

Owner/Operator Information (cont.)																					
Operator (Certificate Number) <div style="background-color: black; width: 100px; height: 20px;"></div>			Operator Designator (4 Letter Designator)																		
Purpose Of Flight And Type Of Operation																					
Regulation Flight Conductor Under 1. <input type="checkbox"/> FAR 91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR 91D 5. <input type="checkbox"/> FAR 125 8. <input checked="" type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137						Operator Authority FAR 121 FAR 133 1. <input type="checkbox"/> Domestic 6. <input type="checkbox"/> Rotorcraft 2. <input type="checkbox"/> Flag External Load 3. <input type="checkbox"/> Supplemental FAR 125 FAR 135 FAR 129 4. <input checked="" type="checkbox"/> On Demand 8. <input type="checkbox"/> Foreign 5. <input type="checkbox"/> Commuter			FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input checked="" type="checkbox"/> Non Scheduled 3. <input checked="" type="checkbox"/> Domestic 4. <input checked="" type="checkbox"/> International 5. <input checked="" type="checkbox"/> Passenger 6. <input checked="" type="checkbox"/> Cargo 7. Specify _____												
Purpose Of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input checked="" type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Instructional 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning																					
Pilot Information																					
Pilot Name <u>JOHN G. RAFTER Jr</u>			Pilot Certificate No. <div style="background-color: black; width: 100px; height: 20px;"></div>			Address <u>Wiscasset ME 04578</u>			Nationality <u>USA</u>												
Certificate(s) 1. <input type="checkbox"/> Student 3. <input checked="" type="checkbox"/> Commercial 5. <input checked="" type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____																					
Rating(s) 1. <input type="checkbox"/> None 6. <input checked="" type="checkbox"/> Helicopter 2. <input checked="" type="checkbox"/> Single Engine Land 7. <input checked="" type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea 8. <input type="checkbox"/> Free Balloon 4. <input checked="" type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane					Instrument Rating(s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input checked="" type="checkbox"/> Helicopter		Instructor Rating(s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Instrument Airplane 2. <input type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E. 8. <input type="checkbox"/> Ground Instructor 4. <input checked="" type="checkbox"/> Helicopter 9. Specify _____ 5. <input type="checkbox"/> Glider														
Type Ratings/Student Endorsements					Date Of Biennial Flight Review Or Equivalent (M/D/Y) <u>135th Ride 6/7/93</u>		BFR Aircraft 1. Make <u>Bell</u> 2. Model <u>206 B III</u>														
Medical Certificate 1. <input type="checkbox"/> None 3. <input checked="" type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3			Date Of Last Medical (M/D/Y) <u>6/1/93</u>			Limitations <u>POSSESSION OF CORRECTIVE LENSES</u>			Date Of Birth (M/D/Y) <div style="background-color: black; width: 100px; height: 20px;"></div> 44												
Degree Of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input checked="" type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal			Seat Occupied 1. <input type="checkbox"/> Left 4. <input checked="" type="checkbox"/> Front 2. <input checked="" type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center			Person At Controls At Time Of Accident 1. <input checked="" type="checkbox"/> Pilot In Command 3. <input type="checkbox"/> Both Pilots 5. <input type="checkbox"/> No One 2. <input type="checkbox"/> Second Pilot 4. <input type="checkbox"/> Non-Pilot			Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No												
Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source Of Pilot Flight Time Information 1. <input type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input checked="" type="checkbox"/> Operators Estimate 5. Specify _____ 3. <input type="checkbox"/> FAA Records															
Flight Time		All A/C		This Make & Model		Airplane Single Engine		Airplane Multiengine		Night		Instrument		Rotorcraft		Glider		Lighter Than Air			
Total Time		8221		3640		845		321		1218		295		100		7026		29		-	
Pilot In Command (PIC)		8100		3620		805		300		1200		295		100		6975		29			
Instructor				200												200					
This Make/Model										380											
Last 90 Days		85		85						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																					
Second Pilot Responsibilities At The Time Of Accident 1. <input type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)																					
Pilot Name					Pilot Certificate No.					Address					Nationality						
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. None _____ 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____																					

SECOND PILOT INFORMATION (cont.)											
Rating(s) 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				Instrument Rating(s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		Instructor Rating(s) 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 _____					
Type Ratings/Student Endorsements				Date Of Biennial Flight Review Or Equivalent (M/D/Y)				BFR Aircraft 1. Make _____ 2. Model _____			
Medical Certificate 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3		Date Of Last Medical (M/D/Y)		Limitations Waivers				Date Of Birth			
Degree Of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal			Seat Occupied 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			Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No					
Seat Belt Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source Of Pilot Flight Time Information 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 _____					
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	
Total Time						Actual	Simulated				
Pilot In Command (PIC)											
Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											
Other Personnel											
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											
Last Departure Point 1. Airport ID <u>PWM</u> 2. City/Place <u>Portland</u> 3. State <u>Maine</u>		Time Of Departure 1. Time <u>1805</u> 2. Time Zone <u>+4 (R)</u>		Destination 1. Airport ID <u>PWM</u> 2. City/Place <u>Portland</u> 3. State <u>ME</u>		Flight Plan Filed 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)					
If Weather Was Involved, State If Weather Briefing Was Obtained Or If Weather Reports Were Checked And How It Was Accomplished <u>No FLIGHT Wx obtained from Bangor FSS</u>											
Fuel On Board At Last Takeoff _____ Gallons or <u>570</u> Pounds			Fuel Type 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 _____								
Other Services, If Any, Prior To Departure											
Weather Information At The Accident Site											
Source Of Weather Information (Pilot/Operator, Weather Observation) <u>4v6 + 4-RF</u>			Light Condition 1. <input type="checkbox"/> Dawn 2. <input type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input checked="" type="checkbox"/> Dark Night				Visibility <u>3-4</u> Miles		Temp (°F) <u>42</u>		

Weather Information At The Accident Site (cont.)

Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition	
		1. <input type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL	4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured
Wind Information 1. Direction _____ 2. Velocity _____ KTS 3. Gusts _____ KTS		Restriction To Visibility	Type Precipitation Intensity Of Precipitation 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. Specify _____
Turbulence (Multiple entry) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clear Air 7. <input type="checkbox"/> In Clouds			

Damage To Aircraft And Other Property

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

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	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 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None
Registered Aircraft Owner		Address	
Pilot Name	Address		Pilot Certificate No.

Evaluation Of Aircraft

Assistance Received		
1. <input 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

Certificate(s)			
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Foreign
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

Certificate(s)			
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Foreign
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

Certificate(s)			
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Foreign
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Aircraft

Narrative History Of Flight

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 $\frac{1}{2}$, I took-off from Portland (PWM) with 2 pass to Ellsworth Maine. Flight was routine & uneventful. 70 year old burn patient was picked up @ Ellsworth, and I departed for the return flight with 4 S.O.B. After passing Rockland on the return, Proceeding across Muscongus Bay at 800', I lost visual contact with any light or landmark. I climbed to 2000' and contacted BNATS 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 kts) at altitude from the South slowed our progress, although I was not fully aware of this at the time.

After a handoff to Portland Approach I had an illumination of the "Fuel 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, armed & inflated the floats & executed an autorotation to the water, relying primarily on Rad. Alt, and Airspeed. We landed hard and flipped inverted in the water.

I Herby 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]

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature _____

2. Type Or Print Name _____

3. Title _____

For NTSB Use Only

NTSB Accident No.

BFO94FA013

Reviewed By NTSB Office Located At

Washington, DC

Name Of Investigator

Beverley Johnson

Date Report Received

12/13/93