## 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

Nearest City/Place, State, Zip Code Date				Date of	f Accident		Local Time Zon		Zone	Elevation At Accident	
PORTLAND MAINE 04102			11	119/9	2	24 HOUR 202	CLOCK)			Feet MSL Feet MSL	
If The Accident Occ									Information		
Proximity To Airpo				_							
1. On Airport			3. Within 1/2 Mi	ile		5. Within 1 Mile 7. Within 3 Miles					
2. Within 1/4 Mile	9		4. Within 3/4 Mi	ile		6. Within	2 Miles		8. ☑ Be	yond 3 Mi	les approx 7½mi
Airport Name Airport Ident					Runway/Landing Surface And Conditions:						
PWM Portland INT. JETPORT PWM			1	1. Dire 2. Leng		3. Widt 4. Surfa		5. C	ondition:		
Phase Of Operation	1;										
1. ☐ Standing	3. 🔲	Takeoff	5. Cruise		7. ☑ Approach 9. ☐ Hover/Maneuver						
2. Taxi	4. 🗌	Climb	6. Desce	nt	8. 🔲 L	anding	10.	Altitude	Of In-Flight	Occurrent	ce 1800 Feet MSL
	and committees of the party of the latest				Para transfer		124 4 4 10 10 10 10 10 10 10 10 10 10 10 10 10				
Registration Mark			Manufacturer		l	Type/Model		1	al Number		Cert Max Gross W
NAILME		[	SELL		20	6 L-1		4	5553		4150#
Type Of Aircraft			Dilas District			Airworthines	s Certific				Amateur Built
1. ☐ Airplane 2. ☑ Helicopter			] Blimp/Dirigible ] Ultralight		1. <b>⊠</b> No 2. ☐ Uti			5. ☐ Res 6. ☐ Lim			1. ☐ Yes
3. Glider		7.	Gyroplane		3. 🗌 Ac	robatic		7. 🗌 Exp	erimental		2.⊠. No
4. Balloon		8. S	pecify		4. 🗌 Tra	snsport		8. Specify	/		
Landing Gear  1. ☐ Tricycle—Fixed  4. ☐ Tailwheel—Retractable  7. ☒ Skid									No. Of Seats		
2. Tricycle—Retr			5. Tailwheel								Flight/Cabin Crew 3
3. Tailwheel—Fix	ked		6. Amphibia		9. Specify Pax _}						
Stall Warning Syste	m		IFR Equipped	Eng	ine Type						
Installed N/A			1. ☐ Yes	1. [	Recipro	cating—Carb	uretor	3. 🗆	Turbo Pro		5. 🔲 Turbo Fan
2. No		_	2.  No		Reciprocating—Fuel Injected 4. ☐ Turbo Jet 6. 🔀 Turbo Shar						6. 🔀 Turbo Shaft
Engine Manufacture	er		Engine Model/Ser	ies		Engine Rate	d Power			Fire Extin	guishing
Allison			A 250 C 28			1. 520 Horsepower		ver	System 1. ☑ No		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							s. Thrust		2. Spec		
Engine(s)	Date of	Mfg.	Mfg. Serial No.	To	otal Time	L	Time S	Since Inspec	tion	Time Sir	nce Overhaul
Engine No. 1	-					Hours	•		Hours	ļ	Hour
Engine No. 2				-		Hours			Hours		Hour
Engine No. 3 Engine No. 4						Hours			Hours	+	Hour
Type Of Maintenance	e Progra	m			Tvn	Hours e Of Last Insp			Hours		Hours
1. Annual					1.	Annual			_		(M/D/Y)
2. ☐ Manufacturer' 3. ☑ Other Approve						] 100 Hour   AAIP			т	ime Since	Last Inspection Hours
4. Continuous Ai			ram (roch /			Continuous	Airwort	hiness'	Ā	irframe To	
5. Specify Emergency	ELT	Manufact		Т	Madal/Ca			Carlat Norm	·		Hours
Locator Transmitter		B-10Z			Model/Se	10 Z	Serial Number				tery Date (D/Y)
(ELT)	Swi	tch On 2.	☐ Off 3. 🗹 Arm	ed		erated Yes 2.	No.		ided in Acc		tion
Registered Aircraft Owner					dress 100						
AIRMED SEYCARE INC.					-	Pertland Me 04102					
Operator Of Aircraft					Add	dress					
1. Same As Regis	stered Ov				1. ☑	Same As Re	-				
2. Name	TWC				2						
					-						

Comerce control from the							Control of the contro	4771227			
Operator (Certificate Numb	Operator (Certificate Number) Operator Designator (4 Letter Designator)										
Purpose Of Flight And Ty	pe Of Oper	ation									
					Operator Authority FAR 121 SAR 121 Scheduled Commuter  FAR 135 FAR 129 FAR 125 FAR 121, 125, 127, 129, 138 Fevenue Operations  1. □ Scheduled FAR 135 FAR 121, 125, 127, 129, 138 FAR 121, 125, 127 FAR 125						
Rating(s)  1. None  2. Single Engine Land  3. Single Engine Sea  4. Multiengine Sea  Type Ratings/Student Endorsements    Material Student   Mater						t Helicopter structor					
Medical Certificate Date Of Last Medical					Limitations Date Of Birth (M/D/Y)						
1 None 3 of Class 3 (M/D/Y)				<u> </u>	Possession of Corrective Lenses . 44						
2. Class 1 4.	Class 3	6/	1/93	Waivers							
Degree Of Injury					Person At Controls At Time Of Accident  1.						
Seat Belt	Shoulder	Harness	Should	ler Harness		Source	Of Pilot Fligh	t Time Info	rmation		
Used	Available		Used				ot Logbook		4. Compa		
1. [v Yes   2.	1. ☑ Yes 2. ☐ No		1.☑ Y 2.□ N				erators Esti A Records	mate	5. Specify		
		This Make	Airplane	Airplane		<del></del>	ment			Lighter	
Flight Time	All A/C	& Model	Single Engine	Multiengine	Night	Actual	Simulated	Rotorcraft		Than Air	
Total Time	8221	3640	845	321	1218	295	100	7026	29		
Pilot In Command (PIC)	8104	36 20	805	300	1200	245	100	6975	29		
Instructor This Make/Model		200			200			200			
Last 90 Days	85	85			380 22			85			
Last 30 Days	21	21			7			21			
Last 24 Hours	3.6	3.6			2.1	0.8		3.6			
Second Pilot Information	产产的			Light.			<b>计科学</b>	201 1112	rê ir hi i i f	<b>编</b> 提出。	
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 Co	ertificate No.		Address _				Nations	lity	
										-	
Certificate(s)											
1. Student	_	nmercial		Flight Instruc		Military		. None			
2. Private 4. Airline Transport 6. Flight Engineer 8. Foreign 10. Specify											

SECOND PLOT INFORMA	ATION (cont									1				i', el in	100	
Rating(s)			Table Town Control		Instru						ructor Ratin					
_			Helicopter			1. ☐ None   1. ☐ None				6. Instrument Airplane						
2. Single Engine Land 7. Glid			der		2. 🗆 /						] Airplane S	S.E. 7. Instrument Helicopter				
3. Single Engine Sea		8. 🗍 Fre		oon	3. □ 1	delic	opter	r			] Airplane N			☐ Grou		
4. Multiengine Land		9. 🗌 Airs									Helicopte	r	9. 9	Specify		
5. Multiengine Sea		10. ☐ Gyı	ropla	ne	<b>_</b>						Glider					
Type Ratings/Student End	lorsements							l Flight	Review	,		BFI	R Aircr	aft		
					Or Equ	uivale	ent (f	M/D/Y)				1. 1	Make			
												١,,	Model			
		la . a			+							2.	VIOU <del>O</del> I			
Medical Certificate		Date Of Last (M/D/Y)	t Med	icai	Limita	tion	5						- 1	Date Of	Birth	
1. ☐ None 3. ☐	Class 2	(MI/D/T)														
2. ☐ Class 1 4. ☐	Class 3				Waive	rs										
Degree Of Injury		.1	6	t Occup	<u>-</u>								$\neg$	See	Relt	Available
	3. Seriou	ıs		Left		3	. 🗆 (	Center			5. Rear		- 1		Yes	- Vallabio
	4. ☐ Fatal	-		Right				Front						2.		
			L_													
Seat Belt	Shoulder H	larness			ior Harne	<b>3</b> 5					Xf Pilot Fligh	t Tim				
Used	Available			Used					1.	Pik	ot Logbook			4. 🗆 Co		
1. Yes	1. Yes			1. U Y							erators Esti	mate		5. Spec	ify _	
2. □ No	2.			2. 🗆 N	10				3.∟	J FA	A Records					
		This Make	Air	plane	Airplan				In	stru	ment					Lighter
Flight Time	All A/C				Multieng		Ni	ight	Actu		Simulated	Roto	rcraft	Glid	er	Than Air
Total Time										$\dashv$						
Pilot In Command (PIC)		<del>                                     </del>				$\dashv$				$\dashv$						
Instructor								-		$\dashv$		_		-	_	
										-+						
This Make/Model										-+						
Last 90 Days						$\rightarrow$				-		ļ				
Last 30 Days						_				$\rightarrow$					$\rightarrow$	
Last 24 Hours												l		ļ		
Other Personnel		т —				_					Т					•••
							- 1	Non-	senger					De	gree	OfInjury
Name	Seat	Addre	ss (Cit	y & Stat	e)	Cre	w l	Non- Revenu	e Reve	nue	Non- Occupa		FAA	Fatal 9	Serious	Minor None
1.				7			1		1		-			1		
2.									-		<b>†</b>			<b>†</b>		
3.						<del> </del>	$\neg$		+-							
4.		<del>                                     </del>				<del>                                     </del>	-+		+		1			<del>                                     </del>		
5.		<del>                                     </del>				$\vdash$	$\dashv$		+-		+			<del> </del>		
<u> </u>		<del></del>				-	$\dashv$		+		<del>                                     </del>			<del> </del>		
6.			CHEST OF STREET					-								
Flight Itinerary Informa	tuon				A SEASON SAMES S.		9 H-5-2-H-12 H					la dina		Sept.	12.	74. F
Last Departure Point	1	Time Of De	partu	re	De	stina	tion	D			Flight P		iled			
1. Airport ID PWM		1. Time	803		— [1. ·	Airpo	ort ID	PWN	<u> </u>		_  1.□ N			_	, VFR	
2. City/Place Pentiano 3. State Maine	—— I	2. Time Zor	+·	4 (R)	2.	City/F	Place	Portle ME	cuner .		_  2.			_		pany (VFR)
	1					State					3.					ary (VFR)
If Weather Was Involved, State If Weather Briefing Was Obtained Or If Weather Reports Were Checked And How It Was Accomplished																
METLIGHT WX OBTAINED .	form Bange	pr FSS														
Fuel On Board At Last Take	off		П	Fuel Typ	•											
Gallons 1. 80/87 4. 115/145 7. Specify																
2. □ 100 Low Lead 5. ☑ Jet A																
Other Services, If Any, Prior To Departure																
Worther Thomas of Arthur Color Stell Britain Britain Francisco Fra																
Souce Of Weather Informer	The second secon	THE PROPERTY OF THE PARTY OF TH	l int	nt Condi	racomselici Hon	RESERVE AND ADDRESS OF THE PERSON AND ADDRES	281227	11年 日本日本		redikê ê ê	<b>区分别是工作技术指導及</b>	Visit	ente de Secolo	DESCRIPTION OF THE PERSON OF T	TO THE PARTY	markatari - /oci
(Pilot/Operator, Weather (		ı)	Ligi	Jonal	aon						ļ		•		Tem	P( F)
4v6+ 4-RF		•	1.	Dawn	3	. 🗆 (	Dusk		5.	√ D	ark Night	3-	<u>\$</u> м	liles	4	2
				Daylig		_										
İ			14.		յու 4	· L. I	ույկՈ	t Night			I				l	

Pleather informet	ion At The A	ocid.	ent Site (cont.)					100			in the state of th	
Dew Point	Altimeter		Sky/Lowest Clou	ud Conditi	on							
,	Setting	ļ	1. Clear 4. Overcast Feet AGL									
(°F)	"	Hg	2. Scattered_	F	eet AGL		5. [	5. Partial Obscuration				
Wind Information	L	$\dashv$	3. Broken	Feet	AGL		6. [	Obsci	urred			
1. Direction		_	Restriction To Vis	ibility		Type Prec	ipitation		y Of Precip			
2. Velocity	_ KTS	[				1		1. 🗀 Lie	ght oderate		Heavy pecify	
3. Gusts								2			<del></del>	
Turbulence (Multi 1. ☐ None 2	ple entry) . ☐ Light	3.	☐ Moderate	4. 🗍 Sev	ere 5. 「	Extreme	6. □	Clear Ai	r 7. [	In Clouds		
Damage To Aircre	TANK TO BE TO SERVICE A STATE OF THE SERVICE AS A STATE OF THE SERVICE			5.11.22.110		7.1						
Degree Of Aircraft		تردادك		ERENIERIMORRE				Fire				
1. None	2. Minor		3. Substantia	I 4. 27 D	estroyed				Yes	_	In-Flight On Ground	
								2. [V]		<b>4.</b> ⊔		
Description Of Da	mage To Air	craft	And Other Propert	ty								
						`						
Michanica Mailt	nction Failur						16. 11.			71.10	( <b>(4</b> )	
1. 🗌 No							<u> </u>		Tot	el Time		
			Part, Manufacturer,	Part No., S	Serial No.			O- D			At Owner bound	
And	Describe The	raili	ire				Ì	On Part		ì '	At Overhaul	
								HoursHours			Hours	
							1					
Collision Accident	<u> </u>											
If Collison Accide	nt Occurred,	Com	plete The Informat	ion For O	ther Aircraft							
Registration mark		Airc	raft Manufacturer		Aircraft Typ	e/Model	Degree Of Aircraft Dama ge					
ļ							1. ☐ Destroyed 3. ☐ Minor 2. ☐ Substantial 4. ☐ None					
					L							
Registered Aircraf	t Owner				[	Address						
					[							
Pilot Name				Address					Pilot Certi	ficate No.		
								- 1				
		name of the second				***						
Evecuation Of Air								- 193				
Assistance Receiv												
1. ☐ Outside Pers	on(s)		3. ☐ Slide	e		5. 📋 Lac	der					
2. Auxiliary Lig	hting		4. ☐ Rope	е		6. 🗌 Sp	ecify				_	
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 Alexa Bean Prevented) Operator/Owner Safety Recommendation (Optional Entry)												
Operator/Owner Sarety Recommendation (Optional Entry)												
l												

Additional Flight Crew Me	mbers 🤻 🗀	Control of the Control	***	
For Each Additional Flight	Crew Member, Excl	usive Of Cabin Attenents Compl	ete The Following Information:	
Name		FAA Certificate No.	Address	Title
Certificate(s)				
1. ☐ Student 2. ☐ Private	3. ☐ Commercial 4. ☐ Airline Transp	5. Flight Instructe port 6. Flight Enginee	or 7. ☐ Foreign or 8. Specify	•
Ratings/Endorsements	4		Total Flight Time	Flight Time This Accident
ratings/ Endorsements			·	I I I I I I I I I I I I I I I I I I I
Name		FAA Certificate No.	Address	Title
Name		PAA Certificate No.		
Ondifficated (a)				
Certificate(s) 1. ☐ Student	3. Commercial	5. Flight Instruct	or . 7. Foreign	
2. Private	4. Airline Transp	port 6. ☐ Flight Enginee		
Ratings/Endorsements			Total Flight Time	Flight Time This Accident
		•		
Name		FAA Certificate No.	Address	Title
Certificate(s) 1. ☐ Student	3. Commercial	5. Flight Instruct	or 7. ☐ Foreign	
2. Private	4. Airline Transp	port 6. Flight Enginee	8. Specify	
Ratings/Endorsements			Total Flight Time	Flight Time This Aircraft
		11. 4. 14.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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MATTREVE		137 PH	1111

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.

After checking weather, and preflighting %, I took-fl from Portland (PWM) with 2 poex to Ellsworth Maine. Flight was routine of uneventfull. 70 grold burn positions was picked up @ Ellsworth, and I deported for the return flight with 4 S.Q.B. After passing Rochland on the return, Proceeding across Muscongus Bay at 600°, I lost uisual contact, with any light or landmark. I chimbed to 2000' and contacted BNAS Approach for IFR handling. I was cleared to 4000°, but declined because of possible icing, and accepted 3000°, radar vectors to Portland. The very strong winds (40.60 km) at altitude from the South slowed our progress, although I was not fully aware of this at the time.

After a handoff to Partland Approach I had an illumination of the "rich Low" warning light, and I declared an emergency, and requested vectors for an approach to runway 29. While intercepting the localizer, the Engine Failure light illuminated, and I entered an Instrument Autorotation. Called to the controller that we'd lost power, Alerted the crew in the back, armsed t inflated the floods t executed an autorotation to the water, armsed t inflated the floods t executed an autorotation to the water, relying primarilly on Rad. Alt, and Airspeed. We landed hard and flipped inverted in the Water.

Hereby Certify That The Above information is Complete And Accurate To The Best Of My Knowledge Date Of This Report  11/28/93  Signature Of Pilot/Operator,								
Signature Of Person Filing Report Other Than Pilot/Operato								
1. Signature								
2. Type Or Print Name								
3. Title								
	For NTSE (	iso only						
NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received					
BF094FA013	Washington, DC	Beverley Johnson	12/13/93					