specifically remember having any
14 conversation with them at all.

15 Q. Okay. Now, could you describe what your normal day is
16 like? When you come on in the morning at 7:00, the pilot has been
17 there for about a half hour, I understand?

18 A. Yeah, generally.

19 Q. Yeah. And what happens after -- well, at 7:00, what
20 happens when you come on for your 24-hour shift?

21 A. Generally, we'll come in and then coffee is about the
22 first thing I go to. After that, I mean, we'll kind of brief each
23 other. Like, if they had missions the day before, we'll talk to
24 the medical crew and they'll give us kind of an update of what
25 happened, what they'd done or used on the aircraft. And then the

1 pilot is usually either out doing a preflight or checking weather
2 or something like that, and then we'll get briefed from then later
3 on. And then we'll go out and check out the aircraft, make sure
4 that we have everything we need, all the equipment is there, and
5 all the batteries are charged, all that stuff. And then usually
6 the pilot will come in and brief us one way or the other, you
7 know, fuel load, the weather's going to be this, and we'll get
8 briefed on what we can lift from the pad, that kind of thing. So,
9 generally, that.

10 Q. What typical fuel load do they talk about?

11 A. I don't -- they don't give us specific like gallons, but
12 it's like 70 percent, 75 percent, something in that range,
13 something like that.

14 Q. So they'll tell you how much percent of fuel they have
15 on board?

16 A. And how much we can lift from the pad.

17 Q. Yeah. And what kind of, you know -- from the pad at
18 your base there or --

19 A. Yeah.

20 Q. Okay.

21 A. Which, I mean, no one ever comes to our pad to bring us
22 a patient, so whatever it takes -- yeah, I mean, that's how we
23 figure out whether we can accept a patient or not.

24 Q. Okay. Now, besides that brief with you in the morning
25 with the pilot, is there other briefings that you might get from

1 the pilot --

2 A. Throughout the day?

3 Q. -- throughout the day?

4 A. Yeah, on weather.

5 Q. Okay.

6 A. I mean, if it's clear and there's no weather forecasted
7 at all -- and they'll update us and let us know, you know, weather
8 is forecasted for this. Or if they get an update saying a helipad
9 is closed down at some hospital, in particular, they come let us
10 know all that.

11 Q. Okay.

12 A. But beyond that --

13 Q. Now, you've flown with all the pilots in the --
14 basically that filter through the --

15 A. Yeah.

16 Q. -- the system there? Have they been fairly steady
17 and --

18 A. Steady how?

19 Q. Well, have they had the same pilots or has there been a
20 lot of turnover in pilots or is it pretty much the same crews
21 or --

22 A. It depends. Like, Pete is one of our relief pilots, and
23 then we'll have some that come down from Omaha, but, I mean, it's
24 no one that we've never seen or never flown with before, unless
25 they're brand new to the system. But, generally, no. I mean, we

1 know them all. And then they're all really good about briefing
2 us, sitting down explaining, you know what I mean? And we'll go
3 over like, really, just pretty much operations in the aircraft and
4 everything like that. They want make sure that we're comfortable
5 with them. So, yeah, I mean, it's a good relationship, so --

6 Q. Do they bring you into the decision-making process?

7 A. As far as what?

8 Q. Whether to accept a mission or turn down a mission
9 for -- whether it's for weather or for any other --

10 A. Yeah. We all have the ability to cancel a flight.

11 Q. How is that done?

12 A. If I feel uncomfortable with it, I just say I'm
13 uncomfortable and we're done. I mean, whether we're in-flight or
14 beforehand. And that's the beauty of this company is that you
15 have that right without repercussion, and that's good. Because, I
16 mean, if you were in fear for your job or you were going get in
17 trouble, you would accept things that you shouldn't, but we don't
18 have that.

19 Q. Have you ever exercised that right?

20 A. Oh, absolutely.

21 Q. What kind of situations has that been in?

22 A. Oh, we always get a weather brief before we leave and --
23 so that they know whatever the weather is forecasted to be or they
24 look. So, I mean, they'll spend some time going through and
25 figuring out what the weather is. But if we get out there and you

1 run in -- I mean, you're going to run into maybe some scud or
2 something like that and if I'm uncomfortable with it, I just say
3 I'd prefer not to continue, and then we'll just turn around and
4 come home. It doesn't happen a lot because they do such a good
5 weather check beforehand, so -- but, I mean, there are some areas
6 that don't report as well so you kind of have to get as close as
7 you can.

8 Q. And has the pilot always been willing to say, roger
9 that, and turn right around or they --

10 A. Yeah.

11 Q. And they don't question it? They don't get in --

12 A. No. I mean, I've never ran into an issue.

13 Q. Okay. How -- when did James come on board at St. Joe?

14 A. You know what, I've been trying to think about that. I
15 don't -- I want to say it's been close to a year, but I don't
16 think it's been that long. I don't know if time's just been
17 flying by in the last few weeks. I just can't remember --

18 Q. Yeah.

19 A. -- detail about anything anymore.

20 Q. Was he kind of like just an augment pilot now, a
21 replacement pilot, since he was up in South Dakota?

22 A. I don't know exactly how they would classify it. We
23 were short, but, I mean, we weren't full up. Because, I mean,
24 four pilots would be a full load. So maybe we weren't full, but
25 he -- I don't know. I guess he just kind of filled in. And I

1 couldn't even tell you for sure how many shifts he worked. I have
2 no idea.

3 Q. Do you have any idea how many actual flights you were on
4 with James?

5 A. Oh, no.

6 Q. Are we talking a handful or a couple dozen or --

7 A. More than a handful. I wouldn't know if it would be a
8 couple of dozen or not just because of how our rotation works --

9 Q. Um-hum.

10 A. -- and how their rotation works. I mean, it kind of --
11 I don't know.

12 Q. Were you comfortable with him as a pilot?

13 A. Oh, yeah.

14 Q. Did he have good communication skills to you?

15 A. Yeah, absolutely.

16 Q. Do you remember him briefing any unusual circumstances,
17 unusual letter or --

18 A. Like?

19 Q. Well, anything with the aircraft, like the aircraft
20 maintenance or aircraft fuel situation, whether you can get on the
21 hospital pad, you know, decisions that had to be made in the air
22 or, you know, en route on a flight?

23 A. No, I mean, nothing like that. I mean, he always came
24 in and he briefed us what the forecast was for whatever. So, I
25 mean -- and he was good about it. If there was no -- I mean, if

1 it was forecasted about something, that was it.

2 Q. Yeah. When you're on the flight, do you typically pay
3 attention to what the pilot is doing or the flight instruments?

4 A. To the flight instruments?

5 Q. Yeah.

6 A. I couldn't even tell you what they do.

7 Q. Okay. And where do you sit as a flight medic?

8 A. Right behind the pilot.

9 Q. And the flight nurse is right at the head of the patient
10 then?

11 A. Yeah. For me and Chris, generally, that's how we do it,
12 but, I mean, other crews will flip flop back and forth more often.

13 Q. Oh, okay. And why is that? Just for --

14 A. The patient side or the other side. I mean, it just
15 depends because you do different things in different seats.

16 Q. Okay.

17 A. But, yeah. I mean, that's -- I stay primarily on the
18 right side because I work on an ambulance and I can get my
19 intubations there, because we have to have so many per quarter.

20 Q. Okay.

21 A. But it's easier for Chris to get them on the aircraft,
22 so we just kind of do it that way. And it works for us. It's our
23 routine.

24 Q. So when you do the intubations on the aircraft, you're
25 at the head of the pilot -- or the head of patient?

1 A. Yeah, you're at the head of the patient.

2 Q. And but you do yours on -- get yours on --

3 A. I can get all mine -- and I'll fly at the patient's head
4 every once in a while.

5 Q. Okay.

6 A. But I can get mine normally on the ambulance.

7 Q. And that's the hardest thing to do is get the
8 intubations necessary during a quarter or whatever?

9 A. You don't do it as often as you would think you'd do it
10 before you start flying. But yeah, and if we don't get them in
11 there, we go to the hospital and do them in the OR. So, I mean,
12 it's not an issue getting them, but --

13 Q. Okay.

14 A. -- that's just an extra day that you have to put in to
15 go in there and do that.

16 Q. Okay. So during the course of the flight, then, the
17 pilot is not providing you updates on fuel status or any problems
18 with the aircraft or things like that? You never had that
19 experience?

20 A. Where they don't tell us or where they do tell us?

21 Q. Where they do.

22 A. I can't think of anything in specific that we would have
23 had while in flight.

24 Q. In this circumstance, you know, they went to Bethany.
25 They're sitting on the deck there. They shut down and then the

1 pilot calls AirCom and tells them that they have a different fuel
2 status, and then they determine that they're going to fly to
3 Memorial over there by Mosby --

4 A. Um-hum.

5 Q. -- to refuel and the patient's on board. Has that been
6 a situation where you've actually had to refuel with a patient on
7 board, in your 9 years?

8 A. Not for me, no.

9 Q. What would be the procedures -- I mean, if you're
10 sitting on deck at the hospital pad and the pilot tells you that
11 you're going to need to land and get fuel, what kind of procedures
12 would that click off -- or that would kind of like say, okay,
13 we've got to do this, this, this, this. Or, I mean, what are the
14 procedures for doing that?

15 A. For us getting fuel with the patient on board?

16 Q. I guess, yeah.

17 A. I'd have to specifically look at our policy because I
18 don't know that we've ever done it. I don't know. I think you'd
19 have to call in -- well, I'm not 100 percent sure on -- it's never
20 been an issue before, so I don't know.

21 Q. Okay. What position did Randy hold in the base?

22 A. Medical base manager.

23 Q. Would he be the person who would actually know what to
24 do in that circumstance?

25 A. He would, but it'd be in our standard operating

1 procedure. But like I said, I've never been in that situation, so
2 I don't know.

3 Q. Okay.

4 A. I can make assumptions about what we're supposed to do,
5 but as far as what's in our policy, I don't know.

6 Q. Okay. Do you know what an AOC is?

7 A. AOC?

8 Q. Yeah.

9 A. No.

10 Q. Okay. I don't either, so I'm not -- it's not a good
11 question. I'm just kind of curious.

12 What about AirCom? Would they -- would you, as a --
13 when you're in the back of the helicopter, do you have
14 communications with AirCom?

15 A. If we need to, yes.

16 Q. What kind of things would you be talking to them about?

17 A. Generally, if we're en route to a call, they give us
18 updates on what's going on with the patient, patient weight,
19 whether or not to accept him at the receiving facility, things
20 like that. Or if, for some reason, we can't get a hold of -- like
21 if the hospital's not answering the radio on the route, en route
22 to a hospital and we need to give a report, we'll relay it through
23 them so they can contact the hospital and give them any updates
24 that we need to give them.

25 Q. Okay. So it's mostly medical information going back and

1 forth?

2 A. From my point of view --

3 Q. Yeah.

4 A. -- but not from the pilot.

5 Q. Right. Have you ever seen any cautions or warning
6 lights go on in the airplane before on the caution warning panel?

7 A. Not sitting where I'm sitting.

8 MR. BRENNER: Are you facing forward or backward?

9 MR. RUDDER: We're facing forward. But he sits right in
10 front of me, so he sits right in front of the instrument panel.

11 BY MR. SILLIMAN:

12 Q. The only way you could find an -- if you were flying in
13 the nurse's position, then you might be able to see the caution
14 panel?

15 A. You could, yeah.

16 Q. But not from where you normally sit?

17 A. No.

18 Q. Okay. But you don't know where the fuel gauge is
19 located?

20 A. It's on there. I mean, if I were to look at it, I could
21 probably tell you which one it was, but --

22 Q. Okay.

23 A. -- because I'm sure it's little fuel pin.

24 Q. But it's not something that you particularly focus on
25 or --

1 A. No. And if we're in flight with the patient, we're
2 focused on -- I mean, and really it depends on how critical the
3 patient is. So, I mean --

4 Q. Yeah.

5 A. -- a lot of times, we're looking -- we're at that.

6 Q. Yeah, keeping the patient stabilized and --

7 A. Um-hum.

8 Q. -- monitoring the patient, you're really focused on
9 that, not what's going on in the airplane?

10 A. With the engine panel, right.

11 Q. How about when you're flying to the -- you know, like in
12 this case, they flew from St. Joe to Bethany on a, you know,
13 fairly nice day, perhaps. You're just looking outside and -- or
14 are you thinking about what you need to do with that patient?

15 A. On the way to the hospital?

16 Q. Yeah.

17 A. We get a brief on what the patient is, you know, I mean,
18 kind of a general idea, and it's a lot of times different than
19 what you get. I mean, the report's never the same. But, yeah,
20 we're thinking about what drips are going to be on, what
21 calculations we have to have, what it's going to take to be in the
22 hospital and get out, and things like that. I mean, we're looking
23 at -- you know, we're always scanning out, looking for obstacles
24 and things like that.

25 Q. Um-hum. Are you calling AirCom to get that kind of

1 information, what kind of equipment they're going to have, what
2 kind of drips they're going to have, or is that something that
3 you'll get briefed at once you get to the hospital?

4 A. AirCom will give us an update on the way. They always
5 give us some kind of an update.

6 Q. Okay.

7 A. And sometimes too, depending on how rapidly it's
8 changing with the patient, but mostly we'll get an update of like,
9 you know, such and such an age of person, male, female --

10 Q. Um-hum.

11 A. -- what their weight is, what they're on, and that kind
12 of thing. So we kind of get a general idea of what we're heading
13 into, but we don't get a full report --

14 Q. Okay.

15 A. -- until we get into the hospital and start talking to
16 the nurses and doctors.

17 Q. So when you get a patient with a perforated bowel, does
18 that send up alarms to you as far as what's going to be needed or
19 -- I mean, how serious does that sound to you?

20 A. A perforated bowel? They're pretty sick. You can get
21 septic relatively quickly and have some serious problems with it.
22 So, yeah. And, I mean, it depends -- I mean, because it also
23 depends on how far they're into it too, you know what I mean,
24 whether they've been fighting this things for several days. But,
25 yeah, they're pretty sick patients.

1 Q. So you'd be really focused on them in that situation?

2 A. Yeah. And like I say, I mean, it really depends because
3 every patient is so different, so -- it depends on how -- I mean,
4 whether they're intubated, not intubated, or -- and what kind of
5 pain level they have, that kind of thing.

6 Q. Okay.

7 MR. SILLIMAN: Malcolm, do you have questions?

8 BY MR. BRENNER:

9 Q. You know, tell me about James. What's he like as a
10 person?

11 A. What's James like as a person?

12 Q. Yeah.

13 A. What do you want to know specifically?

14 Q. Well, just tell me about him.

15 A. He's a good guy, personable.

16 Q. Any stories about him?

17 A. No, not specifically. We've never hung out outside of
18 work, so, I mean, it's just all work related.

19 Q. Did he seem healthy?

20 A. Healthy?

21 Q. Yeah.

22 A. Yeah, he's healthy.

23 Q. How can you tell?

24 A. As healthy as I am. He never complained of anything.

25 Q. Okay. Do you (indiscernible) --

1 A. I never examined him.

2 Q. No, but you're medical. I mean, you know, it's just
3 your impression. Just interested. Did he wear glasses?

4 A. I don't believe so. I don't ever remember seeing him
5 wear glasses.

6 Q. Any idea when he slept, what his sleeping pattern was?

7 A. How his sleeping pattern was?

8 Q. Yeah.

9 A. At work, I mean, I -- I don't know at home because, like
10 I said, I only saw him at work.

11 Q. How many shifts did you work with him?

12 A. I don't know specifically.

13 Q. But more than a handful; is that right?

14 A. Yeah. I mean, I don't know -- like I said, I can't
15 remember exactly when he started.

16 Q. How were his briefings?

17 A. Pretty standard. He'd tell us the weather. He'd tell
18 us fuel load, whatever -- I mean, whatever was going on with the
19 aircraft or if we had any maintenance due that day, anything like
20 that, he'd let us know everything.

21 Q. When you're told about a trip, how much do you know
22 about the patient's condition?

23 A. When we first receive the call?

24 Q. Yes.

25 A. We don't, and that's pretty much by design because they

1 don't want you to make a decision -- they don't tell you age or
2 anything like that. They just say you've got a mission from so
3 and so to so and so, so you don't -- so that doesn't skew your
4 decision-making capabilities. Do you know what I mean?

5 Q. Sure.

6 A. Or like what you're going to do for a weather, things
7 like that.

8 Q. When do you learn about the patient's condition?

9 A. En route.

10 Q. Is that a company policy?

11 A. I don't know. That's just how --

12 Q. The tradition is that --

13 A. That's how we do it, yeah.

14 Q. Okay. What would James do during the day when you don't
15 have a mission?

16 A. I guess what all pilots do, check the weather, then
17 whatever -- like computer classes, whatever. Because, I mean,
18 they'll give us classes we have to take. So if we have down time,
19 we'll do that. But beyond that, I mean, I don't know. A lot of
20 times I'm too focused on what I'm doing to worry about what
21 they're doing.

22 Q. Okay. Thank you.

23 BY MR. SILLIMAN:

24 Q. The calls -- okay, so there's a call -- for instance, in
25 this call, who would call over to the -- your location there from

1 the hospital, would a -- saying, hey, you've got a trip, that
2 would be LifeCom that would or --

3 A. Yeah.

4 Q. -- AirCom? Is it called AirCom or LifeCom or is it --

5 A. It used to be LifeCom. I can't get passed it. They
6 just changed it to AirCom; so, it's always going to be LifeCom.

7 Q. Okay, yeah. Guys have been calling it two different
8 things here, so I wasn't sure.

9 A. Yeah.

10 Q. But they would call over and say --

11 A. The hospital will call AirCom and then say we have such
12 and such, and then they'll -- whatever hospital it is, they pick
13 the closest aircraft to it, and then send us. And the way we find
14 out is they'll set off our tones.

15 Q. Yeah. What does that -- they send out the tone.

16 A. Um-hum.

17 Q. Is there a voice that comes on right after that?

18 A. Um-hum.

19 Q. And what does that voice announce?

20 A. It'll either say respond -- like in that one, I would
21 assume, but I don't know because I haven't heard it. It'd be
22 like, "Respond Bethany Hospital for transfer to Liberty Hospital",
23 if they know.

24 Q. Okay.

25 A. Because, I mean, sometimes they don't know what the

1 receiving hospital is going to be yet.

2 Q. So it's not going to be --

3 A. They'll let us know that we're on a standby for it.

4 Q. So it's not going to be the tone goes off and says,
5 "Bethany Hospital, we've got a 58-year-old female with perforated
6 bowel"?

7 A. Generally, you don't get that information.

8 Q. Okay. I'm going to pause for a second here.

9 (Off the record.)

10 (On the record.)

11 BY MR. SILLIMAN:

12 Q. Okay. Yeah, we played this clip from AirCom calling the
13 trailer, LifeNet, and you heard the tone.

14 A. Um-hum.

15 Q. They describe where the flight was, you know, where --
16 it was over at Hamilton County Hospital in Bethany.

17 A. Um-hum.

18 Q. And basically then, the pilot said do the weather check,
19 came back on, and then they were able to say, yep, we can go, the
20 weather looks good, and then life -- or AirCom basically gave the
21 basic parameters of what the patient was experiencing and so
22 forth. Is that a typical notification?

23 A. Yeah. Not always do we hear about what it is because --
24 and there's several reasons for that. One, they probably don't
25 know.

1 Q. Um-hum.

2 A. Sometimes the hospitals aren't that specific with what
3 they've got or sometimes they're calling us as an ambulance is
4 coming into them, so they don't even know what they have. They
5 just know it's bad enough not to be there and they have to be
6 somewhere else.

7 Q. Is -- the separation of the pilot from the decision-
8 making process -- or, I was under the impression, I guess, and I
9 just want to make it clear, that it would -- that AirCom would be
10 really providing you that information, you know, rather than, you
11 know, the pilot overhearing that. Because they've already
12 accepted the flight in this circumstance, but would they typically
13 know what the patient is suffering from?

14 A. Would the pilot?

15 Q. Would a pilot?

16 A. Would they understand?

17 Q. Well --

18 A. I don't know if they'd understand anymore than I would
19 aviation, so --

20 Q. Well, I mean -- well, for instance -- this is easy. Say
21 that it's like, okay, they came on here and they said we have a 2-
22 year-old, car accident, in the emergency room; we need to
23 transport him. Or a 2-year-old with a burn and we need to take
24 him to the hospital with very, you know, with serious burns.
25 Well, of course, obviously, you know, if the pilots hear that

1 information, it's different than --

2 A. Um-hum.

3 Q. -- maybe, you know, somebody that's 80 years old and,
4 you know -- you know what I'm saying?

5 A. Yeah.

6 Q. So I was just wondering is that typical for the pilot to
7 know that type of information?

8 A. Like I said, generally, no. I mean, I don't --
9 especially with pediatrics, we don't really hear age, weight, or
10 anything like that until we're en route.

11 Q. Okay. So that typically would be transmitted while you
12 are en route, not during the initial notification?

13 A. More detail, yeah.

14 Q. Yeah. So is this kind of unusual then for this one?

15 A. I don't know if I would say it's unusual, but I don't
16 know that I can remember specifically hearing detail about what it
17 is.

18 Q. Okay. But anyway, so they -- but we do hear the pilot
19 doing his weather check before they accept the flight?

20 A. Yeah.

21 Q. Yeah. And that's typical?

22 A. Yes.

23 Q. Okay. Is -- but is that -- that's the way it kind of
24 sounds then coming across the horn there and the --

25 A. Yeah, in this same tone.

1 Q. -- when they do the tones and everything?

2 A. Yeah.

3 Q. Okay.

4 MR. SILLIMAN: Any other questions, Malcolm?

5 BY MR. BRENNER:

6 Q. You said that four pilots is the full load for that
7 base. How many do you have then? How many did you have there?

8 A. Full-time?

9 Q. Yeah.

10 A. I don't know. Full-time, we had four pilots, but now, I
11 mean, it just kind of -- I'm trying to think of who -- Gary, Brad.
12 I'd say probably two right now full-time.

13 Q. Well, (indiscernible)

14 A. I don't know. I mean, it's like any job.

15 Q. Just rotation or --

16 A. Yeah. I mean, we get short-staffed on medical crew,
17 so --

18 Q. Um-hum.

19 A. -- we have a hire-in process and hire in who we need.

20 Q. Um-hum. And you said there's no repercussions for
21 canceling a trip. How do you know that?

22 A. Because I've cancelled trips and there aren't any. And
23 that's --

24 Q. How many times?

25 A. I don't know. But we talk about it as a crew and we

1 just say, yeah, we're comfortable with it.

2 Q. When you've cancelled trips, what's the reason?

3 A. Well, like I said, maybe the visibility is not as good
4 as it was reported. And sometimes you don't know that until you
5 get up --

6 Q. Um-hum. Sure.

7 A. -- and you get flying a little bit. Because it'll be
8 good around the airport and where it's reporting it's good, but
9 sometimes in between there, you'll get a little something, and if
10 I'm not comfortable with it or my partner's not or the pilot, we
11 just turn around and go home.

12 Q. Okay. But this actually happened to you? This is not
13 hypothetical? You say, several times, this has happened?

14 A. Over almost a 10-year period.

15 Q. Yeah.

16 A. But that's why I say I can't give you specifics on it
17 because it's 10 years --

18 Q. Okay.

19 A. -- or 9.

20 Q. All right.

21 BY MR. SILLIMAN:

22 Q. The other crew, Randy and Chris --

23 A. Um-hum.

24 Q. -- if they had had problems, you know, continuing the
25 flight, it sounds like they have the personalities and the -- to

1 say -- to turn it down or to change the course of events
2 and --

3 A. Um-hum.

4 Q. -- they're going to tell the pilot if they don't feel
5 comfortable with something?

6 A. Yeah, absolutely.

7 Q. Yeah. And the operating of the base on the medical
8 side, was that done efficiently and well and --

9 A. Yeah.

10 Q. -- to everybody's liking?

11 A. Well, yeah, or we wouldn't have people working there for
12 9, 10 years, or --

13 Q. Yeah.

14 A. Yup.

15 Q. And besides working at the base, there are -- at the
16 base, it sounds like you also do work in the hospital?

17 A. I work for the ambulance --

18 Q. Okay.

19 A. -- which is based out of the hospital.

20 Q. Okay. Well, I sure appreciate the help. I can't think
21 of anything else. And, you know, these guys, you know, your
22 friends and comrades there, and so I know it's going to be a tough
23 deal, but I sure appreciate you coming in and telling us --

24 A. Yeah, it was odd hearing James' voice.

25 Q. Yeah, I'm sure. So I appreciate that. I know it's a

1 tough deal, but it certainly needed to be done. Anything else?

2 A. No.

3 Q. All right. Well, I'll turn off the mike then.

4 (Whereupon, the interview was concluded.)

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CERTIFICATE

This is to certify that the attached proceeding before the
NATIONAL TRANSPORTATION SAFETY BOARD

IN THE MATTER OF: AIR METHODS CORPORATION
 LIFENET HELICOPTER CRASH
 AUGUST 26, 2011
 NEAR MOSBY, MISSOURI
 Interview of Mike Rudder

DOCKET NUMBER: CEN11FA599

PLACE: Kansas City, Missouri

DATE: September 15, 2011

was held according to the record, and that this is the original,
complete, true and accurate transcript which has been compared to
the recording accomplished at the hearing.

Karen M. Galvez
Transcriber