NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

DAG													
								• • • • • •		D •			
	nt/Incident Loc						A	cident/Incid					
	City/Place: Fran		•		_ State: C		Da	te: <u>04/1</u>	<u>10/2018</u>	Lo	cal Time:	1710	
	<u>5757</u> (mm/dc	<i>t/yyyy</i>	Ti	me Zone:	Pacific	
Latitude	38.306390		Longitude: -121										
	(Enter in decima	l degrees or a	legrees:minutes:sec	conds)			Co	ollision with	Other Air	craft: C	🕽 Midair	OOn-groun	d O None
AIRC		RMATIO	N										
	ation Number:							🗖 IFR-Equip	oped and Co	ertified			
-	acturer: <u>Robin</u>							Commerci	al Space Fli				
Model:	R-22 Beta II						M	laximum Gr	oss Weigh	t: 1370		lbs	
Serial N	Number: <u>4016</u>							eight at Tin	-				lbs
Year of	Manufacture:	2006						umber of Se					
	ır-Built: OYes		OKit/Plans Mal	ke:				abin Crew Seat					
	ONo		Original Design					umber of En			russenger	5 cu a. <u>-</u>	
Catego	ry of Aircraft	Type of A	irworthiness Ce	rtificate		Landing Ge			<u> </u>	1	e Type (Se	lect one)	
OAirpl		(Check all t	hat apply)			(Check all the		oply)		-	procating	OLiqui	d Rocket
OBallo		Standar	1	ا			Ret	ractable			o Shaft	OSolid	
O Blim O Glide	o/Dirigible r	☑ Norma □ Aeroba				Tricycle		ΠT	ailwheel	O Turb		OHybr ONone	id Rocket
OGyro						Amphibia	n	□н	igh Skid	O Turb		OUnkn	
• Helic	•	Comm		l Flight DEmergen				loat 🗹 SI	kid	OElec	tric		
OPowe ORock		☐ Transp ☐ Utility		nental Light-Spo	rt	□Float □Hull			ki ki/Wheel				
OUltra				nental Ligi						Fuel System Type (Reciprocating) OCarburetor OFuel-Injected			0.
OUnkn	own		e of Authorization	or Waiver	(COA)	□ Other Lau	inch	n/Recovery Sys		•Carb	uretor	O Fuel-	Injected
		□None		Unknown		□ None		U	nknown				
			Engine		Manuf	acturer's		Date of Mfg.	Rated Pow O Horse		Total Time	Time Inspection	Since:
Engine	Engine Manufa	cturer	Model/Series	Serial Number			mm/dd/yyyy O lbs of			(hours)	(hours)	(hours)	
Eng. 1	Lycoming		O-360-J2A		L-3281	5-36E		10/09/2007	145		2366	25	327
Eng. 2													
Eng. 3													
Eng. 4				D 11	. 1	OFixed P	Pitak		D			Fixed Pitch	
Last Ir	spection Type			Propell	er I		ollable Pitch			ropeller 2 OFixed Pitch OControllable Pitch			
О 100-Н		inuous Airwo				-	d Adjustable OGround Adjustable					stable	
O AAIP O Annu		ditional Inspection	ction										
	ast Inspection:		018	Model: Model:									
Date La	ast inspection.	mm/dd/yy		ELT In	stalled:	OYes O	No				ipment (Check all that	t apply)
Airframe Total Time: <u>4747</u> hrs				If Yes:			□ ADS-B □ Airframe Parachute						
hours measured at (Select one)						er:			Ang	gle of Atta	ck Indicato	r	
TS					TSO New Ocol (101 5) (12) Ocol (12) 5) (12) Autopilot								
Type of Maintenance Program (Select one)											Recorder onic Flight Bag or Handheld Device		
O Annu				Was ELT	Г still mo	unted in aircra	uft?	OYes ONo	□Ele	ctronic Mı	ultifunction	Display	
	itional (Amateur-l ifacturer's Inspect					nected to ante			, □Ele		mary Fligh	t Display	
	· Approved Inspect		(AAIP)			? OYes O							
• Continuous / In Worthiness					ited:		<u>e</u> .	Conboard Weather					
						ocating Aircra	:	UTES UNO			king Device	9	
Descrip O None		tinguishing	System	If not ac Indicate	ctivated: Reason:	Impact Da	maa	ie.		ll Warning leo Record	system		
	^{ify:} Single han	d help Fire		maneute		Fire Dama	ge ⁻			er, Specify	0		
	Extinguishe	er	Ŧ			Battery Ex		d/Damaged					
	-		_			Unknown 🛛							

OWNER/OPERATOR INFORM	TION					
Registered Aircraft Owner		City: Wooland Hills				
Name: Spitzer Helicopter Leasing		State: CA ZIP: _91367				
Fractional Ownership Aircraft: O Yes O	No	Country: USA				
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner				
Name: Capitol Helicopters		City: <u>Sacramento</u>				
Doing Business As: Capitol Helicopters		State: <u>CA</u> ZIP: <u>95822</u>				
Air Carrier/Operator Designator (4 Charact	er Code):	Country: USA				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	der Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
 None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) Ø Rotorcraft External Load (FAR 133) □ Commuter Air Carrier (FAR 135) 	 FAR 91 OFAR 129 OFAR 103 OFAR 133 OFAR 133 OFAR 121 OFAR 135 OFAR 137 OFAR 125 OFAR 137 OFAR 91 Special Flight ONon-US, Commercial 	 431 Non-Scheduled or Air Taxi International 437 Passenger Cargo 				
On-Demand Air Taxi (FAR 135)	ONon-US, Non-commercial	O Mail Contract Only				
□Commercial Air Tour (FAR 136) □Agricultural Aircraft (FAR 137) ☑Pilot School (FAR 141)	OPublic Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)				
 Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft 	O Armed Forces O Federal O State O Local O Unknown	O Aerial ApplicationO FirefightingO UnknownO Aerial ObservationO Flight TestO Air DropO Glider TowO Air Race/ShowO InstructionalO Banner TowO Other Work UseO BusinessO PersonalO Executive/CorporateO Positioning				
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry				
• Yes • No	O Yes ⊙ No					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: Franklin Airport		Distance From Airport Center: <u>0.0</u> sm				
		Direction From Airport: 000 degrees true				
Proximity to Airport: O Off Airport/Airstri	p \bigcirc On Airport/Airstrip \bigcirc N/A	Airport Elevation: 23 ft. msl				
Runway Information		Condition of Runway/Landing Surface (Check all that apply)				
Runway ID: 18 (L/R/C) Length: 31 Runway/Landing Surface (Check all that all tha	<i>apply)</i> adam ☐ Water I/Wood _	Image: DrySnow-CompactedWater-CalmHolesSnow-CrustedWater-ChoppyIce CoveredSnow-DryWater-GlassyRoughSnow-WetWetRubber DepositsSoftSlush-CoveredVegetationUnknown				
Approach/Departure Segment (Select one)					
OTaxi OTakeoff OInitial Climb	On Instrument Appendix ODn Ins	proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown				
IFR Approach (Check all that apply) ☑ None		VFR Approach (Check all that apply)				
ADF/NDB PAR SDF Sidestep VOR/TVOR ILS VOR/DME Localizer Only TACAN LOC-back course RNAV	MLS Practice LDA GPS ASR Visual Contact Circling	□ Traffic Pattern □ Stop and Go □ Straight-In □ Touch and Go □ Valley/Terrain Following □ Simulated Forced Landing □ Go Around □ Forced Landing □ Full Stop □ Precautionary Landing □ Unknown □				

"FLIGHT CREWMEME	BER 1" INF	ORMATI	ON								
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident											
O Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew											
"Flight Crewmember 1" was	pilot flying	✓Yes □N	No								
"Flight Crewmember 1" Iden	ntification										
First Name: <u>Jeffery</u>					Ci	ity of Res	sidence: <u>0</u>	rland			
Middle Initial: <u>J</u>					St	ate: <u>CA</u>			ZIP: 95963		
Last Name: Hendry						ountry:					
Age at time of A	Accident/Incide	ent: 34	Date of B	irth:		198: 198:		m/dd/yyyy			
			ertificate Num								
Degree of Injury	Seat Occup				- Dosti	raint Ty	 ne			nflatable R	actuainte
• None • Fatal	O Left	O Front	O Unknov			•	-	T T T	I	innatable N	esti annis
O Minor O Unknown	 Right 	O Rear	•			vailable O None	2	Used ONone		🔽 Not Inst	alled
O Serious	O Center	O Single				O Lap or		OLap only	y	Installed	l
Pilot Certificate(s) (Check all i			_			⊙ 3-poin O 4-poin		⊙ 3-point○ 4-point		□ Not Dep □ Deploye	
□ None ☑ Flight Ins □ Private □ Recreation		Commercial Airline Transp	ort DS M			O 5-poin		O 5-point			
\Box Student \Box Sport		Flight Enginee				O Unkno	own	O Unknov	vn		
										D / 67	
	edical Certifi						tificate Va	•		Date of Las	t Medical
		Class 3	ense (Sport Pilot				itations/waivers		nknown 7A	05/23/201	17
		Unknown				ecial Issu				mm/dd/yy	<i>yy</i>
Medical Certificate Limitatio	ns			-							
NONE											
Medical Certificate Special Is	ssuance										
NONE											
Date of Last Flight Review		Fligh	t Review Airc	raft							
or Equivalent, Including FAR 121/135 Checks:	12/01/2017	Make	Robinson								
	mm/dd/yyyy	Model	I: R-44 Rave	n ll							
Airplane Rating(s)	Other Aircra	ft Rating(s)	Instrum	ent Rating	g(s)		Instructo	r Rating(s)			
(Check all that apply)	(Check all that a	apply)	(Check al	l that apply,)		(Check all	that apply)			
☐ None ☑ Single-Engine Land	□ None □ Airship		□ None				□ None	- Cinala Ena		Instrument /	
☐ Single-Engine Sea	□ Balloon		✓ Airpla					e Single-Eng e Multi-Engi		Instrument I Helicopter	lencopter
☐ Multiengine Land	Glider		D Power				Gyropla Gyropla	ine		Glider	
Multiengine Sea	☐ Gyroplane ☑ Helicopter						Powere	d Lift	L	Sport	
	Powered Lif	t									
Type Ratings							Student E	Indorsemen	nts (Include d	dates)	
NONE NONE											
			Airplane				Inch	rument			
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengi		Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	2,060	830	210		0	300		140	1,850	0	0
Pilot in Command (PIC)	1,970	790	140		0	297	-	119	1,782	0	0
Time as Instructor	1,108	605	0		0	150		80	1,108	0	0
This Make/Model						75	5 0	0			
Last 90 Days	146	18	10		0	35	i 0	2	136	0	0
Last 30 Days	27	5	7		0	2	2 0	0	20	0	0
Last 24 Hours	2	0	0		0	C) 0	0	2	0	0

"FLIGHT CREWMEME	BER 2" INF	ORMATIC	NC								
 "Flight Crewmember 2" Responsibilities at the Time of Accident/Incident ● Pilot ○ Co-Pilot ○ Student Pilot ○ Flight Instructor ○ Check Pilot ○ Flight Engineer ○ Other Flight Crew 											
"Flight Crewmember 2" was	pilot flying	🗆 Yes 🗖	No								
"Flight Crewmember 2" Iden	ntification										
First Name: James				C	ity of R	esid	lence:				
Middle Initial: B				S	tate: S	acra	amento	Z	IP: 95831		
Last Name: Patterson									n . <u>0000 r</u>		
Age at time of A	ccident/Inciden	t: 30	Date of Bir		ountry:			/dd/yyyy			
rige at time of ri	cerdent/merden		rtificate Numb		13			, aa yyyy			
Degree of Injury	Seat Occupi				straint	Tvn				Inflatable R	actuainta
● None ● Fatal	O Left	OFront	O Unknow			• •				innatable N	esti annis
O Minor O Unknown	ORight	ORear			Availal O Not			Used O None		🗹 Not Inst	alled
O Serious	OCenter	OSingle			Ö Lap	only	у	O Lap only	y E	Installed	l
Pilot Certificate(s) (Check all i		~			⊙ 3-p O 4-p			3-point4-point		□ Not Dep □ Deploye	oloyed ad
□ None □ Flight Ins □ Private □ Recreation		Commercial Airline Transp	□ US Mi ort □ Foreigi		O 5-p	oint		O 5-point			
☐ Student		Flight Enginee			O Unl	know	vn	O Unknow	/n		
Principal Occupation M	edical Certific	ata			diaclC	ort:	ficate Val	lidity		Date of Las	t Medical
		ate Class 3					ations/waiv	•	nknown		t Meulear
U 1 100	Class 1 C	Driver's Lice	ense (Sport Pilot	only) O	With lim	itatic	ons/waivers	•		02/22/201	
O Unknown O	Class 2 C) Unknown		0	Special I	ssuai	nce			mm/dd/yy	уу
Medical Certificate Limitatio	ons										
NONE											
Medical Certificate Special Is	ssuance										
NONE	ssumee										
NONE											
Date of Last Flight Review		Flight	t Review Airc	raft							
or Equivalent, Including		-		I alt							
FAR 121/135 Checks:	02/14/2018		Robinson R-22 Beta I								
	mm/dd/yyyy				<u> </u>	1 7					
	Other Aircraf (Check all that a	0		ent Rating(s that apply)	5)		istructor Check all th	Rating(s)			
✓ None	□ None	FI -27		inai appiy)		1	None	ai appiy)		Instrument A	irplane
□ Single-Engine Land	☐ Airship		🗖 Airplai				Airplane	Single-Engin	ne 🗖	Instrument H	
 ☐ Single-Engine Sea ☐ Multiengine Land 	☐ Balloon ☐ Glider		☐ Helico				Airplane Gyroplan	Multi-Engine e		Helicopter Glider	
☐ Multiengine Sea	Gyroplane						Powered			Sport	
	HelicopterPowered Lift										
Type Ratings						S	tudent Er	Idorsement	ts (Include d	ates)	
NONE NONE											
NONE											
	1 1		Airplane		1				1		
Flight Time (Enter appropriate		This Make	Single	Airplane				rument			Lighter
<i>number of hours in each box)</i> Total Time	Aircraft 273	& Model 155	Engine O	Multiengine	Nig	ht 30	Actual 0	Simulated 42	Rotorcraft 273	Glider	Than Air 0
Pilot in Command (PIC)	176	81	0	(-	30 31	0	42	42		0
Time as Instructor	0	0	0	(-	0	0	42	42	-	0
This Make/Model		0				,	0				
Last 90 Days	37	15	0	()	15	0	0	37	0	0
Last 30 Days	13	10	0	()	0	0	0	13	1	0
Last 24 Hours	0	0	0	()	0	0	0	0	0	0

ADDITIONAL FLI	GHT CREWMEN	MBERS (Exclusiv	e of cabin cr	ew, complete	e the followin	g information)		
Crew Name and Add	ress						Seat Occupie	d	Injury
First Name: City of Residence: Middle Initial: State: Last Name: Country:							O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (Check all that apply) None Flight Instructor Private Recreational Student Sport Type Rating/Endorsement for Total Flight Time at the Time Accident/Incident Aircraft? Yes						Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	pe: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	
Crew Name and Add	ress						Seat Occupie	ed	Injury
Middle Initial:		State	e:	nce: Z	ZIP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (C None Private Student Type Rating/Endorse Accident/Incident Air	Flight Instructor Recreational Sport ement for rcraft? Yes	Airl Grig	of this A	oort For er light Time at Accident/Inci	t the Time ident:		Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	pe: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
PASSENGER(S) /	OTHER PERSO	ONNEL (I	include c	abin crew; c	ontinue on s	eparate shee	t if necessary)	Inflatable	T
Name and Address				Seat	Injury	Restraint T	уре	Restraints	Age
First Name: Middle Initial: Last Name: OCrew	State: Country:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	 Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown 	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	 ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown 	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
First Name: Middle Initial: Last Name: O Crew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	 Not Installed Installed Not Deployed Deployed Unknown 	Under 5 years

FLIGHT ITINERARY I	NFORMATIO	N						
Last Departure Point	Tim	e of Departure	Destinatio	n		Type Fligh	t Plan F	liled
Airport ID: KSAC	rport ID: KSAC			F72		• None	LIED.	O VFR/IFR
City: Sacramento	1 Ime	: 1530	City: Fran	iklin		O Company O Military		O IFR O Unknown
State: CA	Time	Zone: Pacific	State: CA			O VFR		O children
Country: USA			Country: U	ISA		Activated?	OYes	ONo OUnknown
Type of ATC Clearance/Serv	vice (Check all that	apply)						
□ VFR □	Special VFR IFR	□ VF	ecial IFR R On Top		 VFR Flight Folle Traffic Advisory 		Cruis	se nown / NA
Airspace where the accident					— ~ · ·		Altitu	de of In-Flight
—	Class G Demo Area		itary Operations port Advisory A		☐ Special ☐ Air Traffic Contr	ol Area	Occur	rence:
	Warning Area	🗖 Jet	Training Area	lou		orrited		ft msl
	Prohibited Area Restricted Area	□ TRS □ FAI						
WEATHER INFORMA								
Source of Pilot Weather Info					servation Facility			
(Check all that apply)	mation			Facility ID: K	•			
National Weather Service	Com			Observation Ti				
☐ Flight Service Station ☐ TV/Radio	☐ Milit ☑ Inter			Time Zone: P				
Automated Report					Accident Site: 13		nm	
Commercial Weather Service	(DUATS) 🗖 Unki	nown			Accident Site: 330		degrees	true
Basic Conditions		Light Conditi	ion	Direction from	Accident Site. 000		_ uegrees	liue
⊙ VMC		ODawn	ODusk	O Dark	Night O Un	known		
OIMC		O Day	ONight		ht Night			
O Unknown								
Sky/Lowest Cloud Condition		Ceiling	•		Temperature:	28	(C) or _	(F)
) Thin Broken) Thin Overcast	 None (Clear) Broken 		Obscured Indefinite	Dew Point:	(C) or _	<u>(</u> F)
O Partial Obscuration C	Unknown	O Overcast O Unknown			Altimeter Setting: <u>30.04</u> in. Hg			Hα
O Scattered	• • •				Animeter Sett	or		
Lowest Cloud Condition He	ft agl	Ceiling Heigh 12000	IT	ft agl				
		12000		it ugi				
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles	
Variable	Calm		🗖 Not Gustir	ıg	RVR	:	feet	
-or-	Light and Varia	ible	-or-		RVV		miles	
Direction:degrees true	Speed: <u>12</u>	kts	Speed: 20	kts	Density Altitud			ft
Intensity of Precipitation	Type of Precipita	ation (Check all i	that apply)		Restriction to		heck all t	hat apply)
⊙Light	□ _{None}	Drizzle	□ Freezin		🗹 None	□ F		
O Moderate	Rain	□ Ice Pellets	□ Snow S ts □ Ice Pelle		Blowing Du		Fround Fo	og
O Heavy O N/A	□ Snow □ Hail	Snow Pellet			Blowing Sn	ow 🗖 I	ce Fog	
OUnknown	Rain Showers	□ Ice Crystals			□ Blowing Sp. □ Dust	-	Smoke Jnknown	
Icing Forecast		Icing Actual			Turbulence	ЦС	. are to will	
Amount Type		Amount	Туре		Type (Check a	ll that apply)	Se	verity
$ \bigcirc \text{None} \qquad \bigcirc \text{N/A} $		• None	⊙ N/A		None Class Air		_	Light Madamata
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		Clear Air	iced		Moderate Severe
O Moderate O Mixed		O Moderate	O Mixe	d	Convective	Furbulence		Extreme
O Severe O Unknow	'n	O Severe O Unknown	O Unkr	lown				
	IDMET SLCA			41 - 41 - 0 - 1		I 4.		
NOTAMs (D and FDC), A	AIRME IS, SIGN	IE IS, PIREP	s in effect at	ine time of th	ie accident/incid	ient:		

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

O Minor

ge Substantial Destroyed

O Unknown

Aircraft Fire None In-Flight On-Ground

O Both Ground and In-Flight O Fire at Unknown Time O Unknown

Aircraft Explosion

None
 In-Flight
 On-Ground

O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

Please see attached N622MP Accident - Jeff Hendry Statement

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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

Please see attached N622MP Accident - Jeff Hendry Statement

RECOMMENDATION (How	could this a	accident/incident ha	ave been prev	vented?)				
Operator/Owner Safety Recomme	endation							
MECHANICAL MALFUN	ICTION/F	FAILURE (If mor	re space is ne	eeded, co	ntinue on sepa	rate sheet)		
Was there Mechanical Malfunct (<i>If yes, list the name of the part, many</i>			scribe the failu	re.)			Total Tim On Part	e/Cycles
								Hours
								Cycles
							Time Sinc	e This Part
							Inspected	/Overhauled
								Hours
FUEL & SERVICES INFO	ORMATI							
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type O 80/87	O 115/145		O Jet B	O Other, specify		
<u>19</u>	Gallons	 100 Low Lead 100/130 	O Jet A O Jet A-1		O JP8 O Automotive			
Other Services, if Any, Prior to	Departure	-			-			
.5 quart/oil								
EVACUATION OF AIRC	RAFT							
Was an emergency evacuation o	of the aircra	aft performed?	□ Yes	🗹 No				
Method of Exit – Describe how t	he occupant	s exited and how ma	any occupants	s evacuate	d each location			
		•						
OTHER AIRCRAFT – CO					-		amage to Oth	er Aircraft
		irer:				[C	Destroyed	☐ Minor
Registered Owner of Other Airc					Other Aircraft		Substantial	□ None
Name:								
City:				City:				
State:ZIP: Country:				State:		_ZIP:		

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	Date of this Report Name of Pilot/Operator: Jeffery Hendry / Capitol Helicopters									
04/13/2018 Signature:										
mm/dd/yyyy										
If a Person Other than Pilot/Operator is Filing Report										
Name:				Title:						
or 🔲 C	heck here to	electronically sign this document								
FOR NTSB USE ONLY										
NTSB Accident/Inci	dent No.	Reviewed by NTSB Regional Office	Name of Investigat	tor	Date Report Received					
GAA18CA210 GAA Kathryn Benhoff 4/13/2018										