NATIONAL TRANSPORTATION SAFETY BOARD NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 Code of Federal Regulations (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.

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An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that ALL questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

- 1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.
- 2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.
- "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.
- "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.
- 5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

 ${\it Date/Time:}$ Indicate the date and local time of the event. Be sure to indicate the time zone,

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control,

AERIAL OBSERVATION-These flights include aerial mapping/ photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS-includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid, professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST-Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL-Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE-Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL-Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN-Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/ incident.

> Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

> NOTAMs (D and FDC). AIRMETS. SIGNETS. PIREPs: Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

> Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

> Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

> Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

> Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

> Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

> Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

> Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the

> Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

> Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

> These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to www.ntsb.gov. William Steps Minght Eriet Versella

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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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			nse (Sport Pilot	July)		tions/waiver	s ON	/A	mm/dd/v	2010	
O Unknown C Medical Certificate Limitation	Class 2 OUnk	nown		108	Special Issu	lance		Insultantial Control	min accy,	The Unabli	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	5/09/108	Make:	Review Aires	ion	PYTERIT 10	dust/	William .		st vignt St est, Tucket 35 Checks	Discoving or Equival FAR 121/1	
Airplane Rating(s)	Other Aircraft Ra		1	ent Rating(s	1	Instructo	r Rating(s)	110	(875,000)	Airpitese B	
(Check all that apply)	(Check all that apply)		0.1500	l that apply)		(Check all			(4)mjili 16		
□ None	□ None	12.50	☐ None	101107	□ None				☐ Instrument Airplane		
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		Airpla		☐ Airplane Single-Engine ☐ Airplane Multi-Engine				☐ Instrument Helicopter☐ Helicopter		
Multiengine Land	Glider		Helico			Gyropla			Glider		
☐ Multiengine Sea	Gyroplane	WY Ld				☐ Powere			Sport	Service []	
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Type Ratings					Student Endorsements (Include dates)					Type Made	
Flight Time (Enter appropriate	All This	s Make	Airplane Single	Airplane	ic.	Inst	rument	alest with the	A America	Lighter	
number of hours in each box)	Aircraft &	Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air	
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This Make/Model		5.00									
Last 90 Days		81						281		Sucr dis am't	
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Last 24 Hours	11 1	1				-		11	-	Low 24 dos	

"FLIGHT CREWMEME	BER 2" INFO	PRMATION	1							e de la composition	
"Flight Crewmember 2" Responsibility Octo-Pilot	onsibilities at to O Student Pilot	the Time of A OFlight Inst		Pilot C	Flight	Engineer	OOther Fli	ght Crew		Lintell To	
"Flight Crewmember 2" was	pilot flying [Yes N	o		100	7 798	Jak Thriese	o series Tille	of some	O PARTIES	
"Flight Crewmember 2" Ider	tification								erineaning		
First Name:	CSLow L. B	·		City o	of Resid	dence:				and the same of	
Middle Initial:	317	7-00-10							Da		
Last Name:		May -	D 4 × CD' 4		try:						
Age at time of A	ccident/Incident		Date of Birth:	Alle sand		minus	ace yyyy	aA To amit	no agrico.		
	1		ficate Number:	Ta					g . 11 D		
Degree of Injury	Seat Occupio		mies broff	Restra		11/10		1	nflatable R	estraints	
O None O Fatal O Minor O Unknown	OLeft ORight	OFront ORear	OUnknown	Ava	ailable		Jsed		□Not Insta	allad	
O Serious	OCenter	OSingle					O None O Lap only		☐ Installed		
Pilot Certificate(s) (Check all	that apply)	Although States	88	0	3-point		O 3-point	- No. 10-10-10-10-10-10-10-10-10-10-10-10-10-1	□Not Dep		
□ None □ Flight In	structor	ommercial	☐ US Military		4-point	Commonwill	O 4-point		☐ Deploye ☐ Unknow		
☐ Private ☐ Recreation	onal	irline Transport	Foreign			wn		Transcond I	Clikilow		
☐ Student ☐ Sport	F	light Engineer	0.0			risoft Matt		30 (C)			
Principal Occupation M	ledical Certifica	ite		Medica	al Cert	ificate Vali	dity		Date of Las		
Ton the second of the second of		Class 3	Spitel			itations/waive		known	Occupation	18 GENULA.Y	
O Other	Class 1 O	Driver's Licens	e (Sport Pilot only)			ions/waivers	O N/	Α .	mm/dd/yy	NOTE OF THE PARTY	
O Unknown	Class 2 O	Unknown	100	O Spec	al Issu	ance	- 0-4	00	mm dayy	mental C	
Date of Last Flight Review		Flight l	Review Aircraft	test Alim	let lifer	uiti.		irsha	A nigiti to	I lo stall	
or Equivalent, Including FAR 121/135 Checks:			06		N. C.		W. Dar	35	lent, Includ 135 Checks	or Kenira	
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Airplane Rating(s)	Other Aircraft	t Rating(s)	Instrument R			Instructor	Rating(s)		Compartie 5	- intelegrals	
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None	None	L2 Mone	None	□ None □ Airplane Single-Engine				☐ Instrument Airplane ☐ Instrument Helicopter			
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Flight Time (Enter appropriate		This Make	Airplane Single Ai	rplane	06	Instr	ument			Lighter	
number of hours in each box)	e All Aircraft	This Make & Model		ltiengine	Night	Actual	Simulated	Retorcraft	Glider	Than Air	
Total Time 10.55	1,0,0		65	1	7	600	10.30				
Pilot in Command (PIC)				1	*3-	- Se S. D.	1 m		(Surfry)		
Time as Instructor					1	0.7	4-6	1	-	1	
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Last 90 Days	37			1		245	1301			100 m	
Last 30 Days						200	3:06.1			MG-05	
Last 24 Hours						PA	11	1			

ADDITIONAL FLIGHT CREWMEMBERS (Ex	clusive of cabin c	rew, complet	e the followin	g information)		
Crew Name and Address	1000	Laurele L	State of the state	Seat Occupie	ed	Injury
Middle Initial: State: _	Residence:	ZIP:	7:00 =: 4844	O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
☐ Private ☐ Recreational ☐ Airline ☐ Student ☐ Sport ☐ Flight	ercial U	S Military oreign	VC	Restraint Ty Available O None O Lap Only O 3-point O 4-point	O None	Inflatable Restraints Not Installed Installed Not Deployed
[1] [4일] [1] [4일 [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]	otal Flight Time a f this Accident/Inc		hrs	O 5-point O Unknown	☐ Deployed ☐ Unknown	
Crew Name and Address	Weight Ohio			Seat Occupie	ed malgination	Injury
Middle Initial: State: State: Country	Residence:	ZIP:	(I) (I) (I)	OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
None Flight Instructor Comme Private Recreational Airline Student Sport Flight Type Rating/Endorsement for T	Transport		e Cultura	Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
	this Accident/Inc			OUnknown	O Unknown	_ Chkhown
PASSENGER(S) / OTHER PERSONNEL (Inc	lude cabin crew; o	continue on s	eparate snee	t ir necessary)	Inflatable	
Name and Address	Seat	Injury	Restraint T	уре	Restraints	Age
First Name: City: Middle Initial: State: ZIP: Last Name: Country: OCrew OPassenger OOther	ORight OUnknown	ONone OMinor OSerious OFatal OUnknown	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	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
First Name: City : Middle Initial: State: ZIP: Last Name: Country: OCrew OPassenger OOther	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	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	Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years
First Name: City:	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years
First Name: City :	ORight OUnknown	O None O Minor O Serious O Fatal O Unknown	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	Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years

LIGHT ITINERARY INFO					Type Flight Plan Filed
Last Departure Point	Time of Departs				None O VFR/IFR
Airport ID: 471E	Time: 7:00 Airport ID:				O
City: La-word	THE CO.	City:_	and le		O Military VFR O Unknown
State: Texus	Time Zone:	Yo State:	3	3/161	O VFR
Country: USA		Country	y:	oranger 1	Activated? OYes ONo OUnknow
Type of ATC Clearance/Service	Check all that apply)				
None Specia	ol VFR	Special IFR			owing Cruise
VFR IFR		VFR On Top	(SHE)	☐ Traffic Advisory	Unknown / NA
Airspace where the accident/incid	ent occurred (Check all	that apply)	unit D homesic	F amel A D	Altitude of In-Flight
☐ Class A	G	Military Operat	ions Area (MOA)	Special	Occurrence:
☐ Class B ☐ ☐ Demo	Area	Airport Advisor		☐ Air Traffic Contr ☐ Unknown	ft msl
	-511	Jet Training Ar	ea	Unknown	The Rouse County State for
		TRSA			THE THEORY AND THE PARTY OF THE
- Chao D	The second second				
WEATHER INFORMATIO	N AT THE ACCIDE	NT/INCID			
Source of Pilot Weather Informat	tion		Weather O	bservation Facility	ten Nace ned Address
(Check all that apply)	TILLI O		Facility ID:		First Strates
■ National Weather Service	Company			Time:	
☐ Flight Service Station ☐ TV/Radio	☐ Military ☐ Internet		The second second second second		
Automated Report	None			Accident Site:	
Commercial Weather Service (DUA					degrees true
On-Board Weather	I Inhetenia .				
Basic Conditions		dition	girti3 b	- Commercia	Divine Half D. Half State
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O Clear O Thin			O Obscured O Indefinite	Dew Point:	(C) or(F)
	Overcast O Broken O Overcas		O Unknown		
O Partial Obscuration OUnk	llowii Overeus			Altimeter Sett	ting: in. Hg
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Senso Product PT Softwart out CT	= 7.0 m/1	1	-0	X71 - 11-11-4	1.04.00
Wind Direction Wi	ind Speed	Willia	Gusts	Visibility	mines
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William 10	Light and Variable	1 100		RVV	V: miles
-or-	or- 19		r-		
	eed: 10-15 kts	Speed: _	kts	Density Altitu	
Intensity of Precipitation Ty	pe of Precipitation (Checi	k all that apply)		1 Protection Add to make the city of the control of	Visibility (Check all that apply)
	None Drizzl	100000000000000000000000000000000000000	reezing Rain	■ None ■ Blowing D	□ Fog ust □ Ground Fog
	Rain	lets Si	now Shower	☐ Blowing D	
	Snow Snow		e Pellets Shower reezing Drizzle	☐ Blowing St	
	Hail Snow Rain Showers Ice Cr	ALCOHOL: NO CONTRACTOR OF THE PERSON OF THE	reezing Drizzie	☐ Blowing S ₁	
OUnknown	Kalli Siloweis — Ice Ci	ystais		□ Dust	Unknown
Icing Forecast	Icing Act	ual		Turbulence	- Marie City
Amount Type	Amount		/pe	Type Check	all that apply) Severity
O None O N/A	O None	0	N/A	None	Light
O Trace O Rime	OTrace		Rime	Clear Air	duced ☐Moderate ☐Severe
O Light O Clear	O Light O Mode		Clear Mixed	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e Turbulence
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		The sure services	Children (e.)	as a place of the project B
DAMAGE TO AIRCRAFT A	ND OTHER PR	ROPERTY		
Aircraft Damage O None O Substantial O Minor Destroyed O Unknown	Aircraft Fire None In-Flight On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosion None O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description of Damage to Aircraft a	and Other Property	(Use additional sheet if necessary)	kids Broke	main Rutor
Chooped Tail book	n off		kids Broke	
NARRATIVE HISTORY OF FLI	IGHT (Please type	or print in ink)		
wreckage distribution sketch if pertindestination. Provide as much detail as already made of west fulled by	ent. Attach extra shes possible. I we few full	ing circumstances leading to and nateets if needed. State departure time and as fiving a field to passes on the atom to the atom to the add all the wreck in	d and location, service east to h field I east on	s obtained, and intended 1est had Las Headed
		NO SHIRLD BELLE	President Control Cont	FUEL & SERVICES AND Fuel on Board at Last Takeon A convertible pounds as execusive. 7 Other Services, if Aug. Prior to
			1745	BIACUATION OF AIRC
		neil? Divo Mile	of the alreanth previous	Was on onergoney evocuation
		ase balismenta etinequiese vinna wind bi	the norupmus exted an	Method of Exit - Douglic how
The state of the s	a and home of global	e gruph collision ordinost, corc. V	AND ROLL OF STREET	D - THANDSIA STHICK
Daminge to Other Aircraft C Demoyed C Moor			Maquischirer	Aircraft Registration Number
smort Ci luthrestatud Ci -			Markel:	
	a Alexandi	Plat of Otler	Reso	Registered Owner of Other Afr
		countrie		Monte
		1913		City:

RECOMMENDATION (How	could this accident/incident	have been prevented?)				
Operator/Owner Safety Recomme		igher turn		rive mov		for
	10+ Humid days	٢.		Beint A	Spinis hims-t-2 G	AIRCORE DO
	tend of C			7410	hamas (190)	mill I O
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Major Rotor	waste Broke			mittle for Marie	A pressent to	Description
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	and maken of accident/incide					
	of take hi	EIVIVE A PER	T. 4/114		Frovide as anoth	malantesi
MECHANICAL MALFUN					: 4	
Was there Mechanical Malfunct	tion/Failure? Yes 1	No	NO 364		Total Time/	Cycles
(If ves, list the name of the part, manu,	facturer, part no., serial no., and	describe the failure.)			On Part	1
- POTO AHAM	chapte whos	all the ure	DISN EG	10 + 913	317 JA	Hours
V.	Berry				and the second	Cycles
				-	10	- Or
					Time Since	
					Inspected/C	Wernauleu
						Hours
FUEL & SERVICES INFO	ORMATION					
Fuel on Board at Last Takeoff	Fuel Type					
(Convert from pounds, as necessary)	O 80/87	O 115/145	O Jet B	O Other, specify	y	
7	Gallons O 100/130	O Jet A O Jet A-1	O JP8 O Automotive			
Other Services, if Any, Prior to		O Jot A-1	O ranomouve			
Other Services, if Any, 11101 to	Departure					
						Contract Contract
EVACUATION OF AIRC	RAFT					
Was an emergency evacuation	of the aircraft performed?	☐ Yes ☐ No				
Method of Exit – Describe how			ated each locatio	n		
Method of East - Describe now	ane occupants enter and no					
OTHER AIRCRAFT - C	OLLISION (If air or grou	and collision occurred,	complete this se	ection for other air	rcraft)	
Aircraft Registration Number	Manufacturer:				Damage to Othe	☐ Minor
	Model:			☐ Destroyed ☐ Substantial	□ None	
Registered Owner of Other Air			of Other Aircra			
Name:		City:				
City: ZIP:		State:		ZIP:		
Country:		Count	try:			

ADDITIONAL INFORMATIO	N (Please type or print in ink)		
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		akey.	OT OF INT KNOWLEDGE
06/28/200 Signature			
mm/dd/yyyy - or -	Check here to electronically sign this	document	
If a Person Other than Pilot/Op			
	Thing report	Title:	
	o electronically sign this document		
	FOR NTSB	USE ONLY	
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN19LA178	Central Region	Jennifer S. Rodi	July 5, 2019

Pulled up out of the field turned around and started back into the field felt my self get into a decent and started pulling in power. There was no change in decent. I rolled the throttle all the way on. And continued to add more collective. Still there was no change in decent. My decent never increased or decreased. The decent angle to the field was about that of a normal approach. As I got closer to the field the helicopter started to shake and the shake got worse and worse. I started to flare as I approached the ground. And that's when the helicopter came in contact with the ground and summer salting around.

