

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**  
This Form To Be Used For Reporting Civil Aircraft Accidents  
Involving Commercial and General Aviation Aircraft

**Location**

Nearest City/Place, State, Zip Code: Meigs Nevada Date of Accident: 8-3-00 Local Time (24 HOUR CLOCK): 1900 Zone: Mountain Daylight Elevation At Accident Site: 5000 Feet MSL

If The Accident Occurred On Approach, Takeoff Or Within 3 Miles Of An Airport, Complete The Following Information

**Proximity To Airport:**

1.  On Airport      3.  Within 1/2 Mile      5.  Within 1 Mile      7.  Within 3 Miles  
2.  Within 1 4 Mile      4.  Within 3/4 Mile      6.  Within 2 Miles      8.  Beyond 3 Miles

Airport Name: \_\_\_\_\_ Airport Ident: \_\_\_\_\_ Runway/Landing Surface And Conditions:  
1. Direction: \_\_\_\_\_ 3. Width: \_\_\_\_\_  
2. Length: \_\_\_\_\_ 4. Surface: \_\_\_\_\_ 5. Condition: \_\_\_\_\_

**Phase Of Operation:**

1.  Standing      3.  Takeoff      5.  Cruise      7.  Approach      9.  Hover/Maneuver  
2.  Taxi      4.  Climb      6.  Descent      8.  Landing      10.  Altitude Of In-Flight Occurrence \_\_\_\_\_ Feet MSL

**Aircraft Information**

Registration Mark: 1C8601 Aircraft Manufacturer: Bell Aircraft Type/Model: 206L (C30P) Serial Number: \_\_\_\_\_ Cert Max Gross WT: 4100

Type Of Aircraft: 1.  Airplane      5.  Blimp/Dirigible      Type Of Airworthiness Certificate: 1.  Normal      5.  Restricted  
2.  Helicopter      6.  Ultralight      2.  Utility      6.  Limited  
3.  Glider      7.  Gyroplane      3.  Acrobatic      7.  Experimental  
4.  Balloon      8. Specify \_\_\_\_\_      4.  Transport      8. Specify \_\_\_\_\_

Landing Gear: 1.  Tricycle—Fixed      4.  Tailwheel—Retractable      7.  Skid  
2.  Tricycle—Retractable      5.  Tailwheel—Retractable Mains      8.  Ski/Wheel  
3.  Tailwheel—Fixed      6.  Amphibian      9. Specify \_\_\_\_\_

No. Of Seats: Flight/Cabin \_\_\_\_\_ Crew 2 Pax 5

Stall Warning System Installed: 1.  Yes      2.  No      IFR Equipped: 1.  Yes      2.  No      Engine Type: 1.  Reciprocating—Carburetor      3.  Turbo Prop      5.  Turbo Fan  
2.  Reciprocating—Fuel Injected      4.  Turbo Jet      6.  Turbo Shaft

Engine Manufacturer: Moisun Engine Model/Series: C30P Engine Rated Power: 1. \_\_\_\_\_ Horsepower      2. \_\_\_\_\_ Lbs. Thrust      Type Of Fire Extinguishing System Used: 1.  None      2. Specify \_\_\_\_\_

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1			Hours	Hours	Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program: 1.  Annual      2.  Manufacturer's Inspection Program      3.  Other Approved Inspection Program (AAIP)      4.  Continuous Airworthiness      5. Specify \_\_\_\_\_  
Type Of Last Inspection: 1.  Annual      2.  100 Hour      3.  AAIP      4.  Continuous Airworthiness  
Date Last Inspection Performed: 50h Approx July 30 00 (M/D/Y)      Time Since Last Inspection \_\_\_\_\_ Hours      Airframe Total Time \_\_\_\_\_ Hours

Emergency Locator Transmitter (ELT): ELT Manufacturer: \_\_\_\_\_ Model/Series: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Battery Date (M/D/Y): \_\_\_\_\_  
Switch: 1.  On      2.  Off      3.  Armed      Operated: 1.  Yes      2.  No      Aided in Accident Location: 1.  Yes      2.  No

Registered Aircraft Owner: Regent Helicopters Inc Address: PO Box 4  
Clavis CA 93615

Operator Of Aircraft: 1.  Same As Registered Owner      2. Name \_\_\_\_\_      3. DBS: \_\_\_\_\_      Address: 1.  Same As Registered Owner      2. \_\_\_\_\_

**Owner/Operator Information (cont.)**

Operator (Certificate Number) \_\_\_\_\_ Operator Designator (4 Letter Designator) \_\_\_\_\_

**Purpose Of Flight And Type Of Operation**

**Regulation Flight Conductor Under**  
 1.  FAR 91 (only)    4.  FAR 121    7.  FAR 133  
 2.  FAR 91D    5.  FAR 125    8.  FAR 135  
 3.  FAR 103    6.  FAR 129    9.  FAR 137

**Operator Authority**  
**FAR 121**  
 1.  Domestic  
 2.  Flag  
 3.  Supplemental  
**FAR 135**  
 4.  On Demand  
 5.  Commuter

**FAR 133**  
 6.  Rotorcraft  
     External Load  
**FAR 125**  
 7.  Large Aircraft  
**FAR 129**  
 8.  Foreign

**FAR 121, 125, 127, 129, 135 Revenue Operations**  
 1.  Scheduled  
 2.  Non Scheduled  
 3.  Domestic  
 4.  International  
 5.  Passenger  
 6.  Cargo  
 7. Specify \_\_\_\_\_

**Purpose Of Flight**  
 1.  Personal    6.  Aerial Observation  
 2.  Business    7.  Other Work Use  
 3.  Instructional    8.  Public Use  
 4.  Executive/Corporate    9.  Ferry  
 5.  Aerial Application    10.  Positioning

**Pilot Information**

Pilot Name KENNETH R. CARLTON    Pilot Certificate No. \_\_\_\_\_    Address St. George UT 84770    Nationality USA

**Certificate(s)**  
 1.  Student    2.  Private    3.  Commercial    4.  Airline Transport  
 5.  Flight Instructor    6.  Flight Engineer    7.  Military    8.  Foreign    9.  None    10. Specify \_\_\_\_\_

**Rating(s)**  
 1.  None    2.  Single Engine Land    3.  Single Engine Sea    4.  Multiengine Land    5.  Multiengine Sea  
 6.  Helicopter    7.  Glider    8.  Free Balloon    9.  Airship    10.  Gyroplane

**Instrument Rating(s)**  
 1.  None    2.  Airplane    3.  Helicopter

**Instructor Rating(s)**  
 1.  None    2.  Airplane S.E.    3.  Airplane M.E.    4.  Helicopter    5.  Glider  
 6.  Instrument Airplane    7.  Instrument Helicopter    8.  Ground Instructor    9. Specify \_\_\_\_\_

**Type Ratings/Student Endorsements**    **Date Of Biennial Flight Review Or Equivalent (M/D/Y)** 135 check 3/10/00    **BFR Aircraft**  
 1. Make Bell 206-B3  
 2. Model \_\_\_\_\_

**Medical Certificate**  
 1.  None    2.  Class 1    3.  Class 2    4.  Class 3

**Date Of Last Medical (M/D/Y)** 12-1-99

**Limitations** WASERS GLASSES FOR REAR VISION

**Waivers** \_\_\_\_\_

**Date Of Birth (M/D/Y)** \_\_\_\_\_

**Degree Of Injury**  
 1.  None    2.  Minor    3.  Serious    4.  Fatal

**Seat Occupied**  
 1.  Left    2.  Right    3.  Center    4.  Front    5.  Rear

**Person At Controls At Time Of Accident**  
 1.  Pilot In Command    2.  Second Pilot    3.  Both Pilots    4.  Non-Pilot    5.  No One

**Seat Belt Available**  
 1.  Yes    2.  No

**Seat Belt Used**  
 1.  Yes    2.  No

**Shoulder Harness Available**  
 1.  Yes    2.  No

**Shoulder Harness Used**  
 1.  Yes    2.  No

**Source Of Pilot Flight Time Information**  
 1.  Pilot Logbook    2.  Operators Estimate    3.  FAA Records    4.  Company    5. Specify \_\_\_\_\_

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument				Lighter Than Air
						Actual	Simulated	Rotorcraft	Glider	
Total Time	9853.6	1600	1442	—	2500	75	115	7109.4		
Pilot In Command (PIC)	9500	1600	1100.2	—	2500	75	115	6800		
Instructor										
This Make/Model										
Last 90 Days	152.3	152.3	6	—	3	0	0	152.3		
Last 30 Days	90.3	90.3	—	—	—	—	—	—		
Last 24 Hours	3.8	3.8	—	—	—	—	—	—		

**Second Pilot Responsibilities At The Time Of Accident**  
 1.  Co-Pilot    2.  Dual Student    3.  Safety Pilot    4.  Check Pilot    5.  None (Pilot-Rated Passenger)

**Pilot Name** \_\_\_\_\_ **Pilot Certificate No.** \_\_\_\_\_ **Address** \_\_\_\_\_ **Nationality** \_\_\_\_\_

**Certificate(s)**  
 1.  Student    2.  Private    3.  Commercial    4.  Airline Transport  
 5.  Flight Instructor    6.  Flight Engineer    7.  Military    8.  Foreign    9. None \_\_\_\_\_    10. Specify \_\_\_\_\_

**SECOND PILOT INFORMATION (cont.)**

<b>Rating(s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea		6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane		<b>Instrument Rating(s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		<b>Instructor Rating(s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider		6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. Specify _____	
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<b>Type Ratings/Student Endorsements</b>		<b>Date Of Biennial Flight Review Or Equivalent (M/D/Y)</b>		<b>BFR Aircraft</b> 1. Make _____ 2. Model _____	
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<b>Medical Certificate</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3		<b>Date Of Last Medical (M/D/Y)</b>		<b>Limitations</b> Waivers		<b>Date Of Birth</b>	
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<b>Degree Of Injury</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		<b>Seat Occupied</b> 1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear			<b>Seat Belt Available</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
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<b>Seat Belt Used</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Source Of Pilot Flight Time Information</b> 1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. Specify _____			
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Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot In Command (PIC)										
Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Name	Seat	Address (City & State)	Crew	Passenger		Non-Occupant	FAA	Degree Of Injury				
				Non-Revenue	Revenue			Fatal	Serious	Minor	None	
1.												
2.												
3.												
4.												
5.												
6.												

**Flight Itinerary Information**

<b>Last Departure Point</b> 1. Airport ID _____ 2. City/Place <u>Bulls Head</u> 3. State <u>NC</u>		<b>Time Of Departure</b> 1. Time <u>6:00</u> 2. Time Zone <u>EST</u>		<b>Destination</b> 1. Airport ID _____ 2. City/Place <u>San Jose</u> 3. State _____		<b>Flight Plan Filed</b> <u>of PMA</u> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> VFR 3. <input type="checkbox"/> IFR 4. <input type="checkbox"/> VFR/IFR 5. <input checked="" type="checkbox"/> Company (VFR) 6. <input type="checkbox"/> Military (VFR)	
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If Weather Was Involved, State If Weather Briefing Was Obtained Or If Weather Reports Were Checked And How It Was Accomplished  
*no weather was involved, weather reports were checked and were satisfactory.*

<b>Fuel On Board At Last Takeoff</b> _____ Gallons or <u>350</u> Pounds		<b>Fuel Type</b> 1. <input type="checkbox"/> 80/87 2. <input type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input checked="" type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive 7. Specify _____	
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Other Services, If Any, Prior To Departure  
*None*

**Weather Information At The Accident Site**

<b>Source Of Weather Information (Pilot/Operator, Weather Observation)</b> <u>1/65</u>		<b>Light Condition</b> 1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night			<b>Visibility</b> <u>5.0</u> Miles		<b>Temp (°F)</b> <u>80</u>	
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**Weather Information At The Accident Site (cont.)**

Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition			
		1. <input type="checkbox"/> Clear	4. <input type="checkbox"/> Overcast _____ Feet AGL		
Wind Information		Restriction To Visibility <i>None</i>	Type Precipitation <i>None</i>	Intensity Of Precipitation	
1. Direction <i>270</i>	2. Velocity <i>57</i> KTS			3. <input type="checkbox"/> Heavy	4. Specify _____
3. Gusts _____ KTS		6. <input type="checkbox"/> Obscured			

**Turbulence (Multiple entry)**  
 1.  None    2.  Light    3.  Moderate    4.  Severe    5.  Extreme    6.  Clear Air    7.  In Clouds

**Damage To Aircraft And Other Property**

Degree Of Aircraft Damage	Fire
1. <input type="checkbox"/> None    2. <input type="checkbox"/> Minor    3. <input type="checkbox"/> Substantial    4. <input checked="" type="checkbox"/> Destroyed	1. <input type="checkbox"/> Yes    2. <input checked="" type="checkbox"/> No    3. <input type="checkbox"/> In-Flight    4. <input type="checkbox"/> On Ground

Description Of Damage To Aircraft And Other Property  
*None visible & must have been from A/C and been beat  
 A/C complete wreckage*

**Mechanical Malfunction Failure**

1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes    List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure  <i>Unknown</i>	Total Time	
	On Part _____ Hours	At Overhaul _____ Hours

**Collision Accident**  
 If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage
			1. <input type="checkbox"/> Destroyed    2. <input type="checkbox"/> Substantial    3. <input type="checkbox"/> Minor    4. <input type="checkbox"/> None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

**Evacuation Of Aircraft**

**Assistance Received**

1. <input checked="" type="checkbox"/> Outside Person(s)	3. <input type="checkbox"/> Slide	5. <input type="checkbox"/> Ladder
2. <input type="checkbox"/> Auxiliary Lighting	4. <input type="checkbox"/> Rope	6. <input type="checkbox"/> Specify _____

**Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)**  
 1. Main Door *✓*    2. Auxiliary Door \_\_\_\_\_    3. Emergency Exit \_\_\_\_\_

**Recommendation (How Could This Accident Have Been Prevented)**

Operator/Owner Safety Recommendation (Optional Entry)

**Additional Flight Crew Members**

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information:

Name	FAA Certificate No.	Address	Title
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Certificate(s)  
1.  Student      3.  Commercial      5.  Flight Instructor      7.  Foreign  
2.  Private      4.  Airline Transport      6.  Flight Engineer      8. Specify \_\_\_\_\_

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Name	FAA Certificate No.	Address	Title
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Certificate(s)  
1.  Student      3.  Commercial      5.  Flight Instructor      7.  Foreign  
2.  Private      4.  Airline Transport      6.  Flight Engineer      8. Specify \_\_\_\_\_

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Name	FAA Certificate No.	Address	Title
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Certificate(s)  
1.  Student      3.  Commercial      5.  Flight Instructor      7.  Foreign  
2.  Private      4.  Airline Transport      6.  Flight Engineer      8. Specify \_\_\_\_\_

Ratings/Endorsements	Total Flight Time	Flight Time This Aircraft
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Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain And Include A Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If More Space Is Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

While working on a BLH contract flying a Bell UH-1H  
 2062 CSOP I crashed on take off on 8-3-00 at 1900 hrs.  
 The aircraft was totaled and one passenger, Phil Lopez, was  
 killed in the crash. The crash occurred when I picked up to  
 a hover, just before rising over the take off while at  
 approx 3 feet in altitude the helicopter did a violent  
 snap roll to the right. It rolled 360° and came to  
 rest on the skirts pointing in the same direction I was  
 pointed in just prior to take off. The engine was still  
 running after the accident, which lasted only 1 or 2 seconds.  
 The roll happen so fast I don't remember putting in any  
 corrective control movement. I was severe weight  
 pounds standard gross weight and had completed a  
 U.S. Pilot Fed for the same flight that morning.  
 The roll to the right was well out in part to control's  
 on my command of RF.

Jim Curt

Date Of This Report 8-11-00		Signature Of Pilot/Operator 	
Signature Of Person Filing Report Other Than Pilot/Operator			
1. Signature _____			
2. Type Or Print Name _____			
3. Title _____			
NTSB Accident No. 8-11-00-238	Reviewed By NTSB Office Located At Cincinnati, OH	Name Of Investigator H. [Signature]	Date Report Received 8/11/00