

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

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

**BASIC INFORMATION**

**Accident/Incident Location**  
 Nearest City/Place: N. Fawver rd State: IL  
 ZIP: 61018 Country: USA  
 Latitude: 42.439565 Longitude: -89.515141  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 07/27/2020 Local Time: 12:20  
*mm/dd/yyyy* Time Zone: central  
**Collision with Other Aircraft:** Midair On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N570WH  
**Manufacturer:** Robinson  
**Model:** r-44  
**Serial Number:** 0538  
**Year of Manufacture:** 1998  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design Make: \_\_\_\_\_

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 2400 lbs  
**Weight at Time of Accident/Incident:** 1891 lbs  
**Number of Seats:** 4 Flight Crew Seats: 1  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 3  
**Number of Engines:** 1

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

**Type of Airworthiness Certificate**  
*(Check all that apply)*  
**Standard**  
 Normal  
 Aerobatic  
 Balloon  
 Commuter  
 Transport  
 Utility  
 Certificate of Authorization or Waiver (COA)  
 None  
**Special**  
 Restricted  
 Limited  
 Provisional  
 Special Flight  
 Experimental  
 Special Light-Sport  
 Experimental Light-Sport  
 Unknown

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

**Engine Type** *(Select one)*  
 Reciprocating  
 Turbo Shaft  
 Turbo Prop  
 Turbo Jet  
 Turbo Fan  
 Electric  
 Liquid Rocket  
 Solid Rocket  
 Hybrid Rocket  
 None  
 Unknown  
**Fuel System Type** *(Reciprocating)*  
 Carburetor  
 Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="checkbox"/> Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	O-540-f1b5	L-25838-40A	10/13/2000	260	3102	110.1	1051.5
Eng. 2								
Eng. 3								
Eng. 4								

**Last Inspection Type**  
 100-Hour  
 AAIP  
 Annual  
 Continuous Airworthiness  
 Conditional Inspection  
 Unknown  
**Date Last Inspection:** 09/13/20  
*mm/dd/yyyy*  
**Airframe Total Time:** 4627.8 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

**Propeller 1**  Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

**Propeller 2**  Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

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

**ELT Installed:**  Yes  No  
*If Yes:*  
**ELT Manufacturer:** \_\_\_\_\_  
**Model or Part No.:** \_\_\_\_\_  
**TSO No.:**  C91 (121.5 MHz)  C91a (121.5 MHz)  
 C126 (406 MHz)

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

**Description of Fire Extinguishing System**  
 None  
 Specify: \_\_\_\_\_

**Was ELT still mounted in aircraft?**  Yes  No  
**Was ELT still connected to antenna?**  Yes  No  
**Did ELT Activate?**  Yes  No  
*If activated:*  
**Did ELT Aid in Locating Aircraft?**  Yes  No  
*If not activated:*

**Indicate Reason:**  Impact Damage  
 Fire Damage  
 Battery Expired/Damaged  
 Unknown





**“FLIGHT CREWMEMBER 2” INFORMATION**

**“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident**

Pilot     Co-Pilot     Student Pilot     Flight Instructor     Check Pilot     Flight Engineer     Other Flight Crew

**“Flight Crewmember 2” was pilot flying**     Yes     No

**“Flight Crewmember 2” Identification**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ *mm/dd/yyyy*  
 Certificate Number: \_\_\_\_\_

<b>Degree of Injury</b> <input type="checkbox"/> None    Fatal Minor    Unknown Serious	<b>Seat Occupied</b> <input type="checkbox"/> Left    Front    Unknown Right    Rear Center    Single	<b>Restraint Type</b> <b>Available</b> <input type="checkbox"/> None Lap only 3-point 4-point 5-point Unknown	<b>Used</b> <input type="checkbox"/> None Lap only 3-point 4-point 5-point Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
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**Pilot Certificate(s)** *(Check all that apply)*

<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer	

<b>Principal Occupation</b> <input type="checkbox"/> Pilot Other Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None    Class 3 Class 1    Driver’s License (Sport Pilot only) Class 2    Unknown	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers    Unknown With limitations/waivers    N/A Special Issuance	<b>Date of Last Medical</b> _____ <i>mm/dd/yyyy</i>
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**Medical Certificate Limitations**

\_\_\_\_\_

**Medical Certificate Special Issuance**

\_\_\_\_\_

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <i>mm/dd/yyyy</i>	<b>Flight Review Aircraft</b> Make: _____ Model: _____
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<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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<b>Type Ratings</b> _____	<b>Student Endorsements</b> <i>(Include dates)</i> _____
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Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

**ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)**

<b>Crew Name and Address</b>		<b>Seat Occupied</b>	<b>Injury</b>
First Name: _____	City of Residence: _____	<input type="checkbox"/> Left Center Right Front Rear Single Unknown	<input type="checkbox"/> None Minor Serious Fatal Unknown
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Restraint Type:</b>	<b>Inflatable Restraints</b>
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<b>Available</b>	<b>Used</b>
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	Lap Only	Lap Only
		3-point	3-point
		4-point	4-point
		5-point	5-point
		Unknown	Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

<b>Crew Name and Address</b>		<b>Seat Occupied</b>	<b>Injury</b>
First Name: _____	City of Residence: _____	<input type="checkbox"/> Left Center Right Front Rear Single Unknown	<input type="checkbox"/> None Minor Serious Fatal Unknown
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Restraint Type:</b>	<b>Inflatable Restraints</b>
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<b>Available</b>	<b>Used</b>
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	Lap Only	Lap Only
		3-point	3-point
		4-point	4-point
		5-point	5-point
		Unknown	Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

**PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)**

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew    Passenger    Other	<input type="checkbox"/> Left Center Right Unknown Row: _____	<input type="checkbox"/> None Minor Serious Fatal Unknown	<b>Available</b> <input type="checkbox"/> None Lap Only 3-point 4-point 5-point Unknown	<b>Used</b> <input type="checkbox"/> None Lap Only 3-point 4-point 5-point Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint Lap-Held Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew    Passenger    Other	<input type="checkbox"/> Left Center Right Unknown Row: _____	<input type="checkbox"/> None Minor Serious Fatal Unknown	<b>Available</b> <input type="checkbox"/> None Lap Only 3-point 4-point 5-point Unknown	<b>Used</b> <input type="checkbox"/> None Lap Only 3-point 4-point 5-point Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint Lap-Held Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew    Passenger    Other	<input type="checkbox"/> Left Center Right Unknown Row: _____	<input type="checkbox"/> None Minor Serious Fatal Unknown	<b>Available</b> <input type="checkbox"/> None Lap Only 3-point 4-point 5-point Unknown	<b>Used</b> <input type="checkbox"/> None Lap Only 3-point 4-point 5-point Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint Lap-Held Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew    Passenger    Other	<input type="checkbox"/> Left Center Right Unknown Row: _____	<input type="checkbox"/> None Minor Serious Fatal Unknown	<b>Available</b> <input type="checkbox"/> None Lap Only 3-point 4-point 5-point Unknown	<b>Used</b> <input type="checkbox"/> None Lap Only 3-point 4-point 5-point Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint Lap-Held Unknown

## FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: _____ City: _____ State: _____ Country: _____	<b>Time of Departure</b> Time: _____ Time Zone: _____	<b>Destination</b> Airport ID: _____ City: _____ State: _____ Country: _____	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None VFR/IFR Company VFR IFR Military VFR Unknown VFR <b>Activated?</b> <input type="checkbox"/> Yes No Unknown
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**Type of ATC Clearance/Service** (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)

<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA	
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93	

**Altitude of In-Flight Occurrence:** \_\_\_\_\_ ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Pilot Weather Information</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input checked="" type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table>	<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None	<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown	<input type="checkbox"/> On-Board Weather		<b>Weather Observation Facility</b> Facility ID: <u>left</u> Observation Time: <u>1755</u> Time Zone: <u>zulu</u> Distance from Accident Site: <u>11</u> nm Direction from Accident Site: <u>345</u> degrees true
<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company												
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military												
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet												
<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None												
<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown												
<input type="checkbox"/> On-Board Weather													

<b>Basic Conditions</b> <input checked="" type="checkbox"/> VMC IMC Unknown	<b>Light Condition</b> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Dawn</td> <td>Dusk</td> <td>Dark Night</td> <td>Unknown</td> </tr> <tr> <td>Day</td> <td>Night</td> <td>Bright Night</td> <td></td> </tr> </table>	<input type="checkbox"/> Dawn	Dusk	Dark Night	Unknown	Day	Night	Bright Night	
<input type="checkbox"/> Dawn	Dusk	Dark Night	Unknown						
Day	Night	Bright Night							

<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear Few Partial Obscuration Scattered Thin Broken Thin Overcast Unknown <b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling</b> None (Clear) Broken Overcast Obscured Indefinite Unknown <b>Ceiling Height</b> _____ ft agl	<b>Temperature:</b> <u>26</u> (C) or _____ (F) <b>Dew Point:</b> <u>15</u> (C) or _____ (F) <b>Altimeter Setting:</b> <u>2996</u> in. Hg or _____ MB
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<b>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction: <u>310</u> degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>6</u> kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>10</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft
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<b>Intensity of Precipitation</b> Light Moderate Heavy N/A Unknown	<b>Type of Precipitation</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain	<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower	<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower	<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle	<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals		<b>Restriction to Visibility</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog	<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog	<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze	<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog	<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke	<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke																												
<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown																												

<b>Icing Forecast</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		<b>Icing Actual</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		<b>Turbulence</b> <b>Type</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
Amount	Type																																					
None	N/A																																					
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<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light																																					
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<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe																																					
<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme																																					

**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

**Aircraft Damage**

- None
- Substantial
- Minor
- Destroyed
- Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Aircraft had substantial damage due to main rotor blade striking the top of a hay wagon as the cone came out after landing. main rotor blades and tail rotor blades damaged. from imbalanced shaking main skids damaged frames damaged.

**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.

Departed a tending truck that that was 24 miles to the north East of the farm at 11:45. flew to the farm and circled to find appropriate landing area. landed in a grass patch near a barn and silos. received maps and talked to the Co op Representative. helicopter Picked the helicopter up to reposition to the chemical trailer, to pick up a load. Chemical was in a large tank in a hay wagon. the tops of the hay wagon curved outward. picked the helicopter up and air taxied next to the chemical. slowly set down felt left skid touch followed by the right skid touching down. lowered collective after touch down. Main rotor blade struck the hay wagon. helicopter jumped and shook violently. both left and right windshields ejected from aircraft. Main rotors came to a stop, Engine was running full throttle. I attempted to turn of the mags and pull mixture to cutoff. Engine continued to run. I saw smoke and exited the aircraft to see where the smoke was coming from. smoke was burning oil so i went back to the aircraft and applied the fuel cutoff. The engine shut off shortly after. checking the aircraft again there was a small fire underneath. used a fire extinguisher from the farmer to put out the small fire.

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

Operator/Owner Safety Recommendation

when setting the helicopter down near obstacles recheck rotor clearance before fully lowering collective to be mindful of the blades will move out of cone.

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**

Was there Mechanical Malfunction/Failure?  Yes  No  
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

**Total Time/Cycles On Part**

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part Inspected/Overhauled**

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff**  
 (Convert from pounds, as necessary)

10 Gallons

**Fuel Type**

80/87                      115/145                      Jet B                      Other, specify \_\_\_\_\_  
 100 Low Lead              Jet A                      JP8  
 100/130                      Jet A-1                      Automotive

**Other Services, if Any, Prior to Departure**

NONE

**EVACUATION OF AIRCRAFT**

Was an emergency evacuation of the aircraft performed?  Yes  No

**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location

removed seatbelt and exited aircraft.

**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)****Aircraft Registration Number****Manufacturer:** \_\_\_\_\_**Model:** \_\_\_\_\_**Damage to Other Aircraft**

Destroyed                       Minor  
 Substantial                       None

**Registered Owner of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_



**ADDITIONAL INFORMATION (Please type or print in ink)**

Use this space if additional space is needed for any answers.

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

<b>Date of this Report</b> <u>7-29-20</u> <i>mm/dd/yyyy</i>	<b>Name of Pilot/Operator:</b> <u>Bryan Gammill</u> <b>Signature:</b> _____ -- or -- <input checked="" type="checkbox"/> Check here to electronically sign this document
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**If a Person Other than Pilot/Operator is Filing Report**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b> CEN20CA313	<b>Reviewed by NTSB Regional Office</b> Denver, CO	<b>Name of Investigator</b> Edward Malinowski	<b>Date Report Received</b> 7/30/2020
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