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

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	C INFORMA							aidant/Incia	lant Data"	Fime			
Accident/Incident Location Nearest City/Place: Beeville State: TX						- v		cident/Incid					
ZIP: <u>78102</u> Country: USA					_ State: _	<u>^</u>	Da	te: <u>12/</u> <i>mm/de</i>	<u>19/2019</u> d/yyyy			<u>Apx 3:10</u>	
Latitude: 28.36N Longitude: 97.79W									Ti	me Zone:	Central		
(Enter in decimal degrees or degrees:minutes:seconds)						Co	ollision with	Other Air	craft: C) Midair	⊙ On-groun	d ONone	
AIRCI	RAFT INFO	RMATIO	N										
	ation Number:							🗖 IFR-Equip	ped and Co	ertified			
-	acturer: <u>Robin</u>							Commerci		ight			
Model:	R22						М	laximum Gr	oss Weigh	t: 1370		lbs	
Serial N	Number: <u>3308</u>							eight at Tin	-				lbs
Year of	Manufacture:	2004					N	umber of Se	ats: <u>2</u>		Flight Cre	ew Seats: 1	
Amateu	ır-Built: OYes		OKit/Plans Mal	ke:				abin Crew Sea					
	⊙ No	(Original Design					umber of Er	ngines: <u>1</u>				
Category of AircraftType of Airworthiness Certific: (Check all that apply)O Airplane(Check all that apply)O BalloonStandardO Blimp/DirigibleImage: StandardO GliderAerobaticO GyroplaneBalloonO HelicopterCommuterO Powered LiftTransportO RocketUtility			ted 1 onal Flight nental	ed (Check all that apply) Retractable Tricycle onal Flight Emergency Float Light-Sport Hull			ractable □T □H loat ☑S □S		© Reci O Turt O Turt O Turt O Turt O Elec	oo Jet oo Fan tric	OLiqui OSolid OHybr ONone OUnkn	id Rocket	
			Experie	nental Ligh	nt-Sport		unch	Recovery Sy		o Carb	vstem Type (Reciprocating) puretor OFuel-Injected		
	Own	□Certificate □None	e of Authorization	or Waiver Unknown	(COA)	$(A) \square None \square Unknown \square (A) = (A) =$						5	
Engine	Engine Manufa		Engine Model/Series			acturer's Number		Date of Mfg. mm/dd/yyyy	Rated Pow O Horse O lbs of	power or	Total Time (hours)	Inspection (hours)	(hours)
Eng. 1 Eng. 2	Lycoming		0-360-J2A						360		210	10	210
Eng. 2 Eng. 3													
Eng. 4													
	our OCont	inuous Airwo	rthiness	-			Pitch Propeller 2 ollable Pitch d Adjustable			eller 2	• 2 OFixed Pitch OControllable Pitch OGround Adjustable		
OAAIP	OCond	ditional Inspec		Manufacturer:									
O Annu				Model:									
Airframe Total Time: 2203 hrs hours measured at (Select one) E OLast Inspection OTime of Accident/Incident M Type of Maintenance Program (Select one) T				<i>If Yes:</i> ELT Ma Model or	ELT Manufacturer:					r			
O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System			Was ELT Did ELT If activa Did ELT If not ac	OC126 (406 MHz) Electronic Flight I Was ELT still mounted in aircraft? OYes ONo Electronic Multifu Was ELT still connected to antenna? OYes ONo Handheld GPS Did ELT Activate? OYes ONo Handheld GPS If activated: Onboard Weather Did ELT Aid in Locating Aircraft: OYes ONo Satellite Tracking If not activated: Stall Warning Sys				Iltifunction mary Fligh S play ther king Device System	Display t Display e				
NoneSpec				Indicate]	Reason:	☐ Impact Da ☐ Fire Dama ☐ Battery Ex ☐ Unknown	ge -			leo Record ler, Specif	ling Device y:		

OWNER/OPERATOR INFORMA	TION					
Registered Aircraft Owner		City: Skidmore				
Name: Prestige Air Worldwide, LLC		State: <u>TX</u> ZIP: <u>78389</u>				
Fractional Ownership Aircraft: • Yes O	v No	Country: USA				
Operator of Aircraft Same As Reg	gistered Owner	Same Address as Registered Owner				
Name: Prestige Air Worldwide, LLC		City: Skidmore				
		State: <u>TX</u> ZIP: <u>78389</u>				
Air Carrier/Operator Designator (4 Character	er Code):	Country: USA				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un					
 ☑ None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental □ Air Cargo 	● FAR 91 OFAR 129 OFAR ● FAR 103 ● FAR 133 ● FAR ● FAR 121 ● FAR 135 ● FAR ● FAR 121 ● FAR 135 ● FAR ● FAR 125 ● FAR 137 ● FAR	R 431 Non-Scheduled or Air Taxi International				
 Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135) 	OFAR 91 Special Flight ONOn-US, Commercial ONOn-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 <i>(Select one)</i> O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)				
Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft		 Aerial Application Aerial Observation Air Drop Air Race/Show Banner Tow Business Executive/Corporate Positioning Clock of the positioning 	n			
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry				
O Yes ⊙ No	OYes ⊙No					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	approach, landing, takeoff, departure, or within 3 miles of an airpor	rt)			
Airport Identifier: KBEA		Direction From Airport: degrees true	<u>ـ</u>			
Proximity to Airport: O Off Airport/Airstrip	p On Airport/Airstrip ON/A	Airport Elevation: 273 ft. msl	,			
Runway Information Runway ID: 12-30 (L/R/C) Length: 45 Runway/Landing Surface (Check all that a land) Asphalt Grass/Turf Concrete Gravel Dirt Ice	adam 🔲 Water	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 Slush-Covered Vegetation Unknown				
Approach/Departure Segment (Select one,)					
OTaxi OTakeoff OInitial Climb	OOn Instrument Ap edure/Clearance OLanding	ApproachO Downwind O BaseO Low Approach O Go AroundO FinalO Aborted Landing (after touchdown) O Unknown				
IFR Approach (Check all that apply)		VFR Approach (Check all that apply) ☑None				
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 Stop and Go				

"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" w	as pilot flying	✓Yes □N	No								
"Flight Crewmember 1" Id	entification										
First Name: Nathan City of Residence: Portland											
Middle Initial: R ZIP: 78390											
Last Name: Taggart Country: USA											
	f Accident/Incide	ent: 50	Date of F	Rirth	Country.		m/dd/yyyy				
Age at time o	i / iceident/ineid		ertificate Nun								
Degree of Injury	Seat Occur		entificate Null		Destusint T						
• None • Fatal	Seat Occup O Left	O Front	O Unkno		Restraint T				Inflatable F	cestraints	
O Minor O Unknown	Right	O Rear	O emaile		Availab O None		Used ONone		✓ Not Ins	talled	
O Serious	O Center	O Single					• Lap onl		☐ Installe	d	
Pilot Certificate(s) (Check a	ll that apply)				O 3-po		O ³ -point		□ Not Dep □ Deploy		
□ None □ Flight		Commercial	US M		О 4-ро О 5-ро		O 4-point O 5-point			vn	
 □ Private □ Recrea □ Student □ Sport 		Airline Transp Flight Enginee		ÿn	O Unk		O Unknov				
		88									
Principal Occupation	Medical Certifi	cate		Γ	Medical Ce	rtificate Va	lidity		Date of Las	st Medical	
O Pilot	-	Class 3				mitations/wai		Inknown	10/09/20	10	
 Other Unknown 		Driver's Lice Unknown	ense (Sport Pilo		O Special Is	ations/waiver suance	s ON	A	<u>10/08/2019</u> mm/dd/yyyy		
Medical Certificate Limita	-				- 1						
Must wear corrective lenses											
Must wear corrective lenses											
Medical Certificate Special	Issuance										
Date of Last Flight Review		Fligh	t Review Air	craft							
or Equivalent, Including		-	:								
FAR 121/135 Checks: _	mm/dd/yyyy	Model									
Ainplane Dating(s)	Other Aircra			ant Datin	a (a)	Instants	n Dating(a)				
Airplane Rating(s) (Check all that apply)	(Check all that a	0.7		ent Ratin		(Check all	r Rating(s)				
✓ None	☑ None	· TT - 27	✓ None	a and apply	/	✓ None	inai appiy)	Г	Instrument	Airplane	
□ Single-Engine Land	□ Airship		🗖 Airpla			Airplan	e Single-Eng	ine 🗖	Instrument		
☐ Single-Engine Sea ☐ Multiengine Land	☐ Balloon ☐ Glider		Helico				e Multi-Engi		Helicopter		
☐ Multiengine Sea	Gyroplane			red L1ft		Gyropla			Glider Sport		
	Helicopter						a Ein	_	sport		
T D (Powered Life	t						4 /7 1 1	7		
Type Ratings Student Endorsements (Include dates)											
SFAR 73 Awareness - 9/9/19 TSA Endorsement - 9/9/19											
								3/13 1.87b - 12/18	8/19		
							Solo R22 - 1				
						Solo Flight	Endorseme	ent - 12/18/1	9		
			Airplane			Inst	rument				
Flight Time (Enter appropriation number of hours in each box)	te All Aircraft	This Make & Model	Single	Airplan Multiengi				Rotorcraft	Glider	Lighter Than Air	
Total Time	Aircran 30	25	Engine		ine Night	Actual	Simulated	Rotorcraft 30	Gilder		
Pilot in Command (PIC)	1	25						1			
Time as Instructor	· · · ·							· ·			
This Make/Model											
Last 90 Days	30	25						30			
Last 30 Days	9	9						9			
Last 24 Hours	2	2		1				2			
				1			1		1		

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Resp OPilot OCo-Pilot	ponsibilities at O Student Pilot	the Time of ⊙Flight Ir		ident Check Pilot	O Flig	ht Engineer	O Other I	Flight Crew		
"Flight Crewmember 2" was	pilot flying	🗆 Yes 🛛 🗸	No							
"Flight Crewmember 2" Iden	ntification									
First Name: Brandon				Ci	tv of Re	sidence: <u>Sk</u>	idmore			
Middle Initial: D					-			IP: 78389		
Last Name: Nau					ate: <u>TX</u>		<i>L</i>	IP: <u>70309</u>		
	• 1 . / 7 • 1		D I CD		ountry:		/ 1.1/			
Age at time of A	ccident/Inciden					<i>mn</i>	ı/dd/yyyy			
D			rtificate Numb							
Degree of Injury ● None O Fatal	Seat Occupi	ed OFront	O Unknow		traint T	уре		1	nflatable R	lestraints
O Minor O Unknown O Serious	O Right O Center	ORear OSingle	Olikilow		Availab O None O Lap o	;	UsedNoneLap only	u la	☑ Not Inst	
Pilot Certificate(s) (Check all 1	that apply)				O 3-poi		O Lapoint	y	□ Instance	
□ None ☑ Flight Ins		Commercial	🗖 US Mi	litary	O 4-po		O 4-point		Deploye	
Private Recreation		Airline Transpo		n	O 5-poi O Unkr		O 5-point O Unknow	vn	Unknow	'n
☐ Student ☐ Sport		Flight Engineer	I		-					
Principal Occupation M	edical Certific	ate		Med	lical Ce	rtificate Va	lidity	1	Date of Las	t Medical
	None O	Class 3				mitations/waiv	vers OU	nknown		
		Driver's Lice Unknown	nse (Sport Pilot		/ith limit pecial Iss	ations/waivers	5 O N	/A .	<u>05/22/20</u> mm/dd/yy	
· · · · · · · · · · · · · · · · · · ·	•	Ulikilowii		03	pecial iss	uance				<i>yy</i>
Medical Certificate Limitatio	ons									
Medical Certificate Special Is	ssuance									
Treateur continueur special is	, sum e e									
Date of Last Flight Review		Flight	Daviaw Aina							
or Equivalent, Including		-	Review Airc	rait						
FAR 121/135 Checks:	09/08/2018	Make:								
	mm/dd/yyyy		: Robinson							
	Other Aircraft	0.0		ent Rating(s)		Instructor				
11 27	<i>(Check all that ap</i> □ None	oply)	· · · ·	that apply)		(Check all the \square Normal	<i>iat apply)</i>		T	:
	Airship		None 🖸 Airpla	ne		□ None □ Airplane	Single-Engir		Instrument A Instrument H	
□ Single-Engine Sea	Balloon		Helico	pter		Airplane	Multi-Engine	e 🗹	Helicopter	encopter
 Multiengine Land Multiengine Sea 	☐ Glider ☐ Gyroplane		D Power	ed Lift		Gyroplar			Glider	
	Helicopter					□ Powered	Lift		Sport	
	Powered Lift									
Type Ratings						Student E	ndorsement	ts (Include da	ates)	
	<u> </u>		Airplane					1		
Flight Time (Enter appropriate	****	This Make	Single	Airplane			rument			Lighter
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night		Simulated	Rotorcraft	Glider	Than Air
Total Time	1,100	300	9			30	6	1,091		
Pilot in Command (PIC)	1,037	251 80	0			20	0	1,037 153		
Time as Instructor	153	80	U			0		153		
This Make/Model	90	50	0			5	0	90		
Last 90 Days	40	50 20	U			0		90 40		
Last 30 Days	40	20				0	0			
Last 24 Hours	2	2				U	0	2		

Crew Name and Address Seat Occupied Injury First Name:	ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)											
Midde Initial: State: ZP:	Crew Name and Add	dress						Seat Occupie	d	Injury		
Middle Intality State: ZP Origin Orig	First Name:		City	of Resider	nce:							
Tast Name:	Middle Initial:		State	ð:		ZIP:			O Single	-		
Filed Certificate(s) (Check all hus apply) Inflatable Restraint Type: Inflatable Inflatable Byon Byon Artifies Transport ICS Military Oracegen Orace Oracegen Oracegen Oracegen Oracegen Oracegen Oracegen Oracegen Oracegen Orace	Last Name: Country:								O Unknown			
Some Fight Instructor Commercial US Military Available Used Bit Instructor Student Spectralination Total Fight Time at the Time O None O	Bilat Contificato(s)	(Classic applied						Restraint Ty	ne•			
□ Provace □ Recreasional □ Aritics Transport □ Procegn ○ Lag Cuby ○ Lag Cuby ○ Not Installed Type Rating/Endorsement for Accident/Incident Aircraft? □ Ves Not Total Flight Time at the Time ○ Lag Cuby ○ Apoint									Used			
□ Student □ Sport □ Flight Fight Fight Fight Fine at the Time of this Accident/Incident: 0.3-point 0.4-point	Private											
Type Rating/Endorsement for Accident/Incident Aircraft? Total Flight Time at the Time of this Accident/Incident: O Separation (S sparation) O Separation (S sparation) Deployed (Unknown) Crew Name and Address Seat Occupied Injury Pirst Name: City of Residence: ZIP O Left (S region) O None (S region)	Student Sport Flight Engineer								O 3-point			
Accident/Incident Aircraft? Yes No of this Accident/Incident: Inrs OUMMAN Common Parallel First Name:	Type Rating/Endors	sement for		Total F	light Time at	t the Time		O 5-point	O 5-point	Deployed		
First Name:	Accident/Incident A	Aircraft? 🛛 🗆 Yes	🗖 No	of this A	Accident/Inci	ident:	hrs	O Unknown	O Unknown			
First Name:	Crow Name and Add	drage						Saat Qaaunia		Inium		
Private State ZIP: Ormer Ormer <t< td=""><td></td><td></td><td>City</td><td>ofReside</td><td>nce:</td><td></td><td></td><td>· · · ·</td><td></td><td></td></t<>			City	ofReside	nce:			· · · ·				
Last Name:								OCenter	ORear	O Minor		
Pilot Certificate(s) (Check all that apply) Image: Commercial Student apply) Used in the straint Type: Available Student apply in the stu								ORight	-	O Fatal		
Image: Student										O Unknown		
□ None □ Flight Instructor □ Commercial □ US Millary □ None □ Aritin Transport □ Foreign ○ None ○ None ○ None ○ None □ ap Only Type Rating/Endorsement for ○ None of this Accident/Incident: □ hrs ○ None ○ None ○ None ○ None ○ None □ ap Only ○ Apoint ○ apoint ○ point ○ not Installed □ bot Installed □	_				_							
Image: Student Image: Sport Image: Flight Engineer One of this Accident/Incident and the Time of this Accident/Incident: Image: Sport Image: Sport </td <td></td> <td></td> <td>_</td> <td></td> <td></td> <td>-</td> <td></td> <td>O None</td> <td>O None</td> <td></td>			_			-		O None	O None			
Type Rating/Endorsement for Accident/Incident Aircraft? Total Flight Time at the Time of this Accident/Incident: Or applyed Deployed Not Deployed Deployed PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary) Inflatable Restraint Type Inflatable Restraints Age Name and Address Seat Injury Restraint Type Inflatable Restraints Age First Name: Country: Other Other <th cols<="" td=""><td></td><td></td><td></td><td>•</td><td></td><td>CIEII</td><td></td><td></td><td></td><td>Installed</td></th>	<td></td> <td></td> <td></td> <td>•</td> <td></td> <td>CIEII</td> <td></td> <td></td> <td></td> <td>Installed</td>				•		CIEII				Installed	
Accident/Incident Aircraft? Urst Of this Accident/Incident: Inst Outnown Outnown Outnown Outnown PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary) Inflatable Age First Name:	Type Rating/Endors	sement for		Total F	light Time a	t the Time		O 4-point	O 4-point	Deployed		
Name and Address Seat Injury Restraint Type Inflatable Restraints Age First Name:	••		□ No		-		hrs					
Name and Address Seat Injury Restraint Type Restraints Age First Name:												
First Name: City : OLeft ONone ONone ONone ONone ONone Duap Only Installed Installed Installed OChild Restraint Ast Name: Country: OOther Other OLeft ONone ONone ONone OLen Only Olap Only <td>PASSENGER(S)</td> <td>/ OTHER PERSC</td> <td>ONNEL (I</td> <td>Include c</td> <td>abin crew; c</td> <td>ontinue on s</td> <td>eparate shee</td> <td>t if necessary)</td> <td></td> <td>•</td>	PASSENGER(S)	/ OTHER PERSC	ONNEL (I	Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)		•		
Middle Initial:		/ OTHER PERSC	<u>DNNEL (I</u>	Include c						Age		
Last Name:	Name and Address				Seat	Injury	Restraint T Available	'ype Used	Restraints			
OCrew OPassenger Other Row: Othation Oradianova Os-point	Name and Address	City :			Seat OLeft	Injury ONone	Restraint T Available ONone OLap Only	Ype Used O None O Lap Only	Restraints			
First Name: City : OLeft ONem None Not Installed Installed Middle Initial: State: ZIP: Other OLeft Ocenter Oknown	Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat OLeft OCenter ORight	Injury ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point	Yype Used O None O Lap Only O 3-point	Restraints	Under 5 years		
First Name: City : OLeft ONone ONone ONone OLap Only Installed Install	Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point	Ype Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints	☐ Under 5 years I <i>If Under 5</i> , O Child Restraint		
Middle Initial:	Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints	☐ Under 5 years <i>If Under 5</i> , O Child Restraint O Lap-Held		
Last Name:	Name and Address First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger	ZIP: O Otl	her	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	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Restraints	☐ Under 5 years 1 If Under 5, O Child Restraint O Lap-Held O Unknown		
OCrew OPassenger O Uher Row: O Unknown O Unknown O S-point O S-point O Lap-Held First Name:	Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : State: Country: OPassenger City :	ZIP: O Oth		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury None OMinor OSerious OFatal OUnknown ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints	□ Under 5 years I <i>If Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years		
First Name: City : City : OLeft ONone	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: Country: OPassenger City : State:	ZIP: O Otl ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury None 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 O4-point	Yype 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	Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years I Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years I If Under 5,		
Middle Initial:	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Middle Initial: Last Name:	City : State: Country: OPassenger City : State: Country:	ZIP: O Oti ZIP:	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	Yype 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	Restraints Not Installed Installed Not Deployed Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held		
Last Name: Country: ORight ORight OSerious O3-point Image: O4-point Image: O4-poi	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City : State: OPassenger City : State: Country: OPassenger	ZIP: O Oth ZIP:	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row:	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available	Ype Used O None O 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 Unknown Used	Restraints Not Installed 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		
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	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew	City : State: OPassenger City : State: OPassenger City : State: Country: OPassenger City : City : City : State:	ZIP: O Oth ZIP: ZIP: O Oth ZIP:	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury None Minor Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O5-point	Yype Used O None O 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 Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 1000000000000000000000000000000000000	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not 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 If Under 5, ○ Child Restraint ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown		

FLIGHT ITINERARY	INFORMATIO	N							
Last Departure Point	Tin	ne of Departure	Destinatio	on		Type Fligh	t Plan F	iled	
Airport ID: KBEA	TP:	2.30	Airport ID:	KBEA		• None		O VFI	
City: Beeville	1 im	e: <u>2:30</u>	City: Bee	ville		O Company O Military		O IFR O Unl	
State: TX	Tim	e Zone: Central	State: TX			O VFR	VFK	U Ulli	diowii
Country: USA			Country: L				OYes	ONo	OUnknown
Type of ATC Clearance/S	ervice (Check all that	apply)							
☑ None	□ Special VFR	□ Spe	ecial IFR		UFR Flight Foll		Cruis		
VFR	IFR		R On Top		Traffic Advisory	7	🗖 Unkr	iown / N	IA
Airspace where the accide							Altitu	de of Ir	n-Flight
	□Class G □Demo Area		itary Operations port Advisory A		☐ Special ☐ Air Traffic Conti	col Aroo	Occur	rence:	-
	Warning Area		Training Area	ica		OI AICa			ft msl
Class D	Prohibited Area	TR:	SA		—				
	Restricted Area	☐ FA							
WEATHER INFORM		E ACCIDEN	T/INCIDEN	1		<u> </u>			
Source of Pilot Weather In (Check all that apply)	nformation				servation Facility				
□ National Weather Service	Cor	nnany		Facility ID: K	BEA				
Flight Service Station				Observation Ti	me: 2:30				
TV/Radio	🗖 Inte			Time Zone: C	Central				
✓ Automated Report ☐ Commercial Weather Servio	æ (DUATS) ☐ Unl			Distance from	Accident Site: N/A		nm		
On-Board Weather		liowii		Direction from	Accident Site: N/A		degrees	true	
Basic Conditions		Light Conditi	ion						
⊙ VMC		ODawn	ODusk	ODark	Night O Un	known			
OIMC		 Day 	ONight	OBrig	ht Night				
O Unknown									
Sky/Lowest Cloud Condit		Ceiling	-		Temperature:	20	(C) or		_(F)
⊙ Clear O Few	O Thin Broken O Thin Overcast	O None (Clear) O Broken		Obscured Indefinite	Dew Point:	(C) or		(F)
O Partial Obscuration	OUnknown	O Overcast		Unknown	Altimeter Setting: in. Hg				
O Scattered	-		-		Altimeter Sett	or			
Lowest Cloud Condition l	-	Ceiling Heigh				01	WID		
	ft agl	<u>12K</u>		ft agl					
Wind Direction	Wind Speed		Wind Gusts		Visibility	Gtr than 1	0 miles		
□ Variable	🗹 Calm		🔽 Not Gustin	ng	RVR	:			
	Light and Var	able			RVV		miles		
-or- Direction: 120 degrees tru	e Speed: 8	kts	-or- Speed:	kts			IIIIICS	G	
			•	Kt5	Density Altitu			_ft	1
Intensity of Precipitation	Type of Precipi			D :	Restriction to	Visibility (C □ F		iat appl <u></u>	V)
O Light O Moderate	☑ _{None} □ Rain	DrizzleIce Pellets	□ Freezin □ Snow S	g Kain hower	Blowing Du		Fog Ground Fo	g	
OHeavy	\square Snow	Snow Pellet			Blowing Sa	nd 🗖 H	Iaze	0	
ON/A	Hail	Snow Grain		g Drizzle	Blowing Sn		ce Fog		
O Unknown	□ Rain Showers	□ Ice Crystals			☐ Blowing Sp ☐ Dust		Smoke Jnknown		
Icing Forecast		Icing Actual			Turbulence				
Amount Type		Amount	Туре		Type (Check a	ll that apply)		verity	
$\bigcirc \text{None} \qquad \bigcirc \text{N/A}$		• None	⊙ N/A		☑ None □ Clear Air			Light Moderat	
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		Terrain-Indu	iced		Severe	e
O Moderate O Mixed	1	O Moderate	O Mixe					Extreme	
O Severe O Unkno	own	O Severe	O Unkr	nown					
O Unknown		O Unknown							
NOTAMs (D and FDC),	AIRMETs, SIG	METs, PIREPS	s in effect at	the time of t	he accident/inci	dent:			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

O Minor

nage O Substantial O Destroyed O Unknown Aircraft Fire O None O In-Flight O On-Ground

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)

Aircraft Damaged severely during rollover, main rotor blades totaled, tail rotor blades damaged, engine, main rotor, tail rotor, and all other drive components have sudden stoppage damage unknown on complete extent. Tail cone, frames, firewalls all damaged. Main cabin area on right hand side damaged, windows were blown out of aircraft. Extent of total damage appears that aircraft will be a total loss.

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.

December 19, 2019 Aircraft N695AP Robinson R22 Beta II Incident Statement

Arrived at airport approximately 2:00 pm to have a training flight with Nathan Taggart, student was pre flighting aircraft as normal procedure and once preflight was mostly completely we rolled the aircraft out of the hanger where the student finished his preflight while I topped the aircraft off with fuel. Once aircraft was pre flighted and fueled as an instructor I did my normal pre flight to verify student and got into helicopter. Student continued with normal startup procedures as I followed along and explained the lesson plan for the day. After aircraft was started and all pre flight checks were complete we continued through a normal take off and taxi to runway 12. Winds were light out of 120 @ 8kts, greater than 5sm vis and ceilings at 12K. Student taxied to runway 12 continued through pre take off checks all was normal and then conducted a normal takeoff and approach. Followed along with two more approaches, several pick ups and set downs and hover work in between all three approaches making sure student was comfortable and handling the helicopter to satisfaction as an instructor at no time during any of the flight was. I needed on the controls. Student taxied us back to the hanger where I got out and uninstalled flight controls and secured aircraft door. While exiting re explaining to student that the aircraft was going to pick up different with my weight out of the front just as the previous day was on his initial solo flight student concurred and understood. As I walked away from the aircraft, I put the controls and my headset in the truck and grabbed the radio to be able to talk to student if needed and also be able to monitor the student during the solo. As I turned to watch the student take off, the aircraft came up and as normal with only one passenger it came off toes first, look as the aircraft was sliding back and right as it came up also. As aircraft slide aircraft found a pivot point (of some sort) on what I assume was the rear right hand skid corner, pilot didn't correct and therefore caused the aircraft to get into a dynamic rollover. Aircraft main rotor blades slapped tarmac asphalt and coming to complete stop while resting on its right-hand side, engine stopped during rollover. Immediately ran to aircraft to check on pilot, pilot had already killed master battery switches and turned the fuel shutoff valve off. Fuel and oil were leaking out of aircraft ask pilot if was ok said he was fine but was remorseful explained to Nathan that he needed to get out of the aircraft immediately. After student was out of aircraft verified student was indeed ok with no issues. After followed reporting accident procedures. Rolled aircraft back over and secured in hanger per FAA representatives OK'd instructions.

Brandon Nau Ace High Helos Chief Pilot,

RECOMMENDATION (How	/ could this	accident/incident ha	ave been pre	vented?)			
Operator/Owner Safety Recomm	endation						
The way the accident occurred taught in much detail and was how this type of accident could tarmac and their were no know	reviewed p d happen a	prior during stage c nd the correct proc	heck before edures for r	his first secovery.	solo was condu The student wa	icted. The student	was very familiar with
MECHANICAL MALFUN		FAILURE (If mo	re space is n	eeded, co	ontinue on sepa	rate sheet)	
Was there Mechanical Malfund (If yes, list the name of the part, manual	ction/Failur	e? 🛛 Yes 🗹 No				· · · · · · · · · · · · · · · · · · ·	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) Apx 10	Gallons	 ○ 80/87 ○ 100 Low Lead ○ 100/120 	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						
Was an emergency evacuation		-	□ Yes	🗹 No			
Method of Exit – Describe how	*		•				
Student was removed from th under his own power and con				lshield ha	ad previously b	een. Student was a	able to exit the aircraft
OTHER AIRCRAFT – C	OLLISIO	N (If air or ground	collision occ	curred, co	mplete this sec	tion for <i>other</i> aircra	ft)
Aircraft Registration Number	Manufact	urer:				Dar	nage to Other Aircraft Destroyed Minor
Registered Owner of Other Air					Other Aircraft		Substantial 🔲 None
Name:				Name:			
City:ZIP:Z				City:		7ID.	
Country:				State: 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 <u>12/26/2019</u> mm/dd/yyyy	12/26/2019 Signature:										
If a Person Other tha	an Pilot/Op	erator is Filing Report									
Name:				Title:							
Signature:											
or 🔲 C	or Check here to electronically sign this document										
FOR NTSB USE ONLY											
NTSB Accident/Incid CEN20CA037	dent No.	Reviewed by NTSB Regional Office Central Regional Office - CEN	Name of Invest Michael J. Hod	0	Date Report Received 12/27/2019						