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 INFORM	ATION		No.						100	Haryle		name !
Accident/Incident Lo	cation					Accident/Incident Date/Time						
Nearest City/Place Alto				_ State: 1	MM	Dat	te: <u>09/</u>	29/2018	Lo	cal Time:	1445	
ZIP: 88312	Country: US	A						ld/yyyy				
Latitude: 33.396500		Longitude:105	5.786333						Tı	me Zone: _	Mountain	
(Enter in decim	al degrees or a	degrees:minutes:se	conds)			Co	llision with	Other Air	craft: C) Midair	OOn-groun	d O None
AIRCRAFT INFO	RMATIO	N					ALC: NO		l IV.			
Registration Number	N894NA						□ IFR-Equi					
Manufacturer: Euro	copter						□ Commerc □ Unmanne		gnt			
Model: <u>AS 350 B2</u>						Maximum Gross Weight: 4961 lbs						
Serial Number: 2904						W	eight at Tii	ne of Accid	lent/Inci	dent: Es	t. 4871	_lbs
Year of Manufacture	1996					Νι	umber of So	eats: 5		Flight Cre	ew Seats: 1	
Amateur-Built: OYe		Kit/Plans Mal									Seats: 4	
⊙ No		Original Design				Νι	umber of E	ngines: 1				
Category of Aircraft		irworthiness Ce	rtificate		Landing Ge				Engine	e Type (Se	lect one)	
O Airplane	(Check all t				(Check all the					procating		d Rocket
O Balloon O Blimp/Dirigible	Standar Norma		ted		_	Retr	actable		O Turb	oo Shaft	O Solid	d Rocket
O Glider	Aerob				Tricycle			ailwheel	O Turb		ONone	u recence
O Gyroplane	Balloo	_			■ Amphibia			Iigh Skid	O Turb		O Unkn	own
HelicopterPowered Lift	☐ Comm				☐Emergenc ☐Float	y Fl	oat ☑S		O Elec	tric		
ORocket	Utility	☐ Special	Light-Spo		Hull			ki/Wheel	Fuel Sv	stem Tyne	(Reciprocatin	(a)
OUltralight OUnknown		☐ Experi	mental Ligl	ht-Sport	Other I a	ınch	/Recovery Sy	ctem	OCarb		O Fuel-I	-
Ounknown		of Authorization		(COA)		arrerr	, ,				0.1	,
	None	F -	Unknown		None	-	Date	Jnknown Rated Pow	A.M.	Total	Time 5	Sinoa.
		Engine		Manuf	acturer's		of Mfg.	O Horsen			Inspection	
Engine Engine Manuf	acturer	Model/Series			Number	_	mm/dd/yyyy	O lbs of	Γhrust	(hours)	(hours)	(hours)
Eng. 1 Turbomeca		Arriel 1D1		9456		\dashv	1996 738			8103	47.6	222.4
Eng. 2						-						
Eng. 3 Eng. 4						-						
		l .	Propell	l er 1	OFixed P	itch		l Prope	eller 2	0	I I Fixed Pitch	
Last Inspection Type			l Topon		-	ollable Pitch OControllable Pitch						
	tinuous Airwo ditional Inspe		Manufac	turer:	-	ad Adjustable OGround Adjustable Manufacturer:						
O Annual O Unk			Model _					Mode	-			
Date Last Inspection:			ELT In:	etallad:	⊙Yes O	No				inment (Check all that	annhi)
Ainfuama Tatal Timas	mm/dd/yy		If Yes:	stancu.	9 163 0	110		□AD	•	ipinent (zneck att inat	ирріу)
Airframe Total Time:	CHAPTER THE CONTRACT CONTRACT	hrs		T Manufacturer: Artex								
OLast Inspection	,	ccident/Incident	Model or	r Part No	:: Artex 100	HM	1	☐ ☐ Aut	,	ck Indicato	r	
Type of Maintenance			TSO No.		(121.5 MHz) ©	O C9	1a (121.5 MH	-/-	a Recorde	r		
O Annual	r rogram (Se	nect one)		OC126	(406 MHz)						Handheld Dev	rice
O Conditional (Amateur-	built only)				unted in aircra			í I dela		ıltifunction mary Fligh		
Manufacturer's Inspect					nected to anterer? OYes O		Yes ON	01 —	dheld GP	, ,	t Dispidy	
O Other Approved Inspect O Continuous Airworthin		(AAIP)	If activa		0163 0	110			ds Up Dis			
O Other, specify:			,		ocating Aircra	ft: (OYes ON	–	oard Wea	ther king Device		
Description of Fire Ex		System	If not ac	ctivated:				Stal	l Warning	System		
• None		•	Indicate	Reason:	☐ Impact Dar		e			ing Device		
O Specify:					Fire Dama		1/D 1	LiOth	er, Specify	y:		
					☐ Battery Ex ☐ Unknown	pire	u/Damaged					

OWNER/OPERATOR INFORMA	ATION	DEMOTE LAND TAN			
Registered Aircraft Owner		City: Cheyenne			
Name: Roberts Aricraft CO		State: WY ZIP: 82001			
Fractional Ownership Aircraft: O Yes ©	No	Country: USA			
Operator of Aircraft	gistered Owner	☐ Same Address as Registered Owner			
Name: Trans Aero Limited		City: Chevenne			
Doing Business As: Trans Aero MedEvac		State: <u>WY</u> ZIP: <u>82001</u>			
Air Carrier/Operator Designator (4 Characte	er Code): O4VA	Country: USA			
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	der Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)			
□ None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental □ Air Cargo □ Foreign Air Carriers (FAR 129) ☑ Rotorcraft External Load (FAR 133) □ Commuter Air Carrier (FAR 135)	OFAR 91 OFAR 129 OFAR 130 OFAR 103 OFAR 133 OFAR 135 OFAR 125 OFAR 137 OFAR 137 OFAR 125 OFAR 137 OFAR	431 Non-Scheduled or Air Taxi O International			
☑On-Demand Air Taxi (FAR 135) ☐Commercial Air Tour (FAR 136) ☑Agricultural Aircraft (FAR 137) ☐Pilot School (FAR 141) ☐Certificate of Authorization or Waiver (COA) ☐Commercial Space Transportation Experimental Permit ☐Commercial Space Transportation License ☐Other Operator of Large Aircraft	O Non-US, Non-commercial O Public Aircraft (Select one) O Armed Forces O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Are Face Show O Instructional O Cother Work Use O Personal O Executive/Corporate O Positioning			
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry			
O Yes ● No		323			
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name:		Distance From Airport Center:sm			
Airport Identifier:		Direction From Airport:			
Proximity to Airport: O Off Airport/Airstrip		Airport Elevation: ft. msl			
Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that at a grass/Turf	dam	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 □ Slush-Covered □ Vegetation □ Unknown			
Approach/Departure Segment (Select one,					
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Appelure/Clearance OLanding	proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown			
IFR Approach (Check all that apply) □None		VFR Approach (Check all that apply) □None			
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	☐ Traffic Pattern ☐ Stop and Go☐ Straight-In ☐ Touch and Go☐ Simulated Forced Landing☐ Go Around ☐ Forced Landing☐ Forced Landing☐ Precautionary Landing☐ Unknown☐ Unknown☐ ☐ ☐ Unknown☐ ☐ ☐ Unknown☐			

"FLIGHT CREWMEMBER 1" INFORMATION												
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident O Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew												
"Flight Crewmember 1" was pilot flying ☑Yes □ No												
"Flight Crewmember 1" Identification												
First Name: Troy City of Residence: Whitney												
Middle Initial: D. State: TX ZIP: 76692												
Last Name: Bush						Co	ountry: _	USA				
Age at time of	f Accident/Incide	ent: <u>53</u>	_	Date of B	irth:		196	5 m	m/dd/yyyy			
			Certifi	icate Num	ber:							
Degree of Injury	Seat Occup					Rest	raint Ty	pe			Inflatable F	Restraints
O None O Fatal O Minor O Unknown O Serious	O Fatal O Left O Front O Unknown O Unknown Available Used O Installed O None O None O None Installed O Center O Single O Lap only O Lap only Installed											
Pilot Certificate(s) (Check	all that apply)						O 3-poin	t	O ³ -point		☐ Not Dep	oloyed
		Commercial		US Mi	, ,		⊙ 4-point⊙ 5-point		• 4-point • 5-point		☐ Deploye ☐ Unknov	
☐ Private ☐ Recre ☐ Student ☐ Sport		Airline Transp Flight Engine		☐ Foreign	n		O Unkno		OUnknow	vn		
Principal Occupation	Medical Certific	cate				Med	ical Cert	ificate Va	lidity	i	Date of Las	t Medical
• Pilot		Class 3						itations/waiv		nknown	04/04/20	10
O Other O Unknown	•	ODriver's Lic OUnknown	ense (Sport Pilot	only)		ith limitat secial Issu	ions/waivers ance	s ON	/A	04/04/20 mm/dd/yy	
Medical Certificate Limita		<u> </u>										
Must have available glasses for near vision												
Medical Certificate Specia	Issuance											
Date of Last Flight Review		Fligh	t Rev	view Airc	raft							
or Equivalent, Including FAR 121/135 Checks:	04/12/2018	Make	: <u>Eu</u>	rocopter								
Trick 121/100 Checks.	mm/dd/yyyy	— Mode	I: <u>A</u> S	S350B2								
Airplane Rating(s)	Other Aircra	0()		Instrum					r Rating(s)			
(Check all that apply) ☐ None	(Check all that a ☐ None	apply)		(Check all	l that app	oly)		(Check all 1	hat apply)	_	.	
☐ None ☐ Single-Engine Land	☐ Airship			☐ None ✓ Airpla	ne			☐ None ☐ Airplane	e Single-Engi		Instrument I	1
☐ Single-Engine Sea	☐ Balloon			Helico	pter			☐ Airplane	e Multi-Engir	ne 🗆	Helicopter	
✓ Multiengine Land✓ Multiengine Sea	☐ Glider☐ Gyroplane			☐ Power	ed Lift			☐ Gyropla☐ Powered			Glider Sport	
_	Helicopter								. 2111	_		
Type Ratings	☐ Powered Lif	t						Student F	Indorsemen	ts (Include	dates	
Type Katings								Student E	muoi semei	its (meruae	uuresj	
			- A	irplane								
Flight Time (Enter appropria		This Make		Single	Airpl				rument		G	Lighter
number of hours in each box) Total Time	Aircraft	& Model	-	Engine	Multie		Night 2,117	Actual 300	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)	16,818 16,818	3,526 3,526	_	376 376		2,424	2,117			14,018 14,018		
Time as Instructor	1,198	0,020		570		.,	۷,117	-		1,198		
This Make/Model		N MONTES		8 10 N		0158		1		EW ETCH	NO ZIN	
Last 90 Days	56	39					18			56		
Last 30 Days	26	26					8			26		
Last 24 Hours	1	1					0			1		

"FLIGHT CREWME	MBER 2" INFOR	RMATIO	N							
"Flight Crewmember 2" I O Pilot O Co-Pilot		Time of A		ident Check P	Pilot OFI	ight Engineer	O Other 1	Flight Crew		
"Flight Crewmember 2" v	vas pilot flying 🔲 🗅	res □N	o							
"Flight Crewmember 2" I	dentification									
First Name:					City of R	esidence:				
Middle Initial: ZIP:										
Last Name: Country:										
Age at time o	f Accident/Incident:		Date of Bir	rth:	country.	mi	n/dd/yyyy			
Ü	-		ficate Numb							
Degree of Injury	Seat Occupied				Restraint Type				Inflatable R	estraints
O None O Fatal OLeft OFront OUnknown O Minor O Unknown O Right O Rear					Available Used O None O None Not Ins					
O Serious		O Single			O Lap		O Lap only	y	Installed	
Pilot Certificate(s) (Check					O 3-po O 4-po		O 3-point O 4-point		☐ Not Dep ☐ Deploye	
☐ None ☐ Fligh ☐ Private ☐ Recre	t Instructor	mercial ne Transport	☐ US Mil ☐ Foreign	- 1	O 5-po	oint	O 5-point		Unknow	
☐ Student ☐ Sport		nt Engineer		İ	O Unk	nown	O Unknov	vn		
Principal Occupation	Medical Certificate			 	Madical C	ertificate Va	lidity		Date of Las	t Medical
O Pilot	O None O Cla	ss 3		-			•		Dute of Eus	t iviculcui
O Other	O Class 1 O Dri	ver's License	e (Sport Pilot	only)	O Without limitations/waivers O Unknown O With limitations/waivers O N/A					
O Unknown	<u> </u>	known		1	O Special Is	suance			mm/dd/yy	уу
Medical Certificate Limita	ations									
Medical Certificate Specia	ıl Issuance									
Date of Last Flight Review	<u> </u>	Flight R	Review Airci	raft						
or Equivalent, Including										
FAR 121/135 Checks:	mm/dd/yyyy	Model:				·				
Airplane Rating(s)	Other Aircraft Ra		Instrume	nt Dati	ing(s)	Instructor	Rating(s)			
(Check all that apply)	(Check all that apply)	0()	(Check all		0()	(Check all t	0()			
☐ None	None		□None	• •	**	☐ None	11 //		Instrument A	
☐ Single-Engine Land☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airplan ☐ Helicop				Single-Engine Multi-Engine		Instrument Helicopter	elicopter
☐ Multiengine Land	Glider		Powere			Gyroplan			Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					☐ Powered	Lift		Sport	
	☐ Powered Lift									
Type Ratings						Student E	ndorsement	t s (Include d	ates)	
						1				
		1	Airplane		1			<u> </u>	1	
Flight Time (Enter approprinumber of hours in each box)		is Make Model	Single	Airpla	1		rument		CILL	Lighter
Total Time	Antian &	Madei	Engine	Multier	ngine Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)							 	<u> </u>		
Time as Instructor									<u> </u>	
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

l .	SITI CICE VAIVILIA	BERS	Exclusiv	e of cabin cr	ew, complete	the followin	g information)		
Crew Name and Addi	ress						Seat Occupie	d	Injury
First Name: Middle Initial: Last Name:	_	State	e:		ZIP:		O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (C None Private Student Type Rating/Endorse Accident/Incident Air	☐ Flight Instructor ☐ Recreational ☐ Sport	□ Airl □ Flig		oort		hrs	Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Deployed Unknown
Crew Name and Address First Name: City of Residence: Middle Initial: State: Last Name: Country:						OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown	
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer Type Rating/Endorsement for Total Flight Time at the Time Accident/Incident Aircraft? Yes No of this Accident/Incident: hrs					Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Deployed Unknown		
PASSENGER(S) /	OTHER PERSO	NNEL (Include c	abin crew; c	ontinue on se	eparate shee	t if necessary)	1847K	CLE STORY
Name and Address				Seat	Injury	Restraint T	уре	Inflatable Restraints	Age
First Name: Ronel Middle Initial: S	City : Midlan	d							
Last Name: <u>Sizer</u> • Crew		ZIP: <u>7970</u>		OLeft OCenter ORight OUnknown Row: 2	NoneMinorSeriousFatalUnknown	Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	O 3-point O 4-point O 5-point	✓ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	O Child Restraint O Lap-Held
	OPassenger City: Rio Ra State: NM	ZIP: <u>7970</u> A O Ot	her 4	OCenter ORight OUnknown	OMinor OSerious OFatal	O None O Lap Only O 3-point O 4-point O 5-point	O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point	☐ Installed ☐ Not Deployed ☐ Deployed	If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held
First Name: Alisha Middle Initial: S Last Name: Garcia	Country: US OPassenger City: Rio Ra State: NM Country: US OPassenger City: State:	ZIP:	her 4	OCenter ORight OUnknown Row: 2 OLeft OCenter ORight OUnknown	OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 1-point	Installed Deployed Deployed Unknown Not Installed Installed Not Deployed Deployed	If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years

FLIGHT ITINERARY	INFORMATIO	N						
Last Departure Point		e of Departure	Destinati	on		Type Fligl	ıt Plan l	Filed
Airport ID:		-				O None		O VFR/IFR
City:	Time	e:				O Compan		O IFR
State:		e Zone:				O Military O VFR	VFR	O Unknown
	ļ					_	OVes	ONo OUnknown
Country:			Country:			/ retivateu.		One Conknown
	rvice (Check all that Special VFR IFR	☐ Spe	ecial IFR R On Top		☐ VFR Flight Foll☐ Traffic Advisory		☐ Crui	se nown/NA
	Class G	☐ Mil	itary Operations	, ,	Special			de of In-Flight
Class C	☐Demo Area ☐Warning Area ☐Prohibited Area	☐ Jet	☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA		☐ Air Traffic Cont	rol Area	_	ft msl
☐ Class E	Restricted Area	☐ FA	☐ FAR 93					
WEATHER INFORM	ATION AT THE	E ACCIDEN	T/INCIDEN	IT SITE				
Source of Pilot Weather In	formation	2000	·	Weather Ob	servation Facility	7		
(Check all that apply)	-			Facility ID:				
☐ National Weather Service ☐ Flight Service Station	☐ Com ☐ Mili	1 ,		1	ime:			
TV/Radio	☐ Inter	•		i				
☐ Automated Report	□ Non			1	Accident Site:			
☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather ☐ Direction from Accident Site: ☐						s true		
Basic Conditions		Light Conditi	on	Direction from	recident Site.		_ degree.	, and
O VMC		ODawn	O Dusk	○ Darl	kNight O Un	ıknown		
O IMC		O Day	ONight	_	ht Night			
O Unknown								
Sky/Lowest Cloud Condition O Clear	On O Thin Broken	Ceiling O None (Clear)		Obscured	Temperature:		(C) or _	(F)
_	O Thin Overcast	O Broken O Indefinite			Dew Point: _	((c) or _	(F)
O Partial Obscuration	OUnknown	O Overcast	Ö	Altimeter Sett	ing:	in	Но	
O Scattered Lowest Cloud Condition H	[aight	Ceiling Heigh	•		orMB			
Lowest Cloud Condition I	ft agl	Cennig Heigh		ft agl				
W. ID.	T 1 1 1 1 1		W. 10					
Wind Direction	Wind Speed		Wind Gusts		Visibility		miles	
☐ Variable	☐ Calm ☐ Light and Varia	able	☐ Not Gustin	ng	RVR	·	feet	
-or-	-or-	ioic	-or-		RVV	:	miles	
Direction:degrees true	Speed:	kts	Speed:	kts	Density Altitu	de:		_ ft
Intensity of Precipitation	Type of Precipit	ation (Check all t	hat apply)		Restriction to	Visibility (C	heck all t	hat apply)
OLight	□ None	□ Drizzle	☐ Freezin	g Rain	✓ None		Fog	** **
O Moderate	□ Rain	☐ Ice Pellets	☐ Snow S		☐ Blowing Du		Ground F	og
O Heavy	Snow	Snow Pellet	S		☐ Blowing Sa ☐ Blowing Sn		Haze ce Fog	
O N/A O Unknown	☐ Hail ☐ Rain Showers	☐ Snow Grain☐ Ice Crystals		ig Drizzie	☐ Blowing Sp	_	Smoke	
• • • • • • • • • • • • • • • • • • •	- Rum Showers	_ 100 Olystais			Dust		Jnknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type		Amount	Type		Type (Check a	ll that apply)		verity
O None O N/A O Trace O Rime		O None O Trace	ON/A ORime		□ None □ Clear Air			Light Moderate
O Light O Clear		O Light	O Clear		☐ Terrain-Indu	ıced	_	Severe
O Moderate O Mixed		O Moderate	O Mixe	:d	Convective 7			Extreme
O Severe O Unkno	wn	O Severe O Unknown	O Unkr	nown				
O Unknown								
NOTAMs (D and FDC),	AIRMETs, SIGN	1ETs, PIREPS	in effect at	the time of t	he accident/inci	dent:		

DAMAGE	TO AIRCRAFT AI	ND OTHER PRO	PERTY		
Aircraft Dama		Aircraft Fire		Aircraft Explosion	
O None O Minor	O Substantial O Destroyed O Unknown	NoneIn-FlightOn-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	NoneIn-FlightOn-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description of	Damage to Aircraft a	nd Other Property (Use additional sheet if necessary)		
_			stabilizer bent, ground impact da	mage to one main re	otor blade near tip.
		,			
NARRATIVE	HISTORY OF FLIC	CHT (Please type or	nrint in ink)		
			circumstances leading to and natu	are of accident/incide	nt. Describe terrain and include
wreckage distr	ribution sketch if pertine rovide as much detail as	ent. Attach extra sheet	s if needed. State departure time and	and location, services	obtained, and intended
See attached	pilot statement.				

RECOMMENDATION (How	w could this	accident/incident ha	ave been pre	vented?)		Name of the	
Operator/Owner Safety Recomm	nendation						
Trans Aero believes that the a operate AS350B2 in a medica performance of the aircraft pri	al configura	tion above 6,000' M					
MECHANICAL MALFUI	NCTION/I	FAILURE (If mor	re space is no	eeded, co	ontinue on sepa	rate sheet)	
Was there Mechanical Malfun (If yes, list the name of the part, man			scribe the failu	re.)		·	Total Time/Cycles On Part
							Hours
							Cycles
							Time Since This Part
							Inspected/Overhauled
							Hours
FUEL & SERVICES INF	ORMATI	ON					
Fuel on Board at Last Takeoff		Fuel Type					
(Convert from pounds, as necessary) 125	Gallons	O 80/87 O 100 Low Lead	O 115/145 O Jet A		O Jet B O JP8	O Other, specify	
Other Services, if Any, Prior to		O 100/130	O Jet A-1		O Automotive		
EVACUATION OF AIRC	RAFT			3 77			
Was an emergency evacuation	of the aircr	aft performed?	✓ Yes	□ No			
Method of Exit – Describe how	the occupan	ts exited and how ma	any occupants	s evacuate	ed each location		
Crewmembers exited through	aircraft do	ors, pilot preformed	d shutdown o	of aircraft	t and exited thr	ough pilots door.	
OTHER AIRCRAFT - C	OLLISIOI	(If air or ground	collision occ	urred, co	mplete this sec	tion for o <i>ther</i> aircraf	t)
Aircraft Registration Number	Manufacti	ırer:					nage to Other Aircraft
							estroyed
Registered Owner of Other Air	craft			Pilot of	Other Aircraft		
Name:							
City: State: ZIP:			_	State:		_ZIP:	
Country				Country			

ADDITIONAL INF	ADDITIONAL INFORMATION (Please type or print in ink)					
		DN (Please type or print in ink) is needed for any answers.				
I HEREBY CERTIF	Y THAT TH	IE ABOVE INFORMATION IS COMPLE	TE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE		
Date of this Report 10/05/2018 mm/dd/yyyy	Name of l	Pilot/Operator: Check here to electronically sign this d				
Name: Matthey Signature:		this document	Title: Director of Ope	rations		
		FOR NTSB (
NTSB Accident/Incide GAA18CA571	lent No.	Reviewed by NTSB Regional Office GAA	Name of Investigator Eleazar Nepomuceno	Date Report Received 10/05/2018		

N894NA Incident Report

On 9-29-18, at approximately 1430hrs, I began the approach phase of a scene flight into Ski Apache Resort's upper parking lot.

After one recon, the approach began. I was looking at the ground EMS personnel for direction to the LZ. During my outside scan I spotted two cables directly in front and below but, in my approach path. I called out, "Wires, going around!"

After pulling pitch, to arrest my decent and clear the wires, I lowered the collective, slightly, to regain power. I then turned 90 degrees to the left for a straight in approach to the parking lot. The wind was 5 knots and variable inside the valley. My approach was now slightly faster than normal.

Approximately 20 feet above the ground, the NR began to decay as I pulled pitch to slow my descent. I realized I would not have sufficient NR to cushion and I turned another 90 degrees to the left in order to avoid a tail rotor strike on an elevated steel cable barrier at the edge of the parking lot.

The aircraft bounced and turned 180 degrees and began sliding down an approximately 25-foot embankment to the road below. During the slide, I pulled all remaining power to keep the aircraft upright and to maneuver the main and tail rotor blades away from the embankment.

After coming to a stop, I ordered an evacuation and I shut down the helicopter. After exiting the aircraft, I immediately opened all cowlings and observed the belly drains for fuel leakage.

HIS Communications and Matt Goertz D.O. were then notified.

Troy Bush

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