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: Northway State: AK
ZIP: _____ Country: _____
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
Date: 06-10-2019 Local Time: 12:00
mm/dd/yyyy
Time Zone: ALASKA

Collision with Other Aircraft: ○ Midair ☒ On-ground ○ None

AIRCRAFT INFORMATION

Registration Number: N64771
Manufacturer: Bell Helicopter
Model: UH-1B
Serial Number: 63-8704
Year of Manufacture: 1963
Amateur-Built: ○ Yes ○ No *If Yes:* ○ Kit/Plans ○ Original Design Make: _____

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 8500 lbs
Weight at Time of Accident/Incident: WAS NOT preformed lbs
Number of Seats: 02 Flight Crew Seats: 2
Cabin Crew Seats: 0 Passenger Seats: 0
Number of Engines: 1

Category of Aircraft
○ Airplane
○ Balloon
○ Blimp/Dirigible
○ Glider
○ Gyroplane
☒ Helicopter
○ Powered Lift
○ Rocket
○ Ultralight
○ Unknown

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

Standard	Special
☐ Normal	☒ Restricted
☐ Aerobatic	☐ Limited
☐ Balloon	☐ Provisional
☐ Commuter	☐ Special Flight
☐ Transport	☐ Experimental
☐ Utility	☐ Special Light-Sport
	☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear *(Check all that apply)*
☐ Retractable
☐ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☒ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System
☐ None ☐ Unknown

Engine Type *(Select one)*
○ Reciprocating ○ Liquid Rocket
☒ Turbo Shaft ○ Solid Rocket
○ Turbo Prop ○ Hybrid Rocket
○ Turbo Jet ○ None
○ Turbo Fan ○ Unknown
○ Electric

Fuel System Type *(Reciprocating)*
○ Carburetor ○ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. *mm/dd/yyyy*	Rated Power ○ Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	Honeywell	T53-L-11D	LE09338C		1100	2174.1	18.9	432.9
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
☒ 100-Hour ○ Continuous Airworthiness
○ AAIP ○ Conditional Inspection
☒ Annual ○ Unknown

Date Last Inspection: 04-04-19 *mm/dd/yyyy*
Airframe Total Time: 7414.0 hrs
hours measured at *(Select one)*
☒ Last Inspection ○ Time of Accident/Incident

Type of Maintenance Program *(Select one)*
☒ Annual
○ Conditional (Amateur-built only)
○ Manufacturer's Inspection Program
○ Other Approved Inspection Program (AAIP)
○ Continuous Airworthiness
○ Other, specify: _____

Description of Fire Extinguishing System
☒ None
○ Specify:

Propeller 1 ○ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer: _____
Model: _____

Propeller 2 ○ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer: _____
Model: _____

ELT Installed: ☒ Yes ○ No
If Yes:
ELT Manufacturer: Artex
Model or Part No.: UNITS MISSING
TSO No.: ○ C91 (121.5 MHz) ○ C91a (121.5 MHz) ☒ C126 (406 MHz)
Was ELT still mounted in aircraft? ☒ Yes ○ No
Was ELT still connected to antenna? ☒ Yes ○ No
Did ELT Activate? ☒ Yes ○ No
If activated:
Did ELT Aid in Locating Aircraft: ○ Yes ☒ No
If not activated:
Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown

Additional Equipment *(Check all that apply)*
☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☒ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Other, Specify:

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Evermore Aviation LLC

Fractional Ownership Aircraft: ○ Yes ⊘ No

City: Wasilla

State: AK ZIP: 99623

Country: USA

Operator of Aircraft ☐ *Same As Registered Owner*

Name: Aurora Aviation Services, Inc

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

☐ *Same Address as Registered Owner*

City: Delta Junction

State: AK ZIP: 99737

Country: USA

Operating Certificates Held *(Check all that apply)*

- ☐ 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)
- ☒ 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

Regulation Flight Conducted Under

- ⊘ FAR 91
- ○ FAR 103
- ○ FAR 121
- ○ FAR 125
- ○ FAR 129
- ○ FAR 133
- ○ FAR 135
- ○ FAR 137
- ○ FAR 415
- ○ FAR 431
- ○ FAR 435
- ○ FAR 437

- ○ FAR 91 Special Flight
- ○ Non-US, Commercial
- ○ Non-US, Non-commercial

- ○ Public Aircraft *(Select one)*
  - ○ Armed Forces
  - ○ Federal
  - ○ State
  - ○ Local
- ○ Unknown

Revenue Operation for FAR 121, 125, 129, 135
(Select one for each group)

- ○ Scheduled or Commuter
- ○ Non-Scheduled or Air Taxi
- ⊘ Domestic
- ○ International

- ○ Passenger
- ⊘ Cargo
- ○ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137
(Select one)

- ○ Aerial Application
- ○ Aerial Observation
- ○ Air Drop
- ○ Air Race/Show
- ○ Banner Tow
- ○ Business
- ○ Executive/Corporate
- ○ External Load
- ○ Ferry
- ○ Firefighting
- ○ Flight Test
- ○ Glider Tow
- ○ Instructional
- ⊘ Other Work Use
- ○ Personal
- ○ Positioning
- ○ Skydiving
- ○ Unknown

Revenue Sightseeing Flight

○ Yes ⊘ No

Air Medical Flight

○ Yes ⊘ No

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

Airport Name: Remote Landing Area

Airport Identifier: LAT/long 63.04.33 141.02.20

Proximity to Airport: ○ Off Airport/Airstrip ○ On Airport/Airstrip ⊘ N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

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

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

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

- ☐ Dry
- ☐ Holes
- ☐ Ice Covered
- ☐ Rough
- ☐ Rubber Deposits
- ☐ Slush-Covered
- ☐ Snow-Compacted
- ☐ Snow-Crusted
- ☐ Snow-Dry
- ☐ Snow-Wet
- ☐ Soft
- ☐ Vegetation
- ☐ Water-Calm
- ☐ Water-Choppy
- ☐ Water-Glassy
- ☐ Wet
- ☐ Unknown

Approach/Departure Segment *(Select one)*

- ○ Taxi
- ○ Takeoff
- ○ Initial Climb
- ○ VFR Departure
- ○ IFR Departure Procedure/Clearance
- ○ On Instrument Approach
- ⊘ Landing
- ○ Downwind
- ○ Base
- ○ Final
- ○ Crosswind
- ○ Low Approach
- ○ Go Around
- ○ Aborted Landing (after touchdown)
- ○ Unknown

IFR Approach *(Check all that apply)*

- ☐ None
- ☐ ADF/NDB
- ☐ SDF
- ☐ VOR/TVOR
- ☐ VOR/DME
- ☐ TACAN
- ☐ PAR
- ☐ Sidestep
- ☐ ILS
- ☐ Localizer Only
- ☐ LOC-back course
- ☐ RNAV
- ☐ MLS
- ☐ LDA
- ☐ ASR
- ☐ Visual
- ☐ Contact
- ☐ Circling
- ☐ Practice
- ☐ GPS
- ☐ Unknown

VFR Approach *(Check all that apply)*

- ☐ None
- ☐ Traffic Pattern
- ☐ Straight-In
- ☐ Valley/Terrain Following
- ☐ Go Around
- ☑ Full Stop
- ☐ Stop and Go
- ☐ Touch and Go
- ☐ Simulated Forced Landing
- ☐ Forced Landing
- ☐ Precautionary Landing
- ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: _____
City: _____
State: _____
Country: _____

Time of Departure
Time: _____
Time Zone: _____

Destination
Airport ID: _____
City: _____
State: _____
Country: _____

Type Flight Plan Filed
O None ⊘ VFR/IFR
O Company VFR O IFR
O Military VFR O Unknown
O VFR
Activated? ⊘ Yes O No O Unknown

Type of ATC Clearance/Service *(Check all that apply)*
☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred *(Check all that apply)*
☐ Class A ☒ Class G ☐ Military Operations Area (MOA) ☐ Special
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ 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)*
☐ National Weather Service ☐ Company
☒ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ None
☐ Commercial Weather Service (DUATS) ☐ Unknown
☐ On-Board Weather

Weather Observation Facility
Facility ID: Northway FSS
Observation Time: _____
Time Zone: ALASKA
Distance from Accident Site: 35 nm
Direction from Accident Site: _____ degrees true

Basic Conditions
⊘ VMC
O IMC
O Unknown

Light Condition
O Dawn O Dusk O Dark Night O Unknown
⊘ Day O Night O Bright Night

Sky/Lowest Cloud Condition
⊘ Clear O Thin Broken
O Few O Thin Overcast
O Partial Obscuration O Unknown
O Scattered

Lowest Cloud Condition Height
_____ ft agl

Ceiling
⊘ None (Clear) O Obscured
O Broken O Indefinite
O Overcast O Unknown

Ceiling Height
_____ ft agl

Temperature: _____ (C) or _____ (F)
Dew Point: _____ (C) or _____ (F)
Altimeter Setting: _____ in. Hg
or _____ MB

Wind Direction
☐ Variable
-or-
Direction: _____ degrees true

Wind Speed
☒ Calm
☐ Light and Variable
-or-
Speed: _____ kts

Wind Gusts
☒ Not Gusting
-or-
Speed: _____ kts

Visibility _____ miles
RVR: _____ feet
RVV: _____ miles
Density Altitude: _____ ft

Intensity of Precipitation
O Light
O Moderate
O Heavy
O N/A
O Unknown

Type of Precipitation *(Check all that apply)*
☐ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility *(Check all that apply)*
☐ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

Amount	Type
O None	O N/A
O Trace	O Rime
O Light	O Clear
O Moderate	O Mixed
O Severe	O Unknown
O Unknown	

Icing Actual

Amount	Type
O None	O N/A
O Trace	O Rime
O Light	O Clear
O Moderate	O Mixed
O Severe	O Unknown
O Unknown	

Turbulence
Type *(Check all that apply)*
☐ None
☐ Clear Air
☐ Terrain-Induced
☐ Convective Turbulence

Severity
☐ Light
☐ Moderate
☐ Severe
☐ Extreme

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
- ○ Minor
- ○ Substantial
- ⊘ Destroyed
- ○ Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

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.

See Attached Sheet

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

Operator/Owner Safety Recommendation

1) longer flatter approach
2) not get involved with the pilots planning
3) lighter loads

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)

Aprox 100 Gallons

Fuel Type

○ 80/87 ○ 100 Low Lead ○ 100/130 ○ 115/145 ⊘ Jet A ○ Jet A-1 ○ Jet B ○ JP8 ○ Automotive ○ Other, specify _____

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: _____

Model: _____

Damage to Other Aircraft
☐ 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.

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

Date of this Report
07-03-2019
mm/dd/yyyy

Name of Pilot/Operator: Keith Wanner

Signature: [redacted]

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

If a Person Other than Pilot/Operator is Filing Report

Name: _____ **Title:** _____

Signature: _____

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

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
GAA19CA345	GAA	Eleazar Nepomuceno	7/3/2019

On June 10th 2019, our goal for the day was to haul fuel out to a project for one of our helicopters we had a contract for. We were hauling our own fuel, for our usage in the area approximately 35 miles northeast of Northway Alaska, near of the border between Alaska & Canada.

I was in the staging area while the fuel storage units were being flown out of, once both fuel storage units were moved into camp, I assisted in loading the accident aircraft with fuel to be moved out to sight. After I finished and the aircraft was loaded, I jumped into one of the other helicopters and flew out to sight to get set up for the fuel transfer into the storage units. As I was tying down the rotor blades on the aircraft I was flying, the Huey made a pass over the top of me in a turn, in the time it took me to tie 3 of the 5 blades down the Huey had completed a 180 degree turn and (eye witness) said they were in a high steep approach, as he got closer into the area said the as the aircraft slowed down it started yawing in different directions before the crash.

I was on the opposite side of the aircraft I was tying down the rotor blades on the aircraft I was flying, I heard the rotor system on the Huey droop, an instant later it recovered, then the rotor system really dropped down, I could hear the engine running at what I would call maximum power then the impact. I didn't see the impact but I got covered in dirt and dust from the impact. One pilot got out ok, second pilot, (the eye witness) had to help get the pilots foot out from under the tail rotor peddles. My main goal at that time was to get the engine shut down, it was running at a high power, smoking, the fuel valve was in the off position but the engine was still running, I had the pilot roll the throttle off, engine shut down after that.

In my opinion, they made a high approach, got the machine below translational lift speed, out of ground effect, got into settling with power (aircraft yawing) pilot tried to yank it out of the situation and the rotor system RPM's drooped down way below operating speed.

No escape plan, poor setup on approach, to high, again in my opinion, a longer flatter approach, keeping translational life until the aircraft was in ground effect. The trees along the edge of the landing area were not a factor (in my opinion) they are only about 15 feet above the elevation of the landing spot, 70 to 80 feet away.

[redacted]

Owner

Aurora Aviation Services, Inc