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

BASI				erang	••••									
	o INFORMA						1	cident/Incid	lont Doto/	Fimo				
	City/Place: Garn		nort Llvalde		Stata: T	x					1	1000		
			.A.				Da	te:01/0 	0 <mark>8/2019</mark> d/yyyy	Lo	cal Time:	1000		
			Longitude:							Ti	me Zone: _	Cen		
(Enter in decimal degrees or degrees:minutes:seconds)							C	ollision with	Othor Air	araft. (Midair		A None	
	1	0	0	· ·				JIIISIOII WITH	Other An		, windam	O OII-gioui		
AIRC	RAFT INFO	RMATIO	N				1							
Registr	ation Number:	N484AB					☐ IFR-Equipped and Certified ☐ Commercial Space Flight							
Manufacturer: ROBINSON										ignt				
Model:	R44 RAVEN I	I					Μ	laximum Gr	oss Weigh	t: 2500		lbs		
Serial N	Number: <u>1139</u>	0			Weight at Time of Accident/Incident: 2000							lbs		
Year of	Manufacture:	2006		Number of Seats: 4 Flight Crew S						ew Seats:				
Amateu	ir-Built: OYes	If Yes:	OKit/Plans Mal						Passenger Seats:					
	⊙No	(Original Design					umber of Er						
0	ry of Aircraft		irworthiness Ce	rtificate		Landing Ge				Engine	e Type (Se	elect one)		
O Airpl O Ballo		(Check all t Standar											d Rocket Rocket	
ÖBlim	Dirigible	🗹 Norma	al 🗌 Restric				e DTailwheel O Turbo Prop O					O Hybr	id Rocket	
OGlide OGyro		☐ Aerob ☐ Balloc					'n	_	igh Skid	O Turb O Turb		ONone OUnkr		
• Helic	opter	Commuter Special Flight			Emergen		loat 🗹 S	kid	OElec		O			
OPowe ORock		☐ Transı ☐ Utility		mental l Light-Spo	ort	□Float □Hull			ki ki/Wheel	EI C		(D i)	
OUltralight Experim						unch	n/Recovery Sys		OCarb		Type (Reciprocating) or OFuel-Injected			
OUnkn	own	□Certificate	e of Authorization	or Waiver Unknown	(COA)		uner		Inknown	•		0		
				Clikilowii				Date	Rated Pow	er	Total	Time	Since:	
Engine	Engine Manufa	atuman	Engine Model/Series			acturer's		of Mfg. mm/dd/yyyy	O Horse O lbs of		Time (hours)	Inspection (hours)	Overhaul (hours)	
Engine Eng. 1	LYCOMING		10-540	Serial Number L-31428-48A				06/19/2006	205 MC			1640.4	NA	
Eng. 2														
Eng. 3														
Eng. 4						O E: 11	N ¹ / 1					F' 1 D'(1		
Last Ir	spection Type			Propeller 1 OFixed				Pitch Propeller 2 OFixed Pitch Illable Pitch OControllable Pitch				Pitch		
	our OCont				_	OGround		J				Ground Adju		
O AAIP O Annu		ditional Inspe nown	ction		Manufacturer: <u>ROBINSON HELICOPTER</u> Manufacturer:									
Date La	ast Inspection:	11/07/2	018		Model: ELT Installed: OYes ONo Additional Equip									
	-	mm/dd/yy			stalled:	OYes O	No				ipment (Check all tha	t apply)	
	ne Total Time: rs measured at (S		hrs	If Yes: ELT Ma	nufactur	er:			Air	frame Para				
	1	,	ccident/Incident	Model or	Model or Part No.:					Angle of Attack Indicator Autopilot				
TSO N				150 No.		(121.5 MHz) (6 (406 MHz)	C9ر	1a (121.5 MH	^{z)} □Dat	a Recorde		Handh-14 D	vias	
O Annu				Was FI	-	unted in aircra	oft?	OVes ONo		Electronic Flight Bag or Handheld Device Electronic Multifunction Display				
	itional (Amateur-l facturer's Inspect			Was EL	Г still cor	nnected to ante	nna		Ele	ctronic Pri	mary Fligh	t Display		
O Other	Approved Inspec	tion Program	(AAIP)	Did ELT If active		e? OYes O	No			ids Up Dis				
	nuous Airworthin ; specify:	ess				ocating Aircra	ıft:	OYes ONo		oard Wea	ther cing Device			
	tion of Fire Ex	tinguishing	System		ctivated:	5		-		l Warning	System			
O None		0 0	-	Indicate	Reason:			ge		eo Record er, Specify	ing Device			
Spec			NT LEFT			☐ Fire Dama ☐ Battery Ex		d/Damaged		er, speeng	•			
EXTINGUISHER FRONT LEFT						Unknown								

OWNER/OPERATOR INFORM	ATION					
Registered Aircraft Owner		City: MIDLAND				
Name: BODIE NUNN		State: TX ZIP: 79701				
Fractional Ownership Aircraft: O Yes C) No	Country: U.S.A.				
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner				
Name: BRYAN COURT		City: DRIFTWOOD				
Doing Business As: SELF		State: <u>TX</u> ZIP: <u>78619</u>				
Air Carrier/Operator Designator (4 Charact	er Code): <u>NA</u>	Country: U.SA.				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	nder Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
 None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo 	 FAR 91 OFAR 129 OFAR 103 OFAR 133 OFAR 121 OFAR 135 OFAR 125 OFAR 137 OFAR 	431 O Non-Scheduled or Air Taxi O International 435				
 Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135) 	O FAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	O Passenger O Cargo O Mail Contract Only				
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141)	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)				
Certificate of Autorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft		OAerial Application OFirefighting OUnknown OAerial Observation OFlight Test OAir Drop OAir Drop OGlider Tow OAir Race/Show OAir Race/Show OInstructional OBanner Tow OOther Work Use OBusiness OPersonal OExecutive/Corporate OPositioning				
Revenue Sightseeing Flight	Air Medical Flight	OExternal Load OSkydiving OFerry				
O Yes O No	O Yes 💿 No					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: GARNER FIELD UVAL	.DE	Distance From Airport Center: ON AP sm				
Airport Identifier: KUVA		Direction From Airport: NA degrees true				
Proximity to Airport: O Off Airport/Airstri	p OOn Airport/Airstrip ON/A	Airport Elevation: 942 ft. msl				
Runway Information Runway ID: KUVA (L/R/C) Length: 52 Runway/Landing Surface (Check all that description) ☑ Asphalt □Grass/Turf Maca □ Concrete □Gravel □Meta □ Dirt □Ice Snow	apply) adam 🔲 Water Il/Wood	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				
Approach/Departure Segment (Select one)					
OTaxi OTakeoff OInitial Climb	OOn Instrument Ap OLanding	oproach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown)				
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	MLSPracticeLDAGPSASRVisualContactCirclingUnknown	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 Unknown				

"FLIGHT CREWMEMBER 1" INFORMATION											
"Flight Crewmember 1" Res ⊙ Pilot O Co-Pilot	ponsibilities at th O Student Pilot	e Time of O Flight In		dent Check Pilot	O Flig	nt Engineer	O Other I	light Crew			
"Flight Crewmember 1" was	pilot flying 🛛	Yes 🗖 N	0								
"Flight Crewmember 1" Ider	ntification										
First Name: BRYAN City of Residence: DRIFTWOOD											
Middle Initial: A State: TX ZIP: 78619											
Last Name: COURT											
	Accident/Incident:	30	Date of Bi		Country: U.S.A.						
rige at time of r	leerdent/merdent.		ertificate Numb								
Degree of Injury	Seat Occupied				straint T				nflatable R	actuainta	
O None O Fatal	-	O Front	O Unknow		-	-		1	innatable N		
O None O Fadar O Len O Front O O Intribution O Minor O Unknown O Right O Rear O None O None O Serious O Center O Single O Lap only O Lap only O Lap only											
Pilot Certificate(s) (Check all	that apply)				⊙ 3-poi	nt	●3-point		Not Dep		
□ None		nmercial	🗖 US Mil		O 4-poir O 5-poir	nt	O 4-point O 5-point		□ Deploye □ Unknow		
□ Private □ Recreation □ Student □ Sport		line Transpo ght Engineer		l	O Unkn		OUnknow	/n			
		sitt Engineer									
Principal Occupation M	edical Certificat	e		Me	dical Cei	tificate Va	lidity	1	Date of Las	t Medical	
		lass 3		-		nitations/waiv	vers OU	nknown	09/18/20 ²	10	
		river´s Licer nknown	nse (Sport Pilot o		Special Iss	tions/waivers	S ON	/A			
Medical Certificate Limitatio					1						
PRESCRIPTION EYEWEAR M											
Medical Certificate Special I	ssuance										
NONE											
Date of Last Flight Review		Flight	Review Aircu	raft							
or Equivalent, Including FAR 121/135 Checks:	08/15/2018	Make:	BELL								
	mm/dd/yyyy	- Model:	407								
Airplane Rating(s)	Other Aircraft F	ating(s)	Instrume	ent Rating(s)	Instructor	r Rating(s)				
(Check all that apply)	(Check all that appl	y)		that apply)		(Check all i					
✓ None ✓ Single Engine Lond	□ None		□ None			□ None	0. 1 F		Instrument A	Airplane	
 ☐ Single-Engine Land ☐ Single-Engine Sea 	 Airship Balloon 		☐ Airplan ☑ Helicop				e Single-Engi e Multi-Engir		Instrument I Helicopter	Helicopter	
Multiengine Land	Glider		D Powere			Gyropla Gyropla	ne		Glider		
☐ Multiengine Sea	☐ Gyroplane ☑ Helicopter					□ Powered	d Lift		Sport		
	Powered Lift										
Type Ratings											
						Student E	ndorsemen	ts (Include d	lates)		
NONE						Student E	ndorsemen	its (Include o	lates)		
							ndorsemen	nts (Include o	lates)		
							ndorsemen	nts (Include o	lates)		
							Indorsemen	nts (Include o	lates)		
NONE			Airplane			NONE		nts (Include o	lates)		
NONE Flight Time (Enter appropriate		his Make	Airplane Single	Airplane	Night	NONE	ument			Lighter Than Air	
NONE Flight Time (Enter appropriate number of hours in each box)	Aircraft	& Model	Single Engine	Airplane Multiengine	Night	NONE		Rotorcraft	dates) Glider	Lighter Than Air	
NONE Flight Time (Enter appropriate number of hours in each box) Total Time	Aircraft 2,650	& Model 1,200	Single Engine O		Night	NONE	ument	Rotorcraft 2,650			
NONE Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC)	Aircraft	& Model	Single Engine		Night	NONE	ument	Rotorcraft			
NONE Flight Time (Enter appropriate number of hours in each box) Total Time	Aircraft Aircraft 2,650 2,600	& Model 1,200 1,190	Single Engine 0 0		Night	NONE	ument	Rotorcraft 2,650 2,600			
NONE Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	Aircraft Aircraft 2,650 2,600	& Model 1,200 1,190	Single Engine 0 0		Night	NONE	ument	Rotorcraft 2,650 2,600			
NONE Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	Aircraft Aircraft 2,650 2,600 1,200 1,200	& Model 1,200 1,190 800	Single Engine 0 0 0		Night	NONE	ument	Rotorcraft 2,650 2,600 1,200			

"FLIGHT CREWMEME	BER 2" INF	ORMATIC	ON								
"Flight Crewmember 2" Res OPilot OCo-Pilot	ponsibilities at Student Pilot	the Time of OFlight In		ident Check Pilot	O Flig	ght Engineer	O Other I	Flight Crew			
"Flight Crewmember 2" was	pilot flying	🗆 Yes 🔽	No								
"Flight Crewmember 2" Ider	tification										
First Name: BODIE				Ci	ty of Re	esidence: MI	DLAND				
Middle Initial: J State: TX ZIP: 79707											
Last Name: NUNN					Country: U.S.A.						
Age at time of A	ccident/Inciden	nt: 39	Date of Bi		, uniti y .		/dd/vvvv				
			rtificate Numb								
Degree of Injury	Seat Occup		timouto r tume		traint T	vpe		I	nflatable R	estraints	
 None Fatal Minor Serious 	OLeft ORight OCenter	OFront ORear OSingle	OUnknow		Availab O Non O Lap	le e	Used O None O Lap only		☑ Not Inst	alled	
Pilot Certificate(s) (Check all	that apply)				⊙ 1-ap		• Lap only	y	□ Instance		
□ None □ Flight In. □ Private □ Recreation □ Student □ Sport	onal 🗖 /	Commercial Airline Transpo Flight Enginee			0 4-point0 4-point0 5-point0 5-point0 Unknown0 Unknown			vn	Deployed		
Principal Occupation M	edical Certific	ate		Med	lical Ce	ertificate Va	lidity	1	Date of Las	t Medical	
⊙ Other C	Class 1 C	Class 3 Driver's Lice Unknown	nse (Sport Pilot	only) OW		mitations/waiv tations/waivers suance		nknown /A	04/04/2018_ mm/dd/yyyy		
Medical Certificate Limitatio	ons										
NONE											
Madiaal Cardificada Sacaial I											
Medical Certificate Special Is NONE	suance										
Date of Last Flight Review		Flight	t Review Airc	raft							
or Equivalent, Including		Make:									
FAR 121/135 Checks:	NA mm/dd/yyyy	Model									
Airplane Rating(s)	Other Aircraf			ent Rating(s)		Instructor	Rating(s)				
(Check all that apply)	(Check all that a			that apply)		(Check all th					
□ None	□ None		□ None			□ None			Instrument A		
✓ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airpla ☐ Helico			□ Airplane □ Airplane			Instrument H Helicopter	elicopter	
☐ Multiengine Land						Gyroplan			Glider		
☐ Multiengine Sea	Gyroplane					D Powered	Lift		Sport		
	HelicopterPowered Lift										
Type Ratings						Student Er	ndorsement	ts (Include da	ates)		
NONE						HELICOPTE	ER 01/15/20	18			
	<u> </u>		Airplane								
Flight Time (<i>Enter appropriate number of hours in each box</i>)	All Aircraft	This Make & Model	Single	Airplane Multionging	NI!		rument	Dotonofi	Glider	Lighter Than Air	
Total Time	Aircrait 400	& Model	Engine 380	Multiengine	Nigh	t Actual	Simulated	Rotorcraft 25			
Pilot in Command (PIC)	320	20	350					23			
Time as Instructor	020	0	000		1			0			
This Make/Model											
Last 90 Days	25	25	0		1			25			
Last 30 Days	10	10	0					10			
Last 24 Hours	1	1	0					1			

ADDITIONAL FLI	GHT CREWMEN	IBERS (Exclusiv	e of cabin cr	ew, complete	e the followin	g information)			
Crew Name and Add	ress						Seat Occupie	d	Injury	
					710		O Left O Center	O Front O Rear	O None O Minor	
Middle Initial: ZIP: Last Name: Country:							O Right	O Serious O Fatal		
Last Name:		Cou	nu y			-		OUnknown	O Unknown	
Pilot Certificate(s) (0	Check all that apply)						Restraint Ty Available	pe: Used	Inflatable	
□ None	None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign							O None	Restraints ☐ Not Installed	
Student	Sport		ght Engine		reign		O Lap Only O 3-point	O Lap Only O 3-point	Installed	
Type Rating/Endorse	amont for		Total F	light Time a	t the Time		O 4-point O 5-point	O 4-point O 5-point	 Not Deployed Deployed 	
Accident/Incident Ai		□ No			ident:	hrs	O Unknown	O Unknown	Unknown	
Crew Name and Address								Seat Occupied		
							OLeft OCenter	O Front O Rear	O None O Minor	
Middle Initial:					ZIP:		ORight	O Single O Unknown	O Serious	
Last Name:		Cou	ntry:					OUIKIIOWII	O Fatal O Unknown	
Pilot Certificate(s) (0	Check all that apply)						Restraint Ty		Inflatable	
None	Flight Instructor		nmercial		Military		Available O None	Used O None	Restraints	
PrivateStudent	Recreational Sport		line Transp ght Enginee		reign		O Lap Only O 3-point	O Lap Only O 3-point	☐ Not Installed ☐ Installed	
					((b., T [•]		O 4-point	O 4-point	Not Deployed	
Type Rating/Endorse Accident/Incident Air		□ No		light Time a Accident/Inci	ident:	hrs	O 5-point O Unknown	O 5-point O Unknown	DeployedUnknown	
PASSENGER(S) /	OTHER PERSO	ONNEL (Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)			
PASSENGER(S) / Name and Address	OTHER PERSO	ONNEL (Include c	abin crew; c	ontinue on s Injury	eparate shee Restraint T		Inflatable Restraints	Age	
Name and Address				Seat	Injury	Restraint T Available	[°] ype Used	Restraints		
	City :			Seat OLeft		Restraint T Available ONone OLap Only	Ype Used O None O Lap Only	Restraints	Under 5 years	
Name and Address	City : State:	ZIP:		Seat OLeft OCenter ORight	Injury ONone OMinor O Serious	Restraint T Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point	Restraints	Under 5 years	
Name and Address First Name: <u>NA Middle Initial:</u> Last Name:	City : State:	ZIP:		Seat OLeft OCenter	Injury ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point	Yype Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints	Under 5 years	
Name and Address First Name: NA Middle Initial: Last Name: OCrew	City : State: Country: OPassenger	ZIP: O Ot	 ther	Seat OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Yype Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used	Restraints	☐ Under 5 years 1 If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: <u>NA Middle Initial:</u> Last Name:	City : State: Country: OPassenger City :	ZIP: O Ot	ther	Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Yype Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints Not Installed Not Deployed Deployed Unknown Not Installed Installed	□ Under 5 years I <i>If Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years	
Name and Address First Name: NA Middle Initial: Last Name: OCrew First Name: NA	City : State: Country: OPassenger City : State:	ZIP: O Ot ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Yype Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5,	
Name and Address First Name: NA Middle Initial: Last Name: OCrew First Name: NA Middle Initial:	City : State: Country: OPassenger City : State:	ZIP: O Ot ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Yype Used O None Lap Only 3-point 4-point 5-point O Unknown Used None Lap Only 3-point 4-point O 4-point O 5-point	Restraints Not Installed Not Deployed Deployed Unknown Not Installed Installed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,	
Name and Address First Name: NA Middle Initial: Last Name: OCrew First Name: NA Middle Initial: Last Name: OCrew	City : State: OPassenger City : City : State: Country: OPassenger	ZIP: O Ot ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available	Yype Used O None Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 4-point O 5-point O 4-point O 4-point	Restraints Not Installed Installed Not Deployed Unknown	□ Under 5 years I <i>J Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>If Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: NA Middle Initial: Last Name: OCrew First Name: NA Middle Initial: Last Name:	City : State: OPassenger City : City : Country: OPassenger City :	ZIP: O Ot ZIP: O Ot	ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury None OMinor O Serious O Fatal O Unknown ONone OMinor O Serious O Fatal	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only	Yype Used O None Lap Only O 3-point O 4-point O Unknown Used O None Lap Only O 3-point O 4-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Unknown Unknown Installed Not Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years	
Name and Address First Name: NA Middle Initial: Last Name: OCrew First Name: NA Middle Initial: Last Name: OCrew First Name: NA Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City : State: OPassenger City : City : State: OPassenger City : City : State:	ZIP: O Ot ZIP: O Ot ZIP:	ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Yype Used O None Lap Only O 3-point O 4-point O Unknown Used O Xone Lap Only O 3-point O 4-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None D Lap Only O 3-point	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Unknown Unknown Installed Not Deployed Unknown	□ Under 5 years I <i>J Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>J Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>J Under 5</i> , ○ Child Restraint	
Name and Address First Name: NA Middle Initial: Last Name: OCrew First Name: NA Middle Initial: Last Name: OCrew First Name: NA Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: OPassenger City : City : State: OPassenger City : City : State:	ZIP: O Ot ZIP: O Ot ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OLeft OCenter	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only	Yype Used O None Lap Only O 3-point O 4-point O Unknown Used O None Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None Lap Only O 3-point O 4-point O 5-point O 1000000000000000000000000000000000000	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Unknown Unknown Installed Not Deployed Unknown	□ Under 5 years I <i>J Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>J Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>J Under 5</i> , ○ Child Restraint	
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FLIGHT ITINERARY I	NFORMATION	N						
Last Departure Point	Tim	e of Departure	Destinatio	on		Type Fligh	t Plan Fi	iled
Airport ID: KUVA		4000	Airport ID:	SAME		• None		O VFR/IFR
City: UVALDE	Time	: <u>1000</u>	City:			O Company		O IFR
State: TX	Time	Zone: CEN				O Military V O VFR	VFR	O Unknown
Country: U.S.A.							OYes	⊙No OUnknow
Type of ATC Clearance/Serv	ice (Check all that	apply)	country				-	
	Special VFR		cial IFR		□ VFR Flight Folle	owing	Cruis	e
	IFR		R On Top		Traffic Advisory			own / NA
Class B I Class C	'incident occurred Class G Demo Area Warning Area Prohibited Area	□ Mil □ Aiŋ	itary Operations port Advisory An Training Area		☐ Special ☐ Air Traffic Contr ☐ Unknown	rol Area	Altitud Occur <u>990</u>	
Class E	Restricted Area	🗖 FAI	R 93					
WEATHER INFORMA	TION AT THE		T/INCIDEN	T SITE				
Source of Pilot Weather Info	ormation	·		Weather Obs	servation Facility	-		
(Check all that apply)	—			Facility ID: Kl	JVA			
 National Weather Service Flight Service Station 	□ Com □ Milit			Observation Til	me: 0930 LOCAL			
TV/Radio	☐ Inter	net		Time Zone: C				
 Automated Report Commercial Weather Service (DUATS) DUATS			Distance from A	Accident Site: 0			
On-Board Weather	DUATS) 🗖 Unkr	lown			Accident Site: 0			true
Basic Conditions		Light Conditi	ion					
● VMC ● IMC ● Unknown		ODawn ⊙Day	ODusk ONight	ODark OBrigl	Night O Un ht Night	known		
Sky/Lowest Cloud Condition	1	Ceiling			Temperature:	25	(C) or	(F)
	Thin Broken	 None (Clear) O Obscured O Broken O Indefinite O Overcast O Unknown 			_			
	Thin Overcast Unknown							
O Scattered	Chikhown	Overease	Ŭ	Altimeter Setting: <u>29.95</u> in. Hg or MB				
Lowest Cloud Condition Hei	ight	Ceiling Heigh	t			or	MB	
	_ ft agl			ft agl				
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✓ Variable	☑ Calm		Not Gustir	ıg				
-	Light and Varia	ble	—	0		:		
-0r-	-or-	1.	-or-	1.	RVV		miles	_
Direction:degrees true	Speed:	kts	Speed:	kts	Density Altitud			ft
Intensity of Precipitation	Type of Precipita			_ ·	Restriction to			at apply)
O Light O Moderate	☑ None □ Rain	DrizzleIce Pellets	□ Freezing □ Snow S		✓ None ☐ Blowing Du	st □C	og Ground Fo	g
OHeavy	□ Snow	□ Snow Pellet	s 🛛 Ice Pelle	ets Shower	Blowing Sar	nd 🗖 H	Iaze	0
⊙ N/A O Unknown	 Hail Rain Showers 	Snow Grain		g Drizzle	□ Blowing Sn □ Blowing Sp		ce Fog moke	
Ounknown	□ Rain Showers	□ Ice Crystals			Dust		Jnknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type		Amount	Туре		Type (Check a	ll that apply)		verity
 None N/A Trace Rime 		 None Trace 	⊙ N/A O Rime		□ None □ Clear Air			Light Moderate
O Light O Clear		O Light	O Clear		Terrain-Indu	iced		Severe
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O Severe O Unknown	n	O Severe O Unknown	O Unkr	lown				
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NOTAMs (D and FDC), A NONE OBSERVED	IRME IS, SIGN	IEIS, PIREPS	s in effect at	the time of th	ie accident/inclo	ient:		

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

O None O Minor

geAircraft FireImage: SubstantialImage: NoneImage: DestroyedImage: SubstantialImage: DestroyedImage: DestroyedImage:

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)

DAMAGED TAILBOOM, DAMAGED MAIN ROTOR SYSTEM, DAMAGED DRIVE TRAIN

AIRCRAFT IS NOW WITH PRINCIPLE BASED MECHANIC AND WILL UNDERGO FURTHER INSPECTIONS TO DETERMINE THE MALFUNCTION.

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.

On Tuesday January 9th at approximately 10:00 a.m., I was conducting a training flight with Bodie Nunn, myself as the acting CFI and Bodie as the acting student. The flight was taking place in Bodie Nunn's personally owned Robinson R44 Raven II (N484AB) in day VFR conditions at Garner Field, Uvalde Texas Municipal Airport. Upon start-up at the FBO ramp, the helicopter was taxied to the East portion of the grass field in front of the FBO, near the air medical helicopter hangar. At this location we did our pre take off hover power checks. confirming the helicopter was prepared for departure, then making our radio call for a present point departure Westbound. Upon take off roll and into ETL, there where no indications of any mechanical issue. Once the helicopter was through ETL, at around 40 knots indicated air speed, the collective was raised to increase the available power to our take off power setting. At that moment, there was a loud audible pop/bang sound which came from behind us, with an uncommanded aggressive yaw to the right with associated heavy/medium vibrations. I immediately took controls, and upon my initial interaction. I determined to my best knowledge we had incurred a tail rotor failure or aft driveshaft failure. With the low altitude, low airspeed and low timeframe combination, I made the quick decision to react per the Robinson R44 POH, (Section 3-5) and immediately entered an autorotation, which was entered at roughly 40 KIAS and 50 ft AGL. Upon entering the autorotation, the aircraft was aggressively shaking around to the extent of a uncontrolled flight attitude, (ex. Out of balance washer machine), until roughly 8 feet AGL, where I initiated the flare portion of the full autorotation. Due to low altitude and low air speed situation. I did not have the time or altitude to flare enough to fully stop my forward movement and ground run. Upon striking the ground in a nose up manner, the aircraft teeter tottered forward aggressively to a nose down position, where the rotor system was roughly 6 inches from contacting the ground. In that moment, I pulled the cyclic aft, attempting to get the helicopter to set down without the main rotor blades striking the ground, in doing so the main rotor system struck and severed the tail boom, eventually teetering the aircraft back to level position with skids on the ground. At this time, the aircraft showed a running engine with all pressure and temperatures in the green, and a normal shutdown was accomplished. Upon getting out of the helicopter, inspection of the aircraft showed a severed tail boom, with damage to the MR blades and the tail rotor hanging at a angle being held by the drive shaft structure. On a side note, bystanders who witnessed the accident described the loud bang sound I spoke of above as well as a high pitched wailing sound throughout the aircrafts descent to the ground.

Respectfully,

Bryan Court

RECOMMENDATION (How could thi Operator/Owner Safety Recommendation	s accident/incident n					
Uperator/Owner Salety Recommendation		ave been prevent	541)			
^						
N/A						
MECHANICAL MALFUNCTION	/FAILURE (If mo	re space is neede	d, continue on sepa	irate sheet)		
Was there Mechanical Malfunction/Faile (If yes, list the name of the part, manufacturer, part)					Total Tim On Part	ne/Cycles
UNKNOWN AT THIS TIME, AWAITING	SINSPECTION				NA	Hours
					NA	Cycles
						e This Part /Overhauled
					NA	Hours
						110415
FUEL & SERVICES INFORMAT						
Fuel on Board at Last Takeoff	Fuel Type					
(Convert from pounds, as necessary)		O 115/145		O Other, specify		
	O 80/87		O Jet B	• Other, speeny		
_45 Gallons	● 100 Low Lead	O Jet A	O JP8	• outer, speeny		
_45 Gallons	 100 Low Lead 100/130 					
	 100 Low Lead 100/130 	O Jet A	O JP8			
<u>45</u> Gallons Other Services, if Any, Prior to Departur	 100 Low Lead 100/130 	O Jet A	O JP8			
45 Gallons Other Services, if Any, Prior to Departur NONE	 100 Low Lead 100/130 	O Jet A	O JP8			
<u>45</u> Gallons Other Services, if Any, Prior to Departur	 100 Low Lead 100/130 	O Jet A	O JP8	Contex, speeny		
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45 Gallons Other Services, if Any, Prior to Departur NONE EVACUATION OF AIRCRAFT Was an emergency evacuation of the airc	© 100 Low Lead O 100/130	O Jet A O Jet A-1	O JP8 O Automotive			
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ADDITIONAL INFORMATION (Please type or print in ink)

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

TBD

I HEREBY CERTIF	Y THAT TH	E ABOVE INFORMATION IS COMPLE	ETE AND ACCU	RATE TO THE BEST OF	MY KNOWLEDGE
Date of this Report	Name of l	Pilot/Operator: BRYAN COURT			
01/10/2019	Signature	::			
mm/dd/yyyy	or	Check here to electronically sign this of	locument		
If a Person Other that	n Pilot/Op	erator is Filing Report			
Name:				Title:	
Signature:					
or C	heck here to	electronically sign this document			
		FOR NTSB	JSE ONLY		
NTSB Accident/Incid	lent No.	Reviewed by NTSB Regional Office	Name of Invest	igator	Date Report Received
CEN19LA065		CEN	Saue	er	01/12/19