

NTSB Report Supplement

Helicopter Operator Information

Company information:

- Number of aircraft **305**\_\_\_\_\_
- Models flown **Augusta A109, AS 350,SA-365,BE100,200,90,BHT-206-L1,L3, BHT-222, BHT-407, BHT-412, BHT 429,BHT-430, BK-117, EC-130, ECD-135,MBB-BK117,EC-145, PC-12, SA-365**
- Type of Missions flown **Helicopter Emergency Medical Services (HEMS)**
- Number of locations served: **239**\_\_\_\_\_
- General terrain conditions for operations; **Operations are conducted in 45 states covering every type of terrain.**
- Characteristic weather for operations: **VMC and Light IMC. We don't fly in severe weather**
- Number of pilots that perform the same mission as the accident flight: **1100**\_\_\_\_\_

1. Formal **risk management program** that the company had in place, if any:  
**Yes, we have a safety risk management program that complies with FAA guidelines. See attachment**

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2. Method by which **risks** associated with the accident flight were evaluated by the:  
 • Company? **Enhanced Operational Control Center (attached document )**  
 • Pilot? **Risk Assessment Matrices from the Risk Assessment Program\_(attached document)**

3. Did the company have a (circle yes or no) :  
 • Non-punitive safety/incident reporting or monitoring system ? **YES** / NO  
 • Designated safety officer with direct access to senior management ? **YES** / NO

4. Company's procedure, if any, for pilots to make a **go/no-go decision**.  
**Pilots are given full authority to make go/no-go decisions and those decisions are fully supported by the company. Pilots are offered flights and make a go/no-go decision based on the risk assessment program, current and forecast weather and the restrictions outlined by Air Methods Corp in their General Operations Manual and Operations Specifications.**

5. Was this procedure clearly **defined and** enforced by the company? **YES** / NO

6. Company **standard operating procedures (SOP's)** regarding the mission/circumstances of the accident?  
**The General Operations Manual outlines the procedures for operational control and guidance on how to conduct missions. (attached document)**

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7. Method of enforcement of **SOP's** by management?  
**The Operational Control Center monitors and provides oversight for all flights and notifies management of any non compliance issues. The Certificate Management, Safety Department and Field management utilize the base audit and AIDMOR programs to evaluate and correct deficiencies when discovered.**

## NTSB Report Supplement

8. **Communications**, if any, between the pilot and the company regarding the flight (before the accident)?

**Pilot had spoken with his communications center prior to and upon departure. And a company flight plan was filed.**

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9. **Operational oversight** in place for this flight? **Flight Following was being conducted by the LifeCom in Omaha, NE and monitored by the Operational Control Center in Englewood, CO.**

10. Was this flight **local or remote**? **The flight was local in nature.**

11. Company **hiring criteria** for pilots?

**\_Attached document (attached document)**

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12. **Flight Experience**: Other than the required pilot time matrix in the ADMS report, how many flight hours had the pilot accrued in the following?

- Piston and/or turbine rotorcraft **9,465**\_\_\_\_\_
- With this company **\_\_(this information is on the NTSB report)**
- On this mission type **\_\_(this information is on the NTSB report)**

13. **Training**, if any, did the pilot receive in the following areas?

- Risk assessment and risk management: **\_Yes**\_\_\_\_\_
- Weather evaluation & inadvertent encounters w/ adverse weather: **\_Yes**\_\_\_\_\_
- Formal aeronautical decision making (ADM): **\_Yes**\_\_\_\_\_
- Transition to make & model: **\_Yes**\_\_\_\_\_
- Mission-specific training (for accident flight mission): **\_\_\_\_ Yes**\_\_\_\_\_
- Crew resource management: **\_\_\_\_ Yes**\_\_\_\_\_
- Terrain and hazard environment: **\_\_\_\_ Yes**\_\_\_\_\_

14. Was the pilot in training at the time of the accident ? YES / **NO**

15. If YES to number 14 above, type of training; \_\_\_\_\_

16. **Other helicopter models the pilot flew**: **\_None**\_\_\_\_\_

17. **Previous history** of accidents, violations, or difficulty with the mission or accident maneuver?

**\_None**

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18. **Safety Equipment**: Check if aircraft was equipped with the following equipment?

- Recording devices: If so, what type: \_\_\_\_\_
- Proximity detection system
- Wire strike protection system**
- Crashworthy fuel system
- Helmets**
- Fire retardant clothing/Gloves**

## NTSB Report Supplement

- Aircraft floats (over water)
- Personal flotation devices/Life rafts/External life rafts
- Sonic locator (offshore)
- Emergency Locator Transmitter (ELT) (121.5 or 406) 406

19. **Preflight Planning** (If relevant) performed for the accident flight.

\_\_\_\_\_ **Yes** \_\_\_\_\_  
\_\_\_\_\_

20. **Weather information** was available to the pilot prior to departure?

\_\_\_\_\_ **Yes** \_\_\_\_\_  
\_\_\_\_\_