

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Camp Bastion / Helmand Province</u> State: _____ ZIP: _____ Country: <u>Afghanistan</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		Date/Time Date: <u>01/16/12</u> Local Time: <u>10:45</u> <i>mm/dd/yyyy</i> Time Zone: <u>AFT</u>	
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input checked="" type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	Altitude of In-Flight Occurrence 3,525 ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Bell Helicopter</u> Model: <u>214ST</u> Serial Number: _____ Registration Number: <u>N5748M</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Max Gross Weight: <u>17,500</u> lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
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Category of Aircraft <input type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Aerobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>10</u> If Large Aircraft, how many seats for: Flight Crew: <u>2</u> Cabin Crew: _____ Passengers: <u>8</u>	Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input checked="" type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
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Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input checked="" type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: <u>03/11/2011</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>11,538</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Engine Fire Loop / Haylon Bottle w pilot activated squibs</u>
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ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELT Manufacturer: <u>ARTEX</u> Model/Series: <u>406-1HM</u> Serial Number: <u>170-02272</u> Battery Type: <u>DK100</u> Battery Exp. Date: <u>2012</u>
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Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input checked="" type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	GE	CT7 - 2a	GE - E - 343085			9,442	1,373	
Eng. 2	GE	CT7-2a	GE-E- 343053			5,507	1,372	
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>EP Aviation</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>Wooddale</u> State: <u>IL</u> ZIP: _____ Country: <u>United States</u>
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>AAR Airlift</u> Doing Business As: <u>N/A</u> Air Carrier/Operator Designator (4 Character Code): _____	Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>Palm Bay</u> State: <u>Florida</u> ZIP: <u>32905</u> Country: <u>United States</u>
Regulation Flight Conducted Under <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input checked="" type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input checked="" type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> International Cargo Operation <input checked="" type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input checked="" type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input checked="" type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
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OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft		
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	
Pilot of Other Aircraft		
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) 	Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

Aircraft was a total loss. Consumed by fire after contacting ground.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: _____ Distance From Airport Center: _____ SM
 Airport Name: _____ Direction From Airport: _____ degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: _____ ft. MSL

Approach Segment (Select one)
 On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply)
 None PAR MLS Practice
 ADF/NDB Sidesstep LDA GPS
 SDF ILS ASR Loran
 VOR/TVOR Localizer Only Visual Unknown
 VOR/DME LOC-back course Contact
 TACAN RNAV Circling

VFR Approach (Check all that apply)
 None Stop and Go
 Traffic Pattern Touch and Go
 Straight-In Simulated Forced Landing
 Valley/Terrain Following Forced Landing
 Go Around Precautionary Landing
 Full Stop Unknown

Runway Information
 Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Condition of Runway/Landing Surface (Check all that apply)
 Dry Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Rubber Deposits Soft Unknown
 Slush Covered Vegetation

Runway/Landing Surface (Check all that apply)
 Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>Camp Bastion</u> City: _____ State: _____ Country: <u>Afghanistan</u>	Time of Departure Time: <u>10:40</u> Time Zone: <u>AFT</u>	Destination Airport ID: _____ City: _____ State: _____ Country: <u>Afghanistan</u>	Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input checked="" type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of ATC Clearance/Service (Check all that apply)
 None Special VFR Special IFR VFR Flight Following Cruise
 VFR IFR VFR On Top Traffic Advisory Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)
 Class A Class E Prohibited Area Jet Training Area Special
 Class B Class G Restricted Area TRSA Air Traffic Control Area
 Class C Demo Area Military Operations Area (MOA) FAR 93 Unknown
 Class D Warning Area Airport Advisory Area

Aircraft Load Description (Check all that apply)
 None Towing Glider Parachutists Livestock
 Passengers Towing Banner Water Unknown
 Cargo Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary)
 _____ Gallons

Fuel Type
 80/87 115/145 JP3 Other, specify _____
 100 Low Lead Jet A JP4
 100/130 Automotive JP5

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG	Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown	Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility _____ miles

Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	Restriction to Visibility (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
Lowest Cloud Condition Height _____ ft AGL	Ceiling Height _____ ft AGL	

Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	Type of Turbulence (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light
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NOTAMs (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	Icing Forecast Amount <input type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Type of Precipitation (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle
	Icing Actual Amount <input type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

Pilot
 Co-Pilot
 Student Pilot
 Flight Instructor
 Check Pilot
 Flight Engineer
 Other Flight Crew

Pilot "A" Identification

First Name: Todd City: Ashville
 Middle Initial: D State: TN ZIP: 71852
 Last Name: Walker Country: United States
 Age at time of Accident/Incident: 48 Date of Birth: Certificate Number:

Degree of Injury <input type="checkbox"/> None <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Pilot Certificate(s) (Check all that apply)
 None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>05/09/2011</u> mm/dd/yyyy
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Medical Certificate Limitations
 Must wear glasses

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/05/2011</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Bell</u> Model: <u>214ST</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings	Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	6,764									
Pilot in Command (PIC)	6,640									
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	<input type="checkbox"/> Left <input type="checkbox"/> Front
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Right <input type="checkbox"/> Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	<input type="checkbox"/> Left <input type="checkbox"/> Front
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Right <input type="checkbox"/> Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	<input type="checkbox"/> Left <input type="checkbox"/> Front
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Right <input type="checkbox"/> Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Injury	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>James</u> City: <u>Imperial</u>	CE	✓	□	□	□	□	✓	□	□	□	□
Middle Initial: <u>S</u> State: <u>PA</u> ZIP: <u>15126</u>											
Last Name: <u>Ozier</u> Country: <u>United States</u>											
First Name: _____ City: _____		□	□	□	□	□	□	□	□	□	□
Middle Initial: _____ State: _____ ZIP: _____		□	□	□	□	□	□	□	□	□	□
Last Name: _____ Country: _____		□	□	□	□	□	□	□	□	□	□
First Name: _____ City: _____		□	□	□	□	□	□	□	□	□	□
Middle Initial: _____ State: _____ ZIP: _____		□	□	□	□	□	□	□	□	□	□
Last Name: _____ Country: _____		□	□	□	□	□	□	□	□	□	□
First Name: _____ City: _____		□	□	□	□	□	□	□	□	□	□
Middle Initial: _____ State: _____ ZIP: _____		□	□	□	□	□	□	□	□	□	□
Last Name: _____ Country: _____		□	□	□	□	□	□	□	□	□	□
First Name: _____ City: _____		□	□	□	□	□	□	□	□	□	□
Middle Initial: _____ State: _____ ZIP: _____		□	□	□	□	□	□	□	□	□	□
Last Name: _____ Country: _____		□	□	□	□	□	□	□	□	□	□

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

Flight departed military base Camp Bastion flying south. Approximately 7 miles south of Bastion aircraft rolled right and they loss the tail rotor pylon. Approximately 3 to 4 seconds later the aircraft impacted the ground and was consumed by a post crash fire. Impacted the ground at approximately 10:45 am local.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report <u>02/15/2012</u> <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____
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Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: <u>Thomas R. Howell</u> Title: <u>VP, Quality, Safety, & Security</u>

FOR NTSB USE ONLY			
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received