

# 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: Hayward State: CA  
 ZIP: 94541 Country: USA  
 Latitude: 37.66N (dd:mm:ss N/S) Longitude: 122.13W (ddd:mm:ss E/W)

### Date/Time

Date: 12/28/2018 Local Time: 10:45  
 mm/dd/yyyy Time Zone: PST

### Phase of Operation

☐ Standing ☒ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover  
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other  
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

### Collision with Other Aircraft

☐ Midair  
☐ On-ground  
☒ None

### Altitude of In-Flight Occurrence

300 ft MSL

## AIRCRAFT INFORMATION

Manufacturer: Robinson  
 Model: R-22  
 Serial Number: 2488  
 Registration Number: N831QT Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 1370 lbs  
 Weight at Time of Accident/Incident: 1275 lbs  
 Location of Center of Gravity at Time of Accident/Incident:  
96.9 inches from ☐ nose or ☒ datum  
 -or- Percent Mean Aerodynamic Cord (% MAC)

### Category of Aircraft

☐ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyrocraft  
☒ Helicopter  
☐ Powered lift  
☐ Ultralight  
☐ Unknown

### Type of Airworthiness Certificate (Check all that apply)

**Standard** **Special**  
☒ Normal ☐ Restricted  
☐ Utility ☐ Limited  
☐ Aerobatic ☐ Provisional  
☐ Transport ☐ Experimental  
☐ Special Flight ☐ Light Sport

### Number of Seats: 2

If Large Aircraft, how many seats for:

Flight Crew: \_\_\_\_\_

Cabin Crew: \_\_\_\_\_

Passengers: \_\_\_\_\_

### Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

☐ Tricycle ☐ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☒ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel  
☐ Unknown

### Type of Maintenance Program

☒ Annual  
☐ Conditional (Amateur-built only)  
☐ Manufacturer's Inspection Program  
☐ Other Approved Inspection Program (AAIP)  
☐ Continuous Airworthiness  
☐ Other, specify: \_\_\_\_\_

### Last Inspection Type

☒ 100 Hour ☐ Continuous Airworthiness  
☐ AAIP ☐ Conditional Inspection  
☐ Annual ☐ Unknown

Date Last Inspection: 11/30/2018  
 mm/dd/yyyy

Airframe Total Time: 13,508.14 hrs  
 hours measured at (check one)  
☐ Last Inspection ☒ Time of Accident/Incident

### IFR Equipped

☐ Yes ☒ No ☐ Unknown

### Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

### Type of Fire Extinguishing System

☒ None  
☐ Specify \_\_\_\_\_

### ELT Installed

☐ Yes ☒ No

### ELT Activated

☐ Yes ☐ No

### ELT Manufacturer:

Model/Series: \_\_\_\_\_

### ELT Aided in Locating Accident/Incident

☐ Yes ☐ No

### Serial Number:

\_\_\_\_\_

### Battery Type:

### Battery Exp. Date:

### Engine Type

☒ Reciprocating ☐ Turbo Jet  
☐ Turbo Shaft ☐ Turbo Fan  
☐ Turbo Prop ☐ Unknown

### Reciprocating Fuel System Type

☒ Carburetor  
☐ Fuel Injected

### Propeller

☐ Fixed Pitch  
☐ Controllable Pitch

### Manufacturer:

### Model:

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm dd yyyy	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Lycoming	O-320-B2C	L-17502-39A	12/13/1994	160		35.21	712.44
Eng. 2								
Eng. 3								
Eng. 4								

<b>OWNER/OPERATOR INFORMATION</b>		
<b>Registered Aircraft Owner</b> Name: <u>Spartan Helicopter, LLC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Owner Address</b> City: <u>Woodland Hills</u> State: <u>CA</u> ZIP: <u>91367</u> Country: <u>USA</u>
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner Name: <u>Wayne Prodyer</u> Doing Business As: <u>Vertical CFX Helicopters</u> Air Carrier/Operator Designator (4 Character Code): _____		<b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner City: <u>Hayward</u> State: <u>CA</u> ZIP: <u>94541</u> Country: <u>USA</u>
<b>Regulation Flight Conducted Under</b> <input checked="" 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 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		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b> <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input checked="" 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	<b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held (Check all that apply)</b> <input checked="" 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 type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
<b>OTHER AIRCRAFT – COLLISION</b> (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number: _____	Manufacturer: _____ Model: _____	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
<b>MECHANICAL MALFUNCTION/FAILURE</b> (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>   		<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>		
<b>Aircraft Damage</b> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <input checked="" 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	<b>Aircraft Explosion</b> <input checked="" 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



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

Damage to the aircraft includes the following:

Broken landing gear  
Broken tail rotor and horizontal/vertical stabilizer fins  
Broken tail boom  
Bent frame  
Collapsed seats  
Broken windshield

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

Airport Identifier: KHWO Distance From Airport Center: 0.5 SM  
Airport Name: Hayward Executive Direction From Airport: 310 degrees MAG  
Proximity to Airport ☒ Off Airport Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: 52 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/NDIB ☐ Sideslip ☐ LDA ☐ GPS  
☐ SDF ☐ ILS ☐ ASR ☐ Loran  
☐ VOR/TWOR ☐ 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

**Runway/Landing Surface** (Check all that apply)

☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water  
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown  
☐ Dirt ☐ Ice ☐ Snow

**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

**FLIGHT ITINERARY INFORMATION**

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>KHWO</u>	Time: <u>10:43</u>	Airport ID: <u>KHWO</u>	<input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR
City: <u>Hayward</u>	Time Zone: <u>PST</u>	City: <u>Hayward</u>	<input type="checkbox"/> Company VFR <input type="checkbox"/> IFR
State: <u>CA</u>		State: <u>CA</u>	<input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown
Country: <u>USA</u>		Country: <u>USA</u>	<input type="checkbox"/> VFR <input type="checkbox"/> Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Type of ATC Clearance/Service** (Check all that apply)

☐ None ☐ Special VFR ☐ Special IIR ☐ VFR Flight Following ☐ Cruise  
☒ VFR ☐ IIR ☐ 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)

8 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

OCCUPANTS EXITED VIA LEFT AND RIGHT DOOR

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

<b>Weather Observation Facility</b> Facility ID: <u>KAWO</u> Observation Time: <u>9:55</u> Time Zone: <u>PST</u> Distance from Accident Site: <u>1</u> NM Direction from Accident Site: <u>090</u> degrees MAG		<b>Source of Weather Information</b> (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 checked="" type="checkbox"/> Internet <input type="checkbox"/> Unknown		<b>Method of Briefing</b> (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown	
<b>Briefing Type/Completeness</b> <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		<b>Light Condition</b> <input type="checkbox"/> Dawn <input checked="" 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		<b>Visibility</b> <u>10</u> miles	
<b>Sky/Lowest Cloud Condition</b> <input checked="" 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		<b>Ceiling</b> <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown		<b>Restriction to Visibility</b> (Check all that apply) <input checked="" 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	
<b>Lowest Cloud Condition Height</b> _____ ft AGL		<b>Ceiling Height</b> _____ ft AGL			
<b>Wind Direction</b> <input type="checkbox"/> Indicated: <u>300</u> degrees MAG <input type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: <u>8</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	<b>Type of Turbulence</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light		

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

N/A

<b>Temperature:</b> _____ (C) or <u>55</u> (F) <b>Altimeter Setting:</b> <u>30.27</u> in. HG or _____ MB <b>Density Altitude:</b> <u>-250</u> ft <b>Dew Point:</b> _____ (C) or <u>23</u> (F)	<b>Icing Forecast</b> <b>Amount</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Type</b> <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	<b>Type of Precipitation</b> (Check all that apply) <input checked="" 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 <b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
	<b>Icing Actual</b> <b>Amount</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Type</b> <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	



# 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: Daniel City: Danland  
 Middle Initial: J State: CA ZIP: 94602  
 Last Name: Oppenheim Country: USA  
 Age at time of Accident/Incident: 37 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

## Degree of Injury

☒ None ☐ Fatal  
☐ Minor ☐ Unknown  
☐ Serious

## Seat Occupied

☒ Left ☐ Front ☐ Unknown  
☐ Right ☐ Rear  
☐ Center ☐ Single

## Seat Belt

Used ☒ Yes ☐ No  
 Available ☒ Yes ☐ No

## Shoulder Harness

Used ☐ Yes ☒ No  
 Available ☐ Yes ☒ No

## 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

☒ Pilot  
☐ Other  
☐ Unknown

## Medical Certificate

☐ None ☐ Class 3  
☐ Class 1 ☐ Driver's License (Sport Pilot only)  
☒ Class 2 ☐ Unknown

## Medical Certificate Validity

☐ Without limitations/waivers  
☒ With limitations/waivers  
☐ Unknown

## Date of Last Medical

01/17/2019  
 mm/dd/yyyy

## Medical Certificate Limitations

must wear corrective lenses

## Medical Certificate Waivers

## Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

06/13/2017  
 mm/dd/yyyy

## Flight Review Aircraft

Make: Robinson  
 Model: R-22

## Airplane Rating(s)

(Check all that apply)  
☒ None  
☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

## Other Aircraft Rating(s)

(Check all that apply)  
☐ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☒ Helicopter  
☐ Powered Lift

## Instrument Rating(s)

(Check all that apply)  
☐ None  
☐ Airplane  
☒ Helicopter  
☐ Powered Lift

## Instructor Rating(s)

(Check all that apply)  
☐ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multi-Engine ☒ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered Lift ☐ Sport

## 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	1116.2	900.3			37.1		50.4	1116.2		
Pilot in Command (PIC)	998.5	782.6			33.4		50.4	998.5		
Time as Instructor	680.3	531.1			23.8			680.3		
This Make/Model					18.9		44.2			
Last 90 Days	164.1	125.1			9.1			164.1		
Last 30 Days	59	43.4			3.7			59		
Last 24 Hours	2.5	0.9						2.5		

<b>PILOT "B" INFORMATION</b>																																																																																																			
<b>Pilot "B" Responsibilities at the Time of Accident/Incident</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input checked="" type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																			
<b>Pilot "B" Identification</b> First Name: <u>Pavl</u> City: <u>San Francisco</u> Middle Initial: <u>D</u> State: <u>CA</u> ZIP: <u>94144</u> Last Name: <u>Rowe</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>53</u> Date of Birth: <u>mm/dd/yyyy</u> <u>1966</u> Certificate Number: _____																																																																																																			
<b>Degree of Injury</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			<b>Seat Belt</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Shoulder Harness</b> Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Available <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																											
<b>Pilot Certificate(s)</b> (Check all that apply) <input checked="" 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																																																																																																			
<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Medical Certificate</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		<b>Date of Last Medical</b> _____ <i>mm/dd/yyyy</i>																																																																																												
<b>Medical Certificate Limitations</b>																																																																																																			
<b>Medical Certificate Waivers</b>																																																																																																			
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <i>mm/dd/yyyy</i>				<b>Flight Review Aircraft</b> Make: _____ Model: _____																																																																																															
<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input checked="" 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		<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input checked="" 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																																																																																													
<b>Type Ratings</b>						<b>Student Endorsements</b> (Include dates) <u>SFAR 73</u> <u>issued 08/03/2018</u>																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td style="padding: 5px;">17.7</td> <td style="padding: 5px;">17.7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="padding: 5px;">17.7</td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td style="padding: 5px;">10.4</td> <td style="padding: 5px;">10.4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="padding: 5px;">10.4</td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td style="padding: 5px;">6.1</td> <td style="padding: 5px;">6.1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="padding: 5px;">6.1</td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td style="padding: 5px;">0.7</td> <td style="padding: 5px;">0.7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="padding: 5px;">0.7</td> <td></td> <td></td> </tr> </tbody> </table>										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	17.7	17.7						17.7			Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days	10.4	10.4						10.4			Last 30 Days	6.1	6.1						6.1			Last 24 Hours	0.7	0.7						0.7		
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<b>ADDITIONAL FLIGHT CREW MEMBERS</b> (Exclusive of cabin attendants, complete the following information)																
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>										
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										
<b>Pilot Certificate(s)</b> (Check all that apply)						<b>Seat Occupied</b>										
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer								
<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"/> Foreign						<input type="checkbox"/> Left		<input type="checkbox"/> Front								
						<input type="checkbox"/> Right		<input type="checkbox"/> Rear								
						<input type="checkbox"/> Center		<input type="checkbox"/> Single								
								<input type="checkbox"/> Unknown								
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs										
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>										
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										
<b>Pilot Certificate(s)</b> (Check all that apply)						<b>Seat Occupied</b>										
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer								
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<b>Pilot Name and Address</b>						<b>Degree of Injury</b>										
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										
<b>Pilot Certificate(s)</b> (Check all that apply)						<b>Seat Occupied</b>										
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer								
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						<input type="checkbox"/> Right		<input type="checkbox"/> Rear								
						<input type="checkbox"/> Center		<input type="checkbox"/> Single								
								<input type="checkbox"/> Unknown								
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs										
<b>PASSENGER(S) / OTHER PERSONNEL</b> (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
<b>Name and Address</b>																
First Name: _____			City: _____													
Middle Initial: _____			State: _____ ZIP: _____													
Last Name: _____			Country: _____													
First Name: _____																
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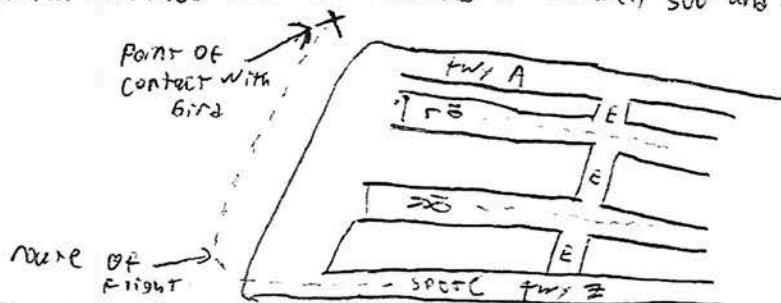
# **NARRATIVE HISTORY OF FLIGHT** (Please type or print in ink)

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.

At approximately 10:45 on 12/23/8, I was practicing take offs and landings with a student in an R-22 helicopter. We requested to take off from "spot C" (on taxiway Z), fly a right traffic pattern, and to land on taxiway A at E. We were cleared to take off from "spot Charlie" to make right traffic for taxiway A (no delay). Given the location of "spot C" and the proximity to Oakland (NOAK) airspace, we made an early right crosswind turn over the golf course next to the airport. This early right crosswind turn is standard.

While climbing out over the golf course, a large bird struck our tail rotor. I took control of the aircraft from the student as this happened. The tail rotor no longer produced thrust, so the helicopter quickly began to yaw. I entered autorotation and performed an emergency landing on the golf course (per emergency procedures in the Robinson R-22 POH). During the autorotation I made a brief Mayday call to the Hayward control tower. After landing, we shut off the engine and stopped the rotor blades immediately. Once the blades had stopped turning, I made radio contact with the Hayward control tower again to advise them of our situation.

At the time of impact with the bird, our altitude was approximately 300' and our airspeed was 50 kts.



## **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**

01/09/2019

mm dd yyyy

**Signature and Name of Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: Daniel Offenheim

**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

WPR19CA052

**Reviewed by NTSB Regional Office**

WPR

**Name of Investigator**

DEBRA J ECKROTE

**Date Report Received**

1110/19