NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

BASI	C INFORMA	TION											
Accide	nt/Incident Loc	ation					Acc	ident/Incid	lent Date/7	Γime			
Nearest	City/Place: N. Fa	awver rd			_ State: <u> </u>	<u> </u>	Date	e: <u>07/2</u>	27/2020	Lo	cal Time:	12:20	
ZIP: <u>61</u>	018 (Country: US/	A						d/yyyy				
Latitude	42.439565		Longitude: -89.5	515141						Tu	me Zone: _(central	
	(Enter in decima	l degrees or a	legrees:minutes:sec	conds)			Coll	lision with	Other Air	craft:	Midair	On - groun	d ☑ None
AIRC	AIRCRAFT INFORMATION												
Registration Number: N570WH						☐ IFR-Equip ☐ Commerci							
Manufacturer: Robinson						Unmanne	-	gnı					
Model:	r-44						Ma	aximum Gr	oss Weigh	t: <u>2400</u>		lbs	
Serial I	Number: <u>0538</u>						We	eight at Tin	ne of Accid	lent/Inci	dent: <u>189</u>	91	lbs
Year of	f Manufacture:	1998					Nu	mber of Se	ats: 4		Flight Cre	ew Seats: 1	
Amate			□Kit/Plans Mal	ke:								Seats: 3	
	No		Original Design					mber of E	ngines: 1	1			
	ry of Aircraft		irworthiness Ce	rtificate		Landing Ge		- L.)		_	Type (Se		1 D14
□Airpl Ballo		(Check all to				(Check all tha		o <i>ty)</i> actable			procating o Shaft	•	d Rocket Rocket
Blim	p/Dirigible	☐ Norma	al 🗹 Restric			☐Tricycle	1000		ailwheel		o Prop	Hybr	id Rocket
Glide Gyro	r plane	☐ Aeroba☐ Balloo				☐ Amphibia	n		ligh Skid	Turb	o Jet	None Unkn	
Helic		☐ Comm	uter			Emergenc				Elect		Olikii	OWII
	ered Lift	☐ Transp ☐ Utility				□Float	□Ski						
Rock Ultra			☐ Special ☐ Experi			Hull Ski/Wheel Fuel System Type (Reciprocation							
Unkr	own	☐Certificate	e of Authorization	□ Other Lau		inch/Recovery System		☑Carburetor Fuel-Inject		Injected			
		□None		Unknown	<u> </u>	■ None		U	Inknown				
			Engine		Manufe	acturor's		Date of Mfg.	Rated Pow Horse		Total Time	Time Inspection	
Engine	Engine Manufa	cturer	Model/Series	Manufacturer's Serial Number			mm/dd/yyyy	lbs of		(hours)	(hours)	(hours)	
Eng. 1	Lycoming		O-540-f1b5		L-25838	3-40A	1	10/13/2000	260		3102	110.1	1051.5
Eng. 2													
Eng. 3							+			_			
Eng. 4				Propell	<u> </u>	☐Fixed P	itch		 Prope	eller 2		L Fixed Pitch	
	spection Type			rropen		Control	llable Pitch Controllab			Controllable l			
□100-H AAIF		inuous Airwo litional Inspec		Manufac	nturar:	Ground	d Adjustable Ground Adjustable Manufacturer:						
Annu		nown		Model:						_			
Date L	ast Inspection:				stalled:	□Ves	No					Check all that	
Airfrar	ne Total Time:	mm/dd/yy	yy hrs	If Yes:	stanca.		110		✓AD		ipmene (encen an mai	. црргу/
	rs measured at (S		m		nufactur	er:			_	frame Para		_	
	ast Inspection		ccident/Incident	Model or	r Part No	.:					ck Indicato	ľ	
TSO No.: C91 (121.5 MHz)					C91	a (121.5 MH		a Recorde		** # 115			
✓ Annual				` ′	ca l	Пу м.			ght Bag or Iltifunction	Handheld De Display	vice		
Conditional (Amateur-built only) Manufacturer's Inspection Program Was ELT still mounted in Was ELT still connected to							Elec	etronic Pri	mary Fligh				
	nacturer's inspect Approved Inspec		(AAIP)	Did ELT	Activate	? □Yes 1	No			idheld GP: ids Up Dis			
Cont	inuous Airworthin		` /	If active				-	□Onb	oard Wea			
	r, specify:					ocating Aircra	it: [∃Yes No	' □Sate	ellite Tracl	king Device	e	
Descrip None	otion of Fire Ex	tinguishing	System	If not ac Indicate	ctivated: Reason:	☐ Impact Dar	mage			 Warning Record 	System ing Device		
Spec				muicate		☐ Fire Damaş				er, Specify			
						☐ Battery Exp		/Damaged					
						□Unknown							

OWNER/OPERATOR INFORMATION								
Registered Aircraft Owner		City: East Troy						
Name: MF Helicopters		State: WI ZIP: 53120						
Fractional Ownership Aircraft:	No	Country: USA						
Operator of Aircraft	gistered Owner	☑ Same Address as Registered Owner						
Name:		City:						
Doing Business As:		State: ZIP:						
Air Carrier/Operator Designator (4 Character	er Code):	Country:						
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	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)	FAR 91 FAR 129 FAR 131 FAR 103 FAR 133 FAR 135 FAR 121 FAR 135 FAR 125 FAR 137 FAR 125 FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial	Non-Scheduled or Air Taxi International 435						
□ 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	Public Aircraft (Select one) Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) Aerial Application Firefighting Unknown Aerial Observation Flight Test Air Drop Glider Tow Air Race/Show Instructional Banner Tow Other Work Use Business Personal						
		Executive/Corporate Positioning External Load Skydiving						
Revenue Sightseeing Flight Yes No	Air Medical Flight Yes ☑ No	Ferry						
AIDDODT INCODMATION (
Airport Name: Airport Identifier:		Distance From Airport Center:sm						
The port rue memers		Direction From Airports degrees true						
Proximity to Airport: Off Airport/Airstri		Direction From Airport: degrees true Airport Elevation: ft. msl						
Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that a grass/Turf	ft Width:ft Main							
Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that a grass/Turf	ft Width:ft ppply) dam	Airport Elevation:ft. msl 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						
Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that c	ft Width:ft p On Airport/Airstrip N/A ft Width:ft pply) dam	Airport Elevation:						
Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that a continuous forms and continuous forms are continuous forms and continuous forms and continuous forms are continuous forms and continuous forms and continuous forms are continuous forms and continuous forms and continuous forms are continuous forms and continuous forms and continuous forms are continuous for	ft Width:ft p On Airport/Airstrip N/A ft Width:ft pply) dam	Airport Elevation:						
Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that a compared of the concrete o	ft Width:ft p On Airport/Airstrip N/A ft Width:ft pply) dam	Airport Elevation:						
Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that a classification of the concrete	ft Width:ft p On Airport/Airstrip N/A ft Width:ft pply) dam	Airport Elevation:						

<u> "FLIGHT CREWMEME</u>	<u> 3ER 1" INF</u>	ORMATI	<u>ON</u>							
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident										
☑ Pilot Co-Pilot	Student Pilot		Instructor	Check Pilot	Fligh	t Engineer	Other I	Flight Crew		
"Flight Crewmember 1" was		✓Yes □ ì	No							
"Flight Crewmember 1" Ider	itification									
First Name: Bryan					City of Residence: Naples					
Middle Initial: S	S	tate: FL			ZIP: <u>34109</u>)				
Last Name: Gammill		Country:	USA							
Age at time of A	Accident/Incide	ent: <u>42</u>	_ Date of B	Birth:		m	m/dd/yyyy			
		C	ertificate Num	iber:						
Degree of Injury Seat Occupied					Restraint Type				Inflatable Restraints	
☑ None Fatal Minor Unknown	☐ Left Right	Front Rear	Unknov	vn .	Available	;	Used			
Minor Unknown Serious	Center	Single			□None		□None		✓ Not Ins ☐ Installe	
Pilot Certificate(s) (Check all	that apply)				Lap of 3-poin	•	Lap only 3-point	y	☐ Not De	
☐ None ☐ Flight In:		Commercial	☐ US M	ilitary	4-poin		4-point		Deploy	
☐ Private ☐ Recreation	onal 🔽	Airline Transp		n	5 - poin Unkno		5-point Unknov	vn	☐ Unknov	vn
☐ Student ☐ Sport	Ц	Flight Enginee	er		Cimin					
Principal Occupation M	edical Certific	cate		Med	dical Cer	tificate Va	lidity		Date of Las	t Medical
□ Pilot □	None	Class 3			Vithout lim	itations/wai	vers U	nknown	10/00/4	_
Other	Class 1		ense (Sport Pilot		Vith limitat pecial Issu	ions/waiver	s N	[/A	10/23/11 mm/dd/y	
Unknown Medical Certificate Limitation	Class 2	Unknown		3	peciai issu	ance			mm day,	· <i>yy</i>
	1115									
must wear corrective lenses										
Medical Certificate Special Is	ssuance									
Date of Last Flight Review		Fligh	t Review Airo	raft						
or Equivalent, Including	05/40/0000	_	Robinson							
FAR 121/135 Checks:	05/19/2020 mm/dd/yyyy		ı: R-66							
Airplane Rating(s)	Other Aircra			ent Rating(s)	1	Instructo	r Rating(s)			
(Check all that apply)	(Check all that d			l that apply)	´	(Check all				
None	☐ None		☐ None			☐ None		_	Instrument	
☑ Single-Engine Land☑ Single-Engine Sea	☐ Airship ☐ Balloon		☑ Airpla ☐ Helico				e Single-Eng e Multi-Engi		Instrument Helicopter	Helicopter
Multiengine Land	Glider		Power			Gyropla			Glider	
☐ Multiengine Sea	Gyroplane					☐ Powere	d Lift		Sport	
	☑ Helicopter☑ Powered Lif	t								
Type Ratings			1			Student E	Endorsemer	nts (Include	dates)	
Mu-300 Be-400 LR-60 Ce-500										
			Airplane	<u> </u>	1	T .	4	1	1	
Flight Time (Enter appropriate	All	This Make	Single	Airplane	NTS. T.		rument	Bota &	Cira	Lighter
number of hours in each box) Total Time	Aircraft 7700	& Model 380	Engine 2140	Multiengine 5100	Night 660	Actual 230	Simulated 60	Rotorcraft 460	Glider	Than Air
Pilot in Command (PIC)	6100	360	2000	4000	600	-	60	400		
Time as Instructor	2700	300	2100	600	150	+	00	423		
This Make/Model	2700		2100	000	24		2			
Last 90 Days	145	85	35	14	7			95		
Last 30 Days	107	85	7	14		+		85		
Last 24 Hours	8	8						8		

"FLIGHT CREWMEN	MBER 2" INFORI	MATION								
"Flight Crewmember 2" R □ Pilot Co-Pilot	esponsibilities at the Student Pilot	Time of Ac Flight Instr		t k Pilot	Flig	ght Engineer	Other F	light Crew		
"Flight Crewmember 2" w	as pilot flying 🔲 Ye	es □No)							
"Flight Crewmember 2" Io	lentification									
First Name:				City	y of Re	sidence:				
Middle Initial:				Stat	te:		Z	IP:		
Last Name:										
	Accident/Incident:									
			- icate Number:							
Degree of Injury	Seat Occupied		_	Restr	raint T	ype			nflatable R	estraints
☐ None Fatal	□Left	Front	Unknown		vailab		Used	-		
Minor Unknown Serious	Right Center	Rear			■None		☐ None		☐ Not Inst	alled
		Single		_	Lap	•	Lap only	7	☐ Installed	
Pilot Certificate(s) (Check of Display None ☐ Flight	an that apply) Instructor	namaia1	☐ US Military		3-poi		3-point 4-point		☐ Not Dep ☐ Deploye	
☐ Private ☐ Recre		e Transport			5-poi	int	5-point		Unknow	'n
☐ Student ☐ Sport	☐ Flight	Engineer			Unki	nown	Unknow	'n		
Principal Occupation	Medical Certificate			Medi	ical Ce	rtificate Va	lidity	1	Date of Las	t Medical
☐ Pilot	□ None Clas	s 3				mitations/waiv	•	nknown		
Other	Class 1 Driv	er's License	(Sport Pilot only)	Wi Wi	ith limit	ations/waivers		/A	/11/	
Unknown	01400 2	nown		Sp	ecial Iss	suance			mm/dd/yy	yy
Medical Certificate Limita	tions									
Medical Certificate Specia	l Issuance									
A TANAMA CANAMA SPANA										
Date of Last Flight Review	·	Flight R	eview Aircraft							
or Equivalent, Including		_								
FAR 121/135 Checks: _	/11/	Model:								
Ainplana Dating(s)	mm/dd/yyyy Other Aircraft Rat	_	Instrument I	lating(a)	1	Instructor	Dating(s)			
Airplane Rating(s) (Check all that apply)	(Check all that apply)		Instrument F			Instructor (Check all th				
☐ None	☐ None		□None	TF V		□ None	···· -FF 5/		Instrument A	irplane
☐ Single-Engine Land☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airplane				Single-Engin	ie 🗆	Instrument H	elicopter
☐ Multiengine Land	☐ Glider		☐ Helicopter☐ Powered Li	ì		☐ Gyroplan	Multi-Engine		Helicopter Glider	
☐ Multiengine Sea	☐ Gyroplane					Powered			Sport	
	☐ Helicopter ☐ Powered Lift									
Type Ratings			I			Student Er	ıdorsement	s (Include de	ates)	
			Airplane						ı	
Flight Time (Enter appropri	1 1	s Make	Single A	irplane			rument 	_		Lighter
number of hours in each box)	Aircraft & I	Model	Engine Mu	ltiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time Pilot in Command (PIC)							-			
Pilot in Command (PIC) Time as Instructor							-			
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGI	ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)								
Crew Name and Addre	ess					Seat Occupie	d	Injury	
First Name:		City of Re	sidence:			□Left	Front	None	
Middle Initial:	_	State:		ZIP:		Center Right	Rear Single	Minor Serious	
Last Name:		Country:			_		Unknown	Fatal	
						Destariat Tea		Unknown	
Pilot Certificate(s) (Che		-				Restraint Ty Available	Used	Inflatable Restraints	
□ None □ Private	☐ Flight Instructor☐ Recreational	☐ Commerc ☐ Airline Ti		Military		□ None Lap Only	□None Lap Only	□ Not Installed	
	Sport	☐ Flight En	•	Cigii		3-point	3-point	Installed	
						4-point	4-point	☐ Not Deployed☐ Deployed	
Type Rating/Endorsement for Accident/Incident Aircraft?					hua	5 - point Unknown	5 -p oint Unknown	☐ Unknown	
Accident/Incident Airc	raft?	□ No of th	ns Accident/Inci	dent:	hrs				
Crew Name and Addre	ess					Seat Occupie	d	Injury	
First Name:		City of Re	sidence:			Left	Front Rear	□None	
Middle Initial:	_	State:		ZIP:		Center Right	Single Unknown	Minor Serious	
Last Name:		Country:						Fatal Unknown	
70. (2. (3. (4. (4. (4. (4. (4. (4. (4. (4. (4. (4						Doctroint Tru			
Pilot Certificate(s) (Che		— C	:-1 □110	Militam		Restraint Ty Available	Used	Inflatable Restraints	
	☐ Flight Instructor☐ Recreational	☐ Commerc ☐ Airline Tı		Military eign		□ None Lap Only	□ None Lap Only	☐ Not Installed	
	☐ Sport	☐ Flight En		C		3-point	3-point	☐ Installed	
Type Rating/Endorsem	ent for	Total	al Flight Time at	t the Time		4-point	4-point	☐ Not Deployed☐ Deployed	
Accident/Incident Airci			nis Accident/Inci		hrs	5 - point Unknown	5 - point Unknown	Unknown	
			ns Accidentation	ucnt.	ms	Cindio	C Intili C IIII		
PASSENGER(S) / C									
PASSENGER(S) / C			de cabin crew; c	ontinue on s	eparate shee	t if necessary)	Inflatable		
					eparate shee Restraint T	t if necessary) ype		Age	
PASSENGER(S) / C	OTHER PERSO	NNEL (Inclu	Seat	ontinue on s	eparate shee	t if necessary) ype Used None	Inflatable Restraints		
PASSENGER(S) / C	OTHER PERSO City:	NNEL (Inclu	Seat Left Center	Injury None Minor	Restraint T Available None Lap Only	t if necessary) ype Used None Lap Only	Inflatable Restraints □ Not Installed □ Installed	☐ Under 5 years	
PASSENGER(S) / C Name and Address First Name:	City : State:	NNEL (Include	Seat Left Center Right	Injury	Restraint T Available None	t if necessary) ype Used None	Inflatable Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5,	
PASSENGER(S) / C Name and Address First Name: Middle Initial:	City : State:	NNEL (Include	Seat Left Center	Injury None Minor Serious	Restraint T Available None Lap Only 3-point 4-point 5-point	ype Used □ None Lap Only 3-point 4-point 5-point	Inflatable Restraints □ Not Installed □ Installed	☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held	
PASSENGER(S) / C Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	NNEL (Inclu	Seat Left Center Right Unknown	Injury None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown	ype Used □None Lap Only 3-point 4-point 5-point Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5, ☐ Child Restraint	
PASSENGER(S) / C Name and Address First Name: Middle Initial: Last Name:	City: State: Country: Passenger	NNEL (Included and Included American Am	Seat Left Center Right Unknown Row:	Injury None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point	Used None Lap Only 3-point 4-point 5-point Unknown Used None	Inflatable Restraints Not Installed Installed Deployed Deployed Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held Unknown	
PASSENGER(S) / C Name and Address First Name: Middle Initial: Last Name:	City: State: Country: Passenger City:	NNEL (Included and Included American Am	Seat Left Center Right Unknown Row: Left Center	Injury None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held Unknown ☐ Under 5 years	
PASSENGER(S) / C Name and Address First Name: Middle Initial: Last Name: Crew First Name:	City: State: Passenger City: State: State:	NNEL (Included Included Includ	Seat Left Center Right Unknown Row:	Injury None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 4-point	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Deployed Deployed Deployed Deployed	☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held Unknown ☐ Under 5 years If Under 5,	
PASSENGER(S) / C Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial:	City: State: Passenger City: State: State:	NNEL (Included Included Includ	Seat Left Center Right Unknown Row: Left Center	Injury None Minor Serious Fatal Unknown None Minor Serious	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Not Deployed	☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held Unknown ☐ Under 5 years If Under 5,	
PASSENGER(S) / C Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: Country: Passenger City: Country: Passenger City: State: Country:	ZIP:Other	Seat Left Center Right Unknown Row: Left Center Right Unknown	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available Available Unknown	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used Used Voint Unknown Used Used	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Deployed Deployed Deployed Deployed	☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held Unknown ☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held	
PASSENGER(S) / C Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: The Crew First Name: The Crew First Name: The Crew First Name:	City: State: Country: Passenger City: State: Passenger City: State: Country: Passenger	ZIP:Other	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row:	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Deployed Unknown Not Deployed Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held Unknown ☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held	
PASSENGER(S) / C Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:	City: State: Passenger City: State: Country: Passenger City: State: Country: Passenger	ZIP:Other	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Unknown Not Installed Installed Installed Installed 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 years	
PASSENGER(S) / C Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Last Name: Last Name: Last Name: Last Name: Middle Initial: Last Name:	City: State: Country: Passenger City: State: Country: State: Country: Passenger City: Country: Country: Country: Country: Country: Country:	ZIP:Other	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only Lap Only Lap Only Lap Only	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Deployed Unknown 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 ☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held Unknown	
PASSENGER(S) / C Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:	City: State: Passenger City: State: Country: Passenger City: State: Country: Passenger	ZIP:Other	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point	Used None Lap Only 3-point 4-point 5-point Unknown	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Deployed Unknown Not Installed Installed Installed 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 years	
PASSENGER(S) / C Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Last Name: Last Name: Last Name: Last Name: Middle Initial: Last Name:	City: State: Country: Passenger City: State: Country: State: Country: Passenger City: Passenger City: Passenger	ZIP:Other	Seat Left Center Right Unknown Row: Left Center Right Unknown Row:	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 4-point 5-point 4-point 4-point 5-point 4-point 4-point 5-point 4-point 5-point 4-point 5-point 4-point	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used Vsed Vsed	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Deployed 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 Lap-Held Unknown ☐ Under 5 years	
PASSENGER(S) / C Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Last Name: Crew First Name: Crew First Name: Crew	City: State: Country: Passenger City: State: Country: State: Country: Passenger City: State: Passenger City: State: Country:	ZIP:Other	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 1-point 1-	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Deployed Unknown Not Installed	☐ 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 Lap-Held Unknown ☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held Unknown ☐ Under 5 years	
PASSENGER(S) / C Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Crew First Name: Crew First Name: This is a second of the second o	City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger City: State:	ZIP: Other ZIP: Other	Seat Left Center Right Unknown Row:	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point 4-point	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Not Deployed Unknown 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 ☐ 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,	
PASSENGER(S) / C Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Crew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:	City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger City: State:	ZIP: Other ZIP: Other	Seat Left Center Right Unknown Row: Left Center Center Right Unknown Left Center Right Unknown Row: Left Center Right Unknown Row:	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Deployed Unknown Not Installed	☐ 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 Lap-Held Unknown ☐ Under 5 years If Under 5, ☐ Child Restraint Lap-Held Unknown ☐ Under 5 years	

FLIGHT ITINERARY	'INFORMATI	ON							
Last Departure Point	Т	ime of Departure	Destination	on		Type Fligh	ıt Plan Fi	led	
Airport ID:	T	·	Airport ID:			✓ None		VFR/	IFR
City:		ime:	City:			Company Military		IFR Unkn	own
State:	Ti	ime Zone:				VFR	VIIC	Olikii	OWN
Country:						Activated?	□Yes	No	Unknown
Type of ATC Clearance/S	ervice (Check all th	hat apply)							
	☐ Special VFR		cial IFR		☐ VFR Flight Foll		Cruise		
_	☐ IFR		R On Top		☐ Traffic Advisory	y	☐ Unkn	own / NA	
Airspace where the accide				Arag (MOA)	□ Special		Altitud	le of In-	Flight
	☑ Class G☑ Demo Area		tary Operations ort Advisory A		☐ Special ☐ Air Traffic Contr	rol Area	Occuri	ence:	
☐ Class C	☐ Warning Area	☐ Jet 7	raining Area		Unknown				ft msl
	☐ Prohibited Area☐ Restricted Area	☐ TRS ☐ FAR							
WEATHER INFORM				IT SITE					
Source of Pilot Weather I		IL ACCIDENT	MODEN		servation Facility	<u> </u>			
(Check all that apply)	iiioi iiiatioii			Facility ID: Ke	·				
☐ National Weather Service		Company		Observation Ti					
☐ Flight Service Station ☐ TV/Radio		Ailitary nternet							
☑ Automated Report	□N	lone		Time Zone: Z	Accident Site: 11				
☐ Commercial Weather Servi ☐ On-Board Weather	ce (DUATS) 🔲 U	Inknown							
		Light Conditi		Direction from	Accident Site: 345		_ degrees	ırue	
Basic Conditions ☑ VMC		Light Condition □Dawn	on Dusk	Dark	: Night Un	nknown			
IMC		Day	Night		ht Night	ikilowii			
Unknown									
Sky/Lowest Cloud Condit		Ceiling			Temperature:	26	(C) or		_(F)
☑ Clear Few	Thin Broken Thin Overcast	None (Clear) Broken		Obscured Indefinite	Dew Point: 1	15 (C	C) or		(F)
Partial Obscuration	Unknown	Overcast		Unknown					_(-)
Scattered					Altimeter Sett	or		lg	
Lowest Cloud Condition	_	Ceiling Height	•	0 1		OI			
-	ft agl	-		ft agl					
Wind Direction	Wind Speed		Wind Gusts	3	Visibility	10	miles		
☐ Variable	☐ Calm		✓ Not Gustin	ng	RVR				
	☐ Light and V	ariable				··· ′:			
or- Direction: 310 degrees true	e Speed: 6	kts	-or- Speed:	kts	Density Altitu		nines	ft	
Intensity of Precipitation		pitation (Check all th			Restriction to		Shack all th		
Light	✓ None	Drizzle	ин арргу) П Freezin	o Rain	✓ None			ш ирріу)	
Moderate	\square Rain	☐ Ice Pellets	☐ Snow S	Shower	☐ Blowing Du	ıst 🔲 🤇	Ground Fog	3	
Heavy N/A	□ _{Snow} □ Hail	☐ Snow Pellets ☐ Snow Grains		ets Shower	☐ Blowing Sa ☐ Blowing Sn		Haze ce Fog		
Unknown	Rain Showers		; Li Ficeziii	ig Drizzie	☐ Blowing Sp		Smoke		
					☐ Dust	<u> </u>	Jnknown		
Icing Forecast		Icing Actual			Turbulence				
Amount Type None N/A		Amount None	Type N/A		Type (Check a ☑ None	ll that apply)		erity .ight	
Trace Rime		Trace	Rime		☐ Clear Air			Aoderate	
Light Clear Moderate Mixe		Light Moderate	Clear		☐ Terrain-Indu		_	evere Extreme	
Moderate Mixe Severe Unkn		Severe	Mixe Unki	ou nown	Convective	1 urbulence		xueme	
Unknown		Unknown							
NOTAMs (D and FDC).	, AIRMETs, SIG	GMETs, PIREPs	in effect at	the time of th	ne accident/incid	dent:			
i									

DAMAGE TO		UD OTHER REGIO			
	1	ND OTHER PROP	ERTY		
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 Da	amage to Aircraft a	nd Other Property (Use	e additional sheet if necessary)		
			triking the top of a hay wagon a haking main skids damaged fra		after landing.main rotor
NARRATIVE H	ISTORY OF FLI	GHT (Please type or pr	rint in ink)		
Describe what o wreckage distributed destination. Provides Indianation area. Indeed in a grass to reposition to outward. picked down. lowered cright windshields mixture to cutoff. Engine continue back to the aircraft.	ccurred in chronologation sketch if pertine ide as much detail as ing truck that that was patch near a barn the chemical trailer the helicopter up a collective after touch is ejected from aircraft of to run. I saw smoaft and applied the	gical order, including cient. Attach extra sheets its possible. vas 24 miles to the nor and silos. received more, to pick up a load. Che and air taxied next to the down. Main rotor blace aft. Main rotors came to the oke and exited the aircrease.	ircumstances leading to and natification for the East of the farm at 11:45. fleating and talked to the Co op Remical was in a large tank in a e chemical. slowly set down feed estruck the hay wagon. helication a stop, Engine was running for aff to see where the smoke was shut off shortly after. checking	d and location, services of ew to the farm and circ epresentative. helicop hay wagon, the tops of lit left skid touch follow opter jumped and shoot full throttle. I attempted as coming from, smoke	eled to find appropriate oter Picked the helicopter up of the hay wagon curved ed by the right skid touching ok violently. both left and to turn of the mags and pull was burning oil so i went

RECOMMENDATION (How	v could this	accident/incident have	been prevented?	·)		
Operator/Owner Safety Recomm	endation					
when setting the helicopter do	wn near ob	stacles recheck rotor	clearance before	e fully lowering co	llective to be mind	ful of the blades will
move out of cone.						
MECHANICAL MALFUN	NCTION/	FAILURE (If more	space is needed, o	continue on separa	ate sheet)	
Was there Mechanical Malfund (If yes, list the name of the part, man	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)		□ 80/87	115/145	Jet B	Other, specify	
_10	Gallons	100 Low Lead 100/130	Jet A Jet A-1	JP8 Automotive		
Other Services, if Any, Prior to	Departure					
NONE						
EVACUATION OF AIRC	RAFT					
Was an emergency evacuation	of the aircr	aft performed?	Yes □ No			
Method of Exit – Describe how	the occupan	ts exited and how many	occupants evacua	ted each location		
removed seatbelt and exited	aircraft.					
OTHER AIRCRAFT – C		N (16 air ar array and a	lliaian assumed a	amminta thin nacti	an fan athan ainenaf	4
					-	age to Other Aircraft
Aircraft Registration Number		urer:				estroyed
						ubstantial None
Registered Owner of Other Air	·craft		Pilot o	of Other Aircraft		
Name:						
City: State: ZIP:			City: _ State:		ZIP:	
Country:			State.			

ADDITIONAL INFORMATION (Please type or print in ink)						
Use this space if addi	tional space	is needed for any answers.				
I HEREBY CERTIF	Y THAT TH	HE ABOVE INFORMATION IS COMPLE	ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE		
Date of this Report	Name of 1	Pilot/Operator: Bryan Gammill				
7-29-20	Signature	o:				
mm/dd/yyyy	or	✓ Check here to electronically sign this of	document			
If a Person Other tha	l an Pilot/On	erator is Filing Report				
1	_		Title:			
		electronically sign this document				
0/ 🔟 🖰	neck nere tt					
		FOR NTSB I				
NTSB Accident/Incid	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received		
CEN20CA313		Denver, CO	Edward Malinowski	7/30/2020		