

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: CHRIS FILLEY

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: Yeah, hi, Chris. My name is Jim Silliman  
3 with the National Transportation Safety Board. This is Malcolm  
4 Brenner. And I understand you're aware that this is being  
5 recorded.

6 MR. FILLEY: Yes, I am.

7 MR. SILLIMAN: And could you state your name, please?

8 MR. FILLEY: Chris Filley.

9 INTERVIEW OF CHRIS FILLEY

10 BY MR. SILLIMAN:

11 Q. All right, Chris, maybe you could just tell us what kind  
12 of position you have at Air Methods?

13 A. I'm a flight nurse.

14 Q. And how long have you been a flight nurse at Air  
15 Methods?

16 A. It will be 8 years in December.

17 Q. And were you with an EMS company before that?

18 A. No.

19 Q. And so you were with Rocky -- when it was still Rocky  
20 Mountain, and then it was bought out by Air Methods?

21 A. Yes.

22 Q. Okay. And as a flight nurse, what kind of duties do you  
23 have?

24 A. Providing care to a diversified patient population for  
25 inter-facility and scene air medical transport.

1 Q. And what are some of those things that you specifically  
2 do in the course of taking care of those patients?

3 A. Again, very diversified. Basically, patient contact,  
4 providing appropriate interventions, stabilization, and delivery  
5 of a patient to a higher level facility or receiving facility.

6 Q. Okay. And what kind of qualifications and certification  
7 do you have to get to become a flight nurse?

8 A. A minimum of 3 years experience in a high acuity ER ICU  
9 as an RN. Then they want you to be qualified or have  
10 certifications in ACLS, PALS, BLS, trauma certification to get  
11 hired. And then once you're hired, the expectation is to pursue a  
12 higher certification beyond your RN, such as a certified emergency  
13 nurse, critical care RN, or certified flight registered nurse.

14 Q. So anybody that becomes a flight nurse is a highly  
15 qualified individual and you've done a lot of training and a lot  
16 of experience?

17 A. Yes.

18 Q. And I understand that you and Mike had been working  
19 together pretty much as a team for a number of years then?

20 A. Yes, since my start date.

21 Q. Okay. And had you been based at St. Joe that whole  
22 time?

23 A. Yes.

24 Q. Had you gotten to know the pilots pretty well during  
25 that period?

1 A. As much as you can on a shift with an individual, yes.

2 Q. Um-hum. Just talking with Mike and others, it sounds  
3 like Gary and -- what's his name? There are two full-time -- or  
4 two pilots that were local. Brad and Gary were the pilots that  
5 were assigned and based at St. Joe, and that recently, Peter, who  
6 was an augment pilot and James was an augment pilot. Is that  
7 correct?

8 A. It'd be Bret --

9 Q. Oh, Bret?

10 A. -- and Gary.

11 Q. Not Brad?

12 A. Not Brad.

13 Q. Okay, Bret.

14 A. Yes, sir.

15 Q. Okay.

16 A. And that's correct.

17 Q. Okay. And do you remember how long it's been that James  
18 has been assigned and been flying at St. Joe?

19 A. In what status?

20 Q. Well, as either as full-time at St. Joe or just helping?

21 A. To the best of my recollection, it's approximately a  
22 year.

23 Q. Okay. So he had been flying at St. Joe for about a  
24 year?

25 A. Not full-time.

1 Q. Right. When did he start flying part-time? Or I should  
2 say not part-time, but he's been assisting in filling in for  
3 other, you know --

4 A. I'm not certain of the definitive date, but  
5 approximately 2 to 3 months ago.

6 Q. Two to three months? So up until 2 to 3 months ago, he  
7 was full-time assigned to St. Joe?

8 A. Correct.

9 Q. All right. During that time, did you see any tendencies  
10 on his part that raised questions that you thought were unsafe?

11 A. No.

12 Q. Did you feel that he provided good briefings to the  
13 flight crew?

14 A. Yes.

15 Q. Did he make his intentions known to the flight crew on a  
16 routine basis?

17 A. Yes.

18 Q. What would -- when you came in in the morning and you'd  
19 get a brief from James, what kind of things would James brief you  
20 on?

21 A. At the customary morning briefing, he did all of the  
22 policy, which is they'd preflight the aircraft and let us know the  
23 oxygen level, let us know weather and weight of patient off the  
24 pad. We would interact about any PRs that were possibly pending.  
25 That was the normal morning conversation.

1 Q. And PRs, what does that mean?

2 A. We do some marketing. Sometimes we get invited to  
3 schools and such to show up and do (indiscernible) displays.

4 Q. So it really is public relations is what you're talking  
5 about?

6 A. Correct.

7 Q. What other types of things would the pilot brief you on  
8 during the course of the day?

9 A. Could you be more specific? I'm not following your  
10 question.

11 Q. Well, I mean, if the weather got bad or if the weather  
12 changed?

13 A. Certainly that. He'd update us if weather changed. If  
14 by chance, per se, the mechanic may come in and find some  
15 maintenance due, he would make us aware of that. I mean, that's  
16 what, really, I recall. It was always, for the most part, duty  
17 related.

18 Q. Okay. Once you took a flight, accepted a flight, what  
19 kind of communications would that pilot have with you concerning  
20 the course of the flight or his decision making? Would he be  
21 communicating his decision-making process to you or would he make  
22 you aware of any problems that he was looking at?

23 A. Yes, they would. They would check weather and let us  
24 know of any issue there. And if we had any issues with the  
25 weather ourselves as a team; that was it. If it was complete



1 agreement that the mission could be completed, then that's what we  
2 would discuss prior to departing the base.

3 Q. Have you ever had a situation where you got low on fuel?

4 A. No.

5 Q. Has there ever been a situation where you had to stop en  
6 route to get refueled?

7 A. No.

8 Q. Okay. And not with a patient on board?

9 A. No, never experienced that.

10 Q. Had the pilot told you, not just James, but that you had  
11 to -- the situation had arisen that you needed to stop to get fuel  
12 with a patient on board, what are the procedures for doing that?

13 A. I'd need the policy before me, but we do have a policy  
14 that addresses that. So I wouldn't want to communicate it without  
15 seeing it, but we do have a policy company-wide to address that  
16 scenario.

17 Q. Is it in the helicopter or do --

18 A. It would be in our policy and procedures ops manual.

19 Q. And is that on board the helicopter or back at base?

20 A. I can't answer that. I'm not certain of that answer.

21 Q. Well, you've never had to pull it out and look for that  
22 answer before?

23 A. No.

24 Q. If you were presented with that situation, you know,  
25 during the middle of a trip, like in, for instance, this case, you

1 know, if you had been sitting on a helicopter pad like this crew  
2 at Bethany at the Hamilton County Hospital and you were presented  
3 with that situation, what would -- how would you -- who would -- I  
4 mean, would you look for the manual or -- I mean, what would you  
5 do if you were presented that situation?

6 A. We've got ready communication to contact our  
7 communication dispatch to get any information we need specific.

8 Q. So who -- so you would contact AirCom?

9 A. That'd be an option.

10 Q. Okay. Is there anybody else that you'd contact?

11 A. I could contact our leadership, some safety personnel.  
12 There's a host of leadership that you could contact.

13 Q. Are -- what kind of leadership are they? Where are they  
14 located?

15 A. Well, for me, it'd be a phone.

16 Q. Okay. Who would you phone?

17 A. Like our medical manager.

18 Q. And who is your medical manager?

19 A. That would be Marny (ph.).

20 Q. Marny. Okay.

21 A. Correct.

22 Q. We met her this morning.

23 A. Correct.

24 Q. Would you -- if you were sitting on the pad and -- would  
25 you try contacting Randy someplace else since he was the medical

1 manager at your base or --

2 A. That would have been an option.

3 Q. Okay. But Marny would be another person to call?

4 A. Yes.

5 Q. Anybody else?

6 A. I don't think -- I honestly don't believe I need to go  
7 beyond them.

8 Q. Okay.

9 A. As a matter of fact, I know I wouldn't.

10 Q. Okay. And but if you wanted to contact LifeCom -- or  
11 AirCom, what would you be discussing with them?

12 A. How to get a hold of the appropriate person.

13 Q. Okay.

14 A. They could probably do that easier than me.

15 Q. You mean as far as getting Marny or --

16 A. Right.

17 Q. Okay. What authority does AirCom have as far as, you  
18 know, in this kind of situation? What would you expect from them?  
19 Would they be able to make a decision about whether or not to stop  
20 at another airport?

21 A. That would be an aviation-specific question. No, I  
22 wouldn't know.

23 Q. Okay. So what would your -- when you got a hold of  
24 Marny, if you did, what kind of question would you be having for  
25 her then? What --

1           A.    I'd present the scenario that reveals itself and ask for  
2 the appropriate action.

3           Q.    What's in the SOP?

4           A.    Correct.

5           Q.    Okay.  Had you ever heard of anybody in the 9 years that  
6 you are working there of having had to do this at the St. Joe  
7 base?

8           A.    No, not to my knowledge.

9           Q.    Has there been experiences -- I mean, have you had --  
10 during the 9 years that you've been flying, have there been times  
11 when you said I don't feel comfortable with this situation, time  
12 to say, you know -- and turn down the flight or go back to base or  
13 anything like that?

14          A.    Yes.

15          Q.    What kind of circumstances were those?

16          A.    Weather.  They were weather.

17          Q.    Nothing to do with mechanical or fuel or any other  
18 things that you can remember?  It was all weather related?

19          A.    The ones I -- all I recall, and it's been -- I can  
20 recall a couple of events in my 8 years, not 9, that I voiced  
21 being uncomfortable with weather conditions, and it was aborted.

22          Q.    Was there any negative feedback from the company about  
23 aborting a flight like that?

24          A.    No.

25          Q.    Were there any questions or any -- that you had to

1 justify aborting the mission?

2 A. Just simply communicating weather was an issue.

3 Q. Okay.

4 A. That simple.

5 Q. All right. Anytime that -- has there ever been any  
6 negative experiences with pilots where you said we need to turn  
7 back or we need to think again or cancel the mission? Were they  
8 ever negative about that or were they supportive?

9 A. Always supportive.

10 MR. SILLIMAN: Malcolm?

11 BY MR. BRENNER:

12 Q. On Friday, when you were coming off shift, did you see  
13 James coming on?

14 A. I did.

15 Q. Tell me about it. What was the interaction?

16 A. Brief. After 24 hours, you're anxious to leave.

17 Q. Sure.

18 A. Just a brief visit and I left.

19 Q. What time was that?

20 A. About 7:30.

21 Q. Anything else that -- what did you talk about?

22 A. I think, breakfast.

23 Q. You talked about breakfast?

24 A. That's what I recall. It was --

25 Q. What did you talk about?

1           A.    I can't recall.  It -- I -- we were all, the oncoming  
2 crew, Mike and I and James, were in the kitchen.  I gave the  
3 report to the oncoming crew.  We communicated something about  
4 eating, and that was it.

5           Q.    Did you guys cook together?

6           A.    We cook at the base.

7           Q.    You cooked at the base.  Okay.  But you didn't stay for  
8 the breakfast?  You just talked about it?

9           A.    Oh, no.  I was done.

10          Q.    You know, that's one of my favorite topics, so that's a  
11 shame.  Okay.  Tell me about James.  Tell me a story about James.  
12 A personal story, something personal about the guy.

13          A.    I know he was a veteran before he started flying for us.

14          Q.    How do you know that?

15          A.    He told me.

16          Q.    Do you know what kind of military service?

17          A.    Army.

18          Q.    All right.  How did he look on Friday morning?

19          A.    His normal bubbly self.  He was a boisterous, bubbly  
20 man, and that's how he was.

21          Q.    Tell me a story about James as a pilot.

22          A.    I can't speak -- think of specific stories.  I flew with  
23 him a fair amount.  I need you to be more specific.  I don't know  
24 what you're --

25          Q.    Did he ever cancel a trip?

1 A. Yes, he did. He had with me.

2 Q. Tell me about that.

3 A. Never in flight. He turned down missions based on  
4 inclement weather at least more than once. I know on at least  
5 more than one occasion, based upon inclement weather he turned  
6 down flights.

7 Q. Is that a pilot decision solely or does the whole crew  
8 decide that?

9 A. No, that's a group decision.

10 Q. A group decision. When you're offered a trip, do you  
11 know the -- what do you know about the patient's condition?

12 A. They would typically just -- a diagnoses is all they're  
13 going to tell us.

14 Q. I see. From your position, can you see the fuel gauges?

15 A. Um-hum, yes.

16 Q. Do you monitor them?

17 A. No, I personally don't. Not specifically, I don't.

18 Q. How much do you get involved in the aviation issues? In  
19 other words, you're responsible for medical issues, but how much  
20 do you overlap with aviation?

21 A. I'm -- I don't -- I'm not following you.

22 Q. Okay, that's a good enough answer.

23 A. Okay.

24 Q. That's fine.

25 A. All right. I'm not aviation, I guess, is my answer,

1 so --

2 Q. Yeah. With a perforated bowel, what would your  
3 functions be? What would you be doing in flight? What do you  
4 have to do?

5 A. I'd have the patient on a monitor, likely -- potentially  
6 administering a pain medication. It just depends on the severity  
7 of -- the acuity of the illness.

8 Q. And what kind of monitor?

9 A. It monitors heart rate, blood pressure --

10 Q. Okay.

11 A. -- oxygen saturations, vital signs.

12 Q. Yeah. Sure.

13 MR. BRENNER: I think I'm good.

14 BY MR. SILLIMAN:

15 Q. Who is the head of the St. Joe base? Who would be the  
16 person, I guess, in a sense, in charge?

17 A. Aviation or medical?

18 Q. Well, the medical first.

19 A. Okay, that was Randy.

20 Q. Did Randy also have some type of say, you know, being in  
21 charge as far as the flight crew or is the flight crew separate?  
22 Who was in charge of the flight crew, then?

23 A. Randy was the medical base supervisor, so he was our  
24 supervisor from a medical standpoint.

25 Q. But would he have -- he wouldn't have supervisory roles



1 with the pilots then?

2 A. No.

3 Q. Was there any supervisor of the pilots at the base? I  
4 mean, was there kind of like a head cheese pilot of those four  
5 people or --

6 A. That's Bret's role.

7 Q. Oh, Bret?

8 A. Yes, sir.

9 Q. Okay. All right. So he was the pilot lead, I guess?

10 A. He's the aviation base supervisor.

11 Q. Aviation base supervisor. Okay. And now -- you got --  
12 did you have a training as a crew, or did you ever get crew  
13 training with the pilots, I mean, where you'd sit down and say  
14 this is -- these are my responsibilities; these are the pilot  
15 responsibilities; these are the way we talk back and forth to each  
16 other, like crew resource management type training? Was that part  
17 of your syllabus?

18 A. Yes.

19 Q. And did the -- the communications that you had on a day-  
20 to-day basis with the pilots and getting briefings in flight, did  
21 that seem to comport with what was supposed to happen as far as  
22 crew resource management, the training that you received?

23 A. Yes.

24 Q. Okay. I know this is hypothetical, but say you're --  
25 like in this situation, they're sitting on a pad and we know that

1 the pilot shut down, then he called LifeCom and told them that he  
2 had a lower fuel state than he thought he had. Now, the medical  
3 crew is in the hospital getting the patient. They're bringing him  
4 out and putting him on the helicopter. Now, the pilot knows that  
5 he has less fuel than he had anticipated. Is that something that  
6 you would, as a flight -- or medical crew at that time, while  
7 you're really focusing on the patient, would you expect the pilot  
8 to communicate this situation with the helicopter to you?

9 A. Yes.

10 Q. And especially since -- with the knowledge that they  
11 were going to go to a place where they're going to divert for  
12 fuel?

13 A. Correct.

14 Q. So if that were the case, then, I mean, you'd expect it,  
15 but -- and we don't know the answer to this question, but then --  
16 we don't know if James told Randy or Chris about this situation, I  
17 guess, but you would expect that they would have been briefed or  
18 would hoped to be briefed?

19 A. I would have expected that.

20 Q. Okay. I can't think of anything else.

21 MR. SILLIMAN: Malcom?

22 BY MR. BRENNER:

23 Q. Do you have any idea what James's sleeping schedule was  
24 like or his sleeping preferences?

25 A. I don't, sir.

1 Q. And how much did you guys cook together when you were  
2 working with him?

3 A. It depends. Typically, it was always breakfast and that  
4 was largely it. It was kind of when we --

5 Q. What did you make for breakfast?

6 A. Pancakes.

7 Q. Pancakes? I would think -- you're the smallest of the  
8 three. I would think you'd have the hardest time getting  
9 something to eat. I'm worried about that (indiscernible).

10 A. There was plenty for all.

11 Q. Oh, okay. All right. Any idea what his activities were  
12 while he was there? Exercise, where do you go to exercise?

13 A. At the base?

14 Q. Yeah, while you're working. Yeah, is there any place  
15 there?

16 A. There's plenty of room within our facility to --

17 Q. So you can bring your own stuff?

18 A. Yeah, we've -- I do sit-ups and push-ups in my room, so  
19 there's room for --

20 Q. I noticed your sweatshirt. That's why I'm asking, yeah.

21 Yeah, okay. No, I think -- anything else we haven't asked you  
22 that might be helpful (indiscernible) help us?

23 A. I'm sorry?

24 Q. Any other -- anything else we haven't asked you that  
25 might be helpful?

1           A.    Oh.  Nothing I -- that I think would be relevant.

2           Q.    Okay.  Thank you.

3                   MR. BRENNER:  I'm done.

4                   MR. SILLIMAN:  Well, thanks very much for coming in and  
5 I hope -- I know it's a tough deal when you lose your friends like  
6 this and everything, but we need to ask questions and I appreciate  
7 you be willing to make the answers and stuff.  And certainly, good  
8 luck.

9                   MR. FILLEY:  Thank you.

10                  MR. SILLIMAN:  I'll turn off the recorder now and --

11                           (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 Chris Filley

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.

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Karen M. Galvez  
Transcriber