

## **Attachment 3**

to Operational Factors Group Chairman's Factual Report

**ERA12MA122**

**FAA FORM 8020**

# FAA ACCIDENT / INCIDENT REPORT

1. ACCIDENT  INCIDENT

3. DATE OF EVENT        
 MO DA YR

4. FAA OFFICE      
 REGION OFFICE NUMBER

5. NTSB ID

6. LOCATION-CITY/STATE/ZIP  
 ST. AUGUSTINE, FL 32095

7. OPERATOR NAME      
 FOUR LETTER IDENTIFIER

8. AIRPORT (IF APPLICABLE) 3- OR 4- LETTER ID

9. LOCAL TIME 24- HOUR CLOCK

10A. LATITUDE

10B. LONGITUDE

11. AIRCRAFT DAMAGE 12. COLLISION - BETWEEN TWO AIRCRAFT

<input type="checkbox"/> NONE	YES <input type="checkbox"/>	AIR <input type="checkbox"/>
<input type="checkbox"/> MINOR	NO <input checked="" type="checkbox"/>	GROUND <input type="checkbox"/>
<input checked="" type="checkbox"/> SUBSTANTIAL	REGISTRATION NUMBER SECOND AIRCRAFT	
<input type="checkbox"/> DESTROYED		

2. AMENDED DATE MO   DA   YR

13. AIRCRAFT  
 REGISTRATION N109SK  
 MAKE/MODEL AGUSTA 109A  
 SERIAL NO. 7130  
 YEAR OF MANUFACTURE

14. FAR PART NUMBER

<input type="checkbox"/> 91	<input type="checkbox"/> 131
<input type="checkbox"/> 103	<input checked="" type="checkbox"/> 135 ON DEMAND
<input type="checkbox"/> 105	<input type="checkbox"/> 135 COMMUTER
<input type="checkbox"/> 121	<input type="checkbox"/> 137
<input type="checkbox"/> 125	
<input type="checkbox"/> 129	

15. TYPE OF AIRCRAFT

<input type="checkbox"/> AIRPLANE
<input checked="" type="checkbox"/> HELICOPTER
<input type="checkbox"/> GLIDER
<input type="checkbox"/> BALLOON
<input type="checkbox"/> DIRIGIBLE
<input type="checkbox"/> GYROPLANE
<input type="checkbox"/> HOME BUILT / AMATEUR / EXP.
<input type="checkbox"/> ULTRALIGHT

16. POWER PLANT MAKE/MODEL/SERIES (IF APPLICABLE)

17. PROPELLER MAKE/MODEL/SERIES (IF APPLICABLE)

18. BIOHAZARD AREA YES  NO

19. TYPE OF LANDING GEAR

<input checked="" type="checkbox"/> CONVENTIONAL	<input type="checkbox"/> SKIS
<input type="checkbox"/> TRICYCLE	<input type="checkbox"/> AMPHIBIOUS
<input type="checkbox"/> FLOATS	

20. INJURY SUMMARY UNKNOWN

	FLT. CREW	CABIN CREW	PASSENGERS	OTHER	TOTAL
NONE	1		2		3
MINOR					
SERIOUS					
FATAL					
TOTAL	1		2		3

21. FACTORS - IDENTIFY PRIMARY FACTOR AS A. IDENTIFY SECONDARY FACTORS, IF ANY, AS X.  
 CHECKING OF FACTORS IS THE OPINION OF THE INVESTIGATOR-INSPECTOR BASED ON THE INVESTIGATION.

21A. TECHNICAL FACTORS		21B. OPERATIONAL FACTORS		22. TYPE OF OPERATIONS	
<input type="checkbox"/> GEAR COLLAPSE	<input type="checkbox"/> FIRE AFTER LANDING	<input type="checkbox"/> FUEL DEPLETION	<input type="checkbox"/> SABOTAGE	<input checked="" type="checkbox"/> PERSONAL	
<input type="checkbox"/> GEAR UP LANDING	<input type="checkbox"/> SYSTEM FAILURE	<input checked="" type="checkbox"/> PILOT INDUCED	<input type="checkbox"/> PILOT INCAPACITATED	<input checked="" type="checkbox"/> COMMERCIAL	
<input type="checkbox"/> FIRE OR EXPLOSION	<input type="checkbox"/> COMPONENT FAILURE	<input type="checkbox"/> GROUND CREW	<input type="checkbox"/> PILOT INCP. ALCOHOL	<input type="checkbox"/> CARGO	
<input type="checkbox"/> FUEL CONTAMINATION	<input type="checkbox"/> LOST POWER	<input type="checkbox"/> OTHER THAN PILOT	<input type="checkbox"/> DOWNWIND TAKEOFF	<input type="checkbox"/> INSTRUCTION	
<input type="checkbox"/> BLADE/ROTOR FAILURE	<input type="checkbox"/> FOD	<input type="checkbox"/> PARACHUTE INCIDENT	<input type="checkbox"/> CARBURETOR ICE	<input type="checkbox"/> CORPORATE	
<input type="checkbox"/> DESIGN OF AIRCRAFT	<input type="checkbox"/> AUTO/IMPROPER FUEL	<input type="checkbox"/> OVER GROSS WEIGHT	<input checked="" type="checkbox"/> HIT KNOWN OBJECT	<input type="checkbox"/> FERRY	
<input type="checkbox"/> METAL FATIGUE	<input type="checkbox"/> CORROSION	<input type="checkbox"/> CG OUT OF LIMITS	<input type="checkbox"/> EMERGENCY LANDING	<input type="checkbox"/> AERIAL APPLICATION	
<input type="checkbox"/> IMPROPER MAINTENANCE	<input type="checkbox"/> INFLIGHT FIRE	<input type="checkbox"/> STRUCK ANIMAL	<input type="checkbox"/> HARD LANDING	<input type="checkbox"/> AMBULANCE	
<input type="checkbox"/> IMPROPER INSTALLATION	<input type="checkbox"/> SMOKE/FUMES	<input type="checkbox"/> BIRD STRIKE	<input type="checkbox"/> OVERSHOT RUNWAY	<input type="checkbox"/> FIREFIGHTING	
<input type="checkbox"/> AD NON-COMPLIANCE	<input type="checkbox"/> INFLIGHT BREAKUP	<input type="checkbox"/> PAX DISTURBANCE	<input type="checkbox"/> UNDERSHOT RUNWAY	<input type="checkbox"/> BANNER TOW	
<input type="checkbox"/> DECOMPRESSION	<input type="checkbox"/> IMPROPER PART	<input type="checkbox"/> STOLEN AIRCRAFT	<input type="checkbox"/> LOSS OF CONTROL	<input type="checkbox"/> AIR SHOW	
21F. ATA CODE	<input type="checkbox"/> OTHER	<input type="checkbox"/> HIJACK	<input type="checkbox"/> STALL/SPIN	<input type="checkbox"/> SIGHTSEEING	
21C. PART NAME	21D. MANUFACTURER	21E. PART NUMBER	<input type="checkbox"/> MISMANAGED GEAR	<input type="checkbox"/> SKYDIVING	
23. WX. BRIEFING SOURCE	24. PRECIPITATION		<input type="checkbox"/> MISMANAGED CONTROLS	<input type="checkbox"/> FAR 141 PILOT SCHOOL	
<input type="checkbox"/> NOT APPLICABLE/NOT AVAILABLE	<input type="checkbox"/> NOT APPLICABLE/NOT AVAILABLE		<input type="checkbox"/> ABORTED TAKEOFF	<input type="checkbox"/> MILITARY	
<input type="checkbox"/> NATIONAL WEATHER SERVICE	<input type="checkbox"/> RAIN		<input type="checkbox"/> AIRFRAME ICE/FROST	<input type="checkbox"/> FOREIGN	
<input type="checkbox"/> FLIGHT SERVICE STATION	<input type="checkbox"/> HAIL		<input type="checkbox"/> WAKE TURBULENCE	<input type="checkbox"/> PUBLIC USE	
<input type="checkbox"/> PATWAS	<input type="checkbox"/> SLEET		<input type="checkbox"/> WEATHER	<input type="checkbox"/> OTHER	
<input type="checkbox"/> VOICE RESP. SYSTEM	<input type="checkbox"/> SNOW				
<input type="checkbox"/> COMPANY	<input type="checkbox"/> FREEZING DRIZZLE				
<input checked="" type="checkbox"/> COMMERCIAL WX. SERVICE	<input type="checkbox"/> FREEZING RAIN				
<input type="checkbox"/> TV/RADIO WEATHER	<input checked="" type="checkbox"/> DRIZZLE				
<input type="checkbox"/> MILITARY	<input type="checkbox"/> OTHER				
<input type="checkbox"/> COMPUTER BRIEFING					
25. WEATHER FACTORS			26. PHASE OF FLIGHT		
<input type="checkbox"/> NONE / NOT APPLICABLE	<input type="checkbox"/> THUNDERSTORM		<input type="checkbox"/> GROUND	<input type="checkbox"/> CRUISE	<input type="checkbox"/> MANEUVER
<input type="checkbox"/> HAZE	<input type="checkbox"/> CROSSWIND		<input checked="" type="checkbox"/> TAXI	<input type="checkbox"/> DESCENT	<input type="checkbox"/> HOVER
<input type="checkbox"/> DUST	<input type="checkbox"/> TURBULENCE/WINDSTORM		<input type="checkbox"/> TAKEOFF	<input type="checkbox"/> APPROACH	<input type="checkbox"/> OTHER
<input type="checkbox"/> SMOKE	<input type="checkbox"/> DENSITY ALTITUDE		<input type="checkbox"/> CLIMB	<input type="checkbox"/> LANDING	
<input checked="" type="checkbox"/> FOG	<input type="checkbox"/> LIGHTNING STRIKE				
<input type="checkbox"/> BLOWING DUST	<input type="checkbox"/> BLOWING SNOW				
<input type="checkbox"/> BLOWING SMOKE	<input type="checkbox"/> WHITE OUT				
<input type="checkbox"/> ICING CONDITIONS	<input type="checkbox"/> WIND SHEAR				
<input type="checkbox"/> GUSTY WINDS	<input type="checkbox"/> OTHER				
			27. ACTUAL WEATHER		
			IMC <input type="checkbox"/> VMC <input checked="" type="checkbox"/> NOT AVAILABLE <input type="checkbox"/>		
			28. RUNWAY CONDITIONS	NOT APPLICABLE <input type="checkbox"/>	
			<input type="checkbox"/> DRY	<input type="checkbox"/> SNOW	
			<input checked="" type="checkbox"/> WET	<input type="checkbox"/> SLUSH	
			<input type="checkbox"/> ICE	<input type="checkbox"/> STANDING WATER	

<b>29. GENERAL AVIATION ACCIDENTS ONLY</b>			<b>EVACUATION OVERVIEW</b> <small>(AIR CARRIER ONLY)</small>			
DID PILOT ATTEND SAFETY SEMINAR OR CLINIC WITHIN PAST 3 YEARS?			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
DID PILOT PARTICIPATE IN WINGS PROGRAM WITHIN PAST 3 YEARS?			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
DID PILOT ATTEND ANY OTHER RECURRENT TRAINING WITHIN THE PAST 3 YEARS?			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
30. EVACUATION INITIATED			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
30. EVACUATION INJURIES			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
<b>31. PILOT INFORMATION</b> NOT APPLICABLE <input type="checkbox"/>			<b>CERTIFICATE TYPE</b>		<b>SECOND PILOT</b>	
NAME: SMITH, ELIJAH HOKE			RECREATIONAL <input type="checkbox"/>			
DATE OF BIRTH: 06/10/43			STUDENT <input type="checkbox"/>		MO: DA: YR:	
DATE HIRED (AIR CARRIER ONLY):			PRIVATE <input type="checkbox"/>		MO: DA: YR:	
DOMICILE ZIP CODE: 32095			COMMERCIAL <input type="checkbox"/>			
HOURS MAKE AND MODEL: 1660			FLIGHT INST.:			
HOURS LAST 90 DAYS: 143			ATP <input checked="" type="checkbox"/>			
TOTAL HOURS: 10250			NON-PILOT <input type="checkbox"/>		MO: DA: YR:	
CERTIFICATE NO.:						
REGULATORY CHECK RIDE: 09/19/07						
32. CORRECTIVE ACTION(S) PLANNED OR INITIATED			NONE <input type="checkbox"/>	44709 REXAM <input checked="" type="checkbox"/>	EIR <input type="checkbox"/>	SDR <input type="checkbox"/>
			COUNSELING <input type="checkbox"/>	M or D <input type="checkbox"/>	OTHER <input type="checkbox"/>	
33. NARRATIVE (ATTACH ADDITIONAL SHEETS AS NECESSARY) <small>(ONLY STATE THE FACTS THAT ARE CAUSAL TO THE ACCIDENT/INCIDENT)</small>						
<p>DURING TAXI IN AFTER A PART 135 ORGAN DELIVERY FLIGHT THE TAIL ROTOR STRUCK A ROW OF LOW BUSHES. THE TIPS SEPARATED FROM THE TAIL ROTOR AND PUNCTURED THE LEFT HORIZONTAL PLANE AND LEFT SIDE OF THE TAIL BOOM. STRUCTURAL DAMAGE WAS CAUSED TO THE INTERIOR OF THE TAIL BOOM BY THE DEPARTED TIPS. THREE TAIL BOOM FRAMES AND TWO STRINGERS WERE DAMAGED.</p>						
<b>CONDUCT OF INVESTIGATION</b>						
34. NTSB PARTICIPATION ON-SCENE <input type="checkbox"/> LIMITED <input checked="" type="checkbox"/>			35. FAA PARTICIPATION ON-SCENE <input checked="" type="checkbox"/> NOT ON-SCENE <input type="checkbox"/> SCENE NOT ACCESSIBLE <input type="checkbox"/>			
36. FAA INITIAL NOTIFICATION		37. FSDO NOTIFICATION		38. FAA IIC ARRIVAL ON SCENE		
DATE AND LOCAL TIME: 01/09/08		DATE AND LOCAL TIME: 01/10/08		DATE AND LOCAL TIME: 01/11/08		
MO: DA: YR: 0800 24-HR CLOCK		MO: DA: YR: 0800 24-HR CLOCK		MO: DA: YR: 1030 24-HR CLOCK		
39. FAA HOURS USED FOR TOTAL INVESTIGATION: 14		40. TOTAL HOURS USED AT ACCIDENT SCENE: 4		41. TOTAL TRAVEL HOURS TO & FROM SCENE: 6		
<b>42. FAA NINE RESPONSIBILITIES</b> <small>IDENTIFICATION OF RESPONSIBILITIES IS THE INVESTIGATOR'S OPINION BASED ON HIS/HER INVESTIGATION</small>						
1. FAA FACILITIES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4. AIRMAN/AIR AGENCY COMPETENCE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7. SECURITY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
2. NON FAA FACILITIES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5. FAR CHANGE NEEDED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		8. AIRMAN MEDICAL QUALIF. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. AIRWORTHINESS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		6. AIRPORT CERTIFICATION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		9. FAR VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
43. BRIEF EXPLANATION OF ISSUES INVOLVED						
WHILE HOVER TAXIING THE AGUSTA HELICOPTER THE PILOT DID A PEDAL TURN CAUSING THE TAIL ROTOR TO STRICK A LOW ROW OF BUSHES.						
DID THE INITIAL INVESTIGATION AND RECOMMENDED COUNSELING. IT WAS LATER CHANGED TO 44709 BY THE NORTH FLORIDA FSDO.						
44. FAA IIC NAME:		DATE: 06/06/2008		REGION: SOUTHERN		DISTRICT OFFICE: NORTH FLORIDA