

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

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

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Skagway</u> State: <u>AK</u> ZIP: <u>99840</u> Country: <u>USA</u> Latitude: <u>59.27.13N</u> Longitude: <u>135.12.26W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>05/06/2016</u> Local Time: <u>19:00</u> <i>mm/dd/yyyy</i> Time Zone: <u>AKDT</u>
Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None	

AIRCRAFT INFORMATION

Registration Number: <u>N94TH</u> Manufacturer: <u>Airbus</u> Model: <u>AS 350 B2</u> Serial Number: <u>2548</u> Year of Manufacture: <u>08/1991</u> Amateur-Built: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____	<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>4961</u> lbs Weight at Time of Accident/Incident: <u>3641</u> lbs Number of Seats: <u>6</u> Flight Crew Seats: _____ Cabin Crew Seats: <u>2</u> Passenger Seats: _____ Number of Engines: <u>1</u>
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Category of Aircraft <input type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input checked="" type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width:100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input checked="" type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type (Select one) <input type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input checked="" type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type (Reciprocating) <input type="radio"/> Carburetor <input type="radio"/> Fuel-Injected
Standard	Special																		
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm dd yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	Turbomeca	Arriel 1D1	9932		760	4281.6	4129.6
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>12/17/2015</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>10190.5</u> hrs hours measured at <i>(Select one)</i> <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident	Propeller 1 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____ Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program (Select one) <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	ELT Installed: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: ELT Manufacturer: <u>Artex</u> Model or Part No.: <u>ME 406</u> TSO No.: <input type="radio"/> OC91 (121.5 MHz) <input type="radio"/> OC91a (121.5 MHz) <input type="radio"/> OC126 (406 MHz) Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input type="radio"/> Yes <input checked="" type="radio"/> No Did ELT Activate? <input checked="" type="radio"/> Yes <input type="radio"/> No If activated: Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown
Description of Fire Extinguishing System <input type="radio"/> None <input checked="" type="radio"/> Specify: <u>Airbus factory install</u>	Additional Equipment (Check all that apply) <input checked="" type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input checked="" type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input checked="" type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input checked="" type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input checked="" type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input checked="" type="checkbox"/> Other, Specify: <u>FAA Capstone equipped</u>

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: TEMSCO Helicopters Inc. City: Ketchikan
 State: AK ZIP: 99901
 Fractional Ownership Aircraft: Yes No Country: USA

Operator of Aircraft Same As Registered Owner Same Address as Registered Owner
 Name: _____ City: _____
 Doing Business As: _____ State: _____ ZIP: _____
 Air Carrier/Operator Designator (4 Character Code): _____ Country: _____

<p>Operating Certificates Held (Check all that apply)</p> <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input checked="" type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input checked="" type="checkbox"/> On-Demand Air Taxi (FAR 135) <input checked="" type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	<p>Regulation Flight Conducted Under</p> <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input type="radio"/> Public Aircraft (Select one) <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown	<p>Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)</p> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only
<p>Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</p> <input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Unknown <input type="radio"/> Aerial Observation <input type="radio"/> Flight Test <input type="radio"/> Air Drop <input type="radio"/> Glider Tow <input type="radio"/> Air Race/Show <input type="radio"/> Instructional <input type="radio"/> Banner Tow <input checked="" type="radio"/> Other Work Use <input type="radio"/> Business <input type="radio"/> Personal <input type="radio"/> Executive/Corporate <input type="radio"/> Positioning <input type="radio"/> External Load <input type="radio"/> Skydiving <input type="radio"/> Ferry

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: _____ **Distance From Airport Center:** _____ sm
Airport Identifier: _____ **Direction From Airport:** _____ degrees true
Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A **Airport Elevation:** _____ ft. msl

<p>Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft</p>	<p>Condition of Runway/Landing Surface (Check all that apply)</p> <input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown
<p>Runway/Landing Surface (Check all that apply)</p> <input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown	

Approach/Departure Segment (Select one)

<input type="radio"/> Taxi	<input type="radio"/> VFR Departure	<input type="radio"/> On Instrument Approach	<input type="radio"/> Downwind	<input type="radio"/> Low Approach
<input type="radio"/> Takeoff	<input type="radio"/> IFR Departure Procedure/Clearance	<input type="radio"/> Landing	<input type="radio"/> Base	<input type="radio"/> Go Around
<input type="radio"/> Initial Climb			<input type="radio"/> Final	<input type="radio"/> Aborted Landing (after touchdown)
			<input type="radio"/> Crosswind	<input type="radio"/> Unknown

<p>IFR Approach (Check all that apply)</p> <input type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown	<p>VFR Approach (Check all that apply)</p> <input type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown
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"FLIGHT CREWMEMBER 1" INFORMATION												
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident												
<input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew												
"Flight Crewmember 1" was pilot flying <input type="checkbox"/> Yes <input type="checkbox"/> No												
"Flight Crewmember 1" Identification												
First Name: <u>Christopher</u>					City of Residence: <u>Skagway</u>							
Middle Initial: <u>D</u>					State: <u>AK</u>			ZIP: <u>99840</u>				
Last Name: <u>Maggio</u>					Country: <u>USA</u>							
Age at time of Accident/Incident: <u>66</u>					Date of Birth: [REDACTED]			mm/dd/yyyy				
Certificate Number: [REDACTED]												
Degree of Injury		Seat Occupied			Restraint Type				Inflatable Restraints			
<input type="radio"/> None <input checked="" type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input checked="" type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown				Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
Pilot Certificate(s) <i>(Check all that apply)</i>												
<input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Student		<input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport		<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer		<input type="checkbox"/> US Military <input type="checkbox"/> Foreign						
Principal Occupation		Medical Certificate			Medical Certificate Validity				Date of Last Medical			
<input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown			<input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance				<u>02/27/2016</u> mm/dd/yyyy			
Medical Certificate Limitations												
Must wear corrective lenses												
Medical Certificate Special Issuance												
N/A												
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:					Flight Review Aircraft							
<u>03/19/2016</u> mm/dd/yyyy					Make: <u>AS350</u> Model: <u>BA</u>							
Airplane Rating(s) <i>(Check all that apply)</i>		Other Aircraft Rating(s) <i>(Check all that apply)</i>		Instrument Rating(s) <i>(Check all that apply)</i>		Instructor Rating(s) <i>(Check all that apply)</i>						
<input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<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						
Type Ratings						Student Endorsements <i>(Include dates)</i>						
Flight Time <i>(Enter appropriate number of hours in each box)</i>		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	
							Actual	Simulated				
Total Time		7,190	5,200			76	40	7,190				
Pilot in Command (PIC)		6,690	5,700									
Time as Instructor												
This Make/Model												
Last 90 Days		5	4									
Last 30 Days		3	3									
Last 24 Hours		2	2									

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>Denver Glacier</u> City: <u>Skagway</u> State: <u>AK</u> Country: <u>USA</u>	Time of Departure Time: <u>18:40</u> Time Zone: <u>AKDT</u>	Destination Airport ID: <u>TEMSCO Heliport</u> City: <u>Skagway</u> State: <u>AK</u> Country: <u>USA</u>	Type Flight Plan Filed <input type="radio"/> None <input type="radio"/> VFR/IFR <input checked="" type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA	
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93	

Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather	Weather Observation Facility Facility ID: <u>PAGY</u> Observation Time: <u>18:53</u> Time Zone: <u>AKDT</u> Distance from Accident Site: <u>3.4</u> nm Direction from Accident Site: <u>250</u> degrees true
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Basic Conditions <input type="radio"/> VMC <input type="radio"/> IMC <input checked="" type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night
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Sky/Lowest Cloud Condition <input type="radio"/> Clear <input type="radio"/> Thin Broken <input checked="" type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered Lowest Cloud Condition Height <u>4000</u> ft agl	Ceiling <input type="radio"/> None (Clear) <input type="radio"/> Obscured <input checked="" type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height <u>8000</u> ft agl	Temperature: <u>12</u> (C) or <u>53.1</u> (F) Dew Point: <u>3</u> (C) or <u>37.9</u> (F) Altimeter Setting: <u>29.81</u> in. Hg or _____ MB
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Wind Direction <input checked="" type="checkbox"/> Variable -or- Direction: <u>210</u> degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>19</u> kts	Wind Gusts <input type="checkbox"/> Not Gusting -or- Speed: <u>35</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input checked="" type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	Restriction to Visibility (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input checked="" type="checkbox"/> Unknown
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Icing Forecast <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input checked="" type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input checked="" type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Icing Actual <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input checked="" type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input checked="" type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input type="radio"/> None	<input type="radio"/> N/A	<input checked="" type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input checked="" type="radio"/> Unknown	<input type="radio"/> Unknown		Turbulence Type (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Clear Air <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Terrain-Induced <input checked="" type="checkbox"/> Severe <input checked="" type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme
Amount	Type																													
<input checked="" type="radio"/> None	<input checked="" type="radio"/> N/A																													
<input type="radio"/> Trace	<input type="radio"/> Rime																													
<input type="radio"/> Light	<input type="radio"/> Clear																													
<input type="radio"/> Moderate	<input type="radio"/> Mixed																													
<input type="radio"/> Severe	<input type="radio"/> Unknown																													
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<input checked="" type="radio"/> Trace	<input type="radio"/> Rime																													
<input type="radio"/> Light	<input type="radio"/> Clear																													
<input type="radio"/> Moderate	<input type="radio"/> Mixed																													
<input type="radio"/> Severe	<input checked="" type="radio"/> Unknown																													
<input type="radio"/> Unknown																														

NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- None Substantial
 Minor Destroyed
 Unknown

Aircraft Fire

- None Both Ground and In-Flight
 In-Flight Fire at Unknown Time
 On-Ground Unknown

Aircraft Explosion

- None Both Ground and In-Flight
 In-Flight Explosion at Unknown Time
 On-Ground Unknown

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

No Damage to Other Property, Aircraft totally destroyed.

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

N94TH AS-350B2 SKAGWAY, AK 05-06-2016

The aircraft was flying supplies between the TEMSCO Waterfront Heliport in Skagway, AK and the Alaska Icefield Expeditions' dog sled camp on the Denver Glacier.

There were seven trips scheduled for 5/6. The aircraft had successfully completed twelve trips the day before.

The pilot was ready to fly at 08:00 on May 6, but the low ceilings prohibited operations. The pilot attended company orientation at 09:00, and at 13:00 he performed helicopter loading training for new TEMSCO employees.

At about 15:30, he was done with training and was evaluating the afternoon weather. The weather was too windy at that time, but was forecasted to subside later in the afternoon. At approximately 16:00 there were more discussions about the weather, and even though the ceiling was improving, the pilot and base manager both agreed the wind was too strong. Personnel were put on standby for another hour.

By approximately 16:45, the wind had subsided significantly. The pilot decided it was safe to launch.

Time-line of events:

17:10: N94th launches from TEMSCO for the first of seven trips.

17:28: One round trip completed, N94th departs for another.

17:38: N94TH calls inbound from Denver Glacier. The pilot is asked by the base manager about the conditions. The pilot states that it is turbulent around the toe of the glacier and that he is keeping his airspeed down for a smoother ride. The base manager decides, based on the report, to forego a scheduled sling load for him and load cargo internally in another helicopter.

17:47: N94TH departs for the third trip. On his way to the glacier the pilot reports to base he experienced a little bit of in flight icing at 3000' msl. The base manager discusses the conditions with the pilot and the pilot agrees to monitor the conditions closely on his future flights.

17:56: N94TH calls inbound from the Denver Glacier.

18:03: N94TH departs for the fourth trip.

18:13: N94TH calls inbound for the Denver Glacier and reports the weather had improved.

18:22: N94TH departs for the fifth trip.

18:32: N94TH calls inbound from the Denver Glacier.

18:40: N94TH departs for the sixth trip. On the way to the glacier, the pilot says to the crew at dog camp: "I'm going to have to go to this one guys." After some unknown chatter on the radio with dog camp personnel, he is heard saying he would try to make it there and "don't count me out just yet." He is heard shortly after saying he was inbound to dog camp. No further transmissions were received. At approximately 19:00, the base manager walked into dispatch for assisting with loading cargo on a parked helicopter.



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

Operator/Owner Safety Recommendation

Due to the uncertain nature of the accident, we can not yet make any recommendations until the NTSB can pull all the data together and provide some clarity on what might have caused this accident.

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

Was there Mechanical Malfunction/Failure? Yes No
 (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

FUEL & SERVICES INFORMATION
Fuel on Board at Last Takeoff
 (Convert from pounds, as necessary)

71 gal _____ Gallons

Fuel Type

- | | | | |
|------------------------------------|--|----------------------------------|--|
| <input type="radio"/> 80/87 | <input type="radio"/> 115/145 | <input type="radio"/> Jet B | <input type="radio"/> Other, specify _____ |
| <input type="radio"/> 100 Low Lead | <input checked="" type="radio"/> Jet A | <input type="radio"/> JP8 | |
| <input type="radio"/> 100/130 | <input type="radio"/> Jet A-1 | <input type="radio"/> Automotive | |

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
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)
Aircraft Registration Number
Manufacturer: _____

Damage to Other Aircraft
Model: _____

-
- Destroyed
-
- Minor
-
-
- Substantial
-
- None

Registered Owner of Other Aircraft

 Name: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____

Pilot of Other Aircraft

 Name: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

After not hearing any further chatter for a few minutes he wondered where the aircraft was. After looking at the flight tracking computer, he determined that even though it looked on the screen as if the helicopter was idling at dog camp, it was in fact reporting at a location just northwest of dog camp at an elevation of roughly 6200'. Dog camp is roughly 4200' msl.

~19:00: Radio calls were made to the pilot in an attempt to reach him.

19:05: The base manager decides to have ground crew personnel unload the cargo from the helicopter on the ramp to be used as a potential search aircraft.

19:10: After repeated radio calls, the base manager decides to launch a search aircraft. The lead pilot hears all the transmissions on the radio and returns to base. TEMSCO's Emergency Response Plan is activated.

19:14: Th base manager launches from Skagway in N970TH with an observer on-board to search for the missing aircraft. They program the aircraft GPS with the last known coordinates of N94TH.

19:24: N970TH reports they are unable to pass overhead dog camp via Paradise Valley due to ceilings, blowing snow and turbulence. They would try the Reid Valley.

19:42: N970TH reports they are maneuvering in the vicinity of the North Denver Icefall and are unable to climb higher than 4000' MSL due to ceilings, blowing snow and mechanical turbulence.

19:43: N970TH reports moving from the North Denver Icefall back to Reid Valley.

19:48: N970TH reports improving ceilings and maneuvering around 5000' MSL.

20:00: TEMSCO notifies FAA of overdue aircraft.

20:09: N970TH reports aircraft wreckage found at an approximate altitude of 4000' MSL. Aircraft was reported as destroyed with no occupants visible.

20:12: 911 is called by TEMSCO personnel.

Unknown time; U.S. Coast Guard is called.

20:14: N970TH reports being unable to land at the crash site due to high winds and flat light.

20:20: N970TH gives a weather report of five miles visibility and the ceiling above the highest terrain.

20:23: TEMSCO requests Search and Rescue assistance for the police dispatcher.

20:31: TEMSCO notifies the NTSB.

20:32: N970TH returns for fuel.

20:38: N970TH departs for crash site with same crew on board.

20:41: N970TH reports they are back on scene, maneuvering and still unable to land due to wind.

20:55: N970TH reports inbound to Skagway to pick up search and rescue.

21:20: N970TH departs for the Denver Glacier dog camp with Search and Rescue personnel who would then try and reach the accident via ground transport.

21:33: N970TH lands back at TEMSCO having dropped off SAR at dog camp.

22:32: SAR personnel report they are unable to reach the site and have turned back to dog camp for the night.

22:33: U.S. Coast Guard helicopter is heard over Skagway.

22:35: US Coast Guard Helicopter speaks with TEMSCO dispatch about the location of the crash via radio, the coast Guard helicopter could not land or maintain hover position over the crash site due to wind conditions and had to dump fuel and then made another attempt.

22:43: US Coast Guard tells TEMSCO dispatch to expect an update via landline.

22:52: AK State Troopers pass on update from US Coast Guard that there were no survivors.

The operation was ceased for the night at that point and recovery operations began the following day.

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

Date of this Report

05/17/2016

mm/dd/yyyy

Name of Pilot/Operator: _____

Signature: _____

-- or -- Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: Joseph R. Hicks

Title: Director of Operations

Signature: _____

-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
ANC16FA023

Reviewed by NTSB Regional Office
ANC

Name of Investigator
Michael J. Hodges

Date Report Received
05/18/2016