

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**  
This form To Be Used For Reporting Civil Aircraft Accidents  
Involving Commercial and General Aviation Aircraft

<b>Location</b>					
Nearest City/Place, State, Zip Code Mancos, CO. 81328		Date of Accident 6-30-05	Local Time (24 HOUR CLOCK) 13:45	Zone MDT	Elevation At Accident Site Feet MSL 930 Feet MSL
If The Accident Occurred On Approach, Takeoff Or Within 3 Miles Of An Airport, Complete The Following Information					
<b>Proximity To Airport</b>					
1. <input type="checkbox"/> On Airport	3. <input type="checkbox"/> Within 1/2 Mile	5. <input type="checkbox"/> Within 1 Mile	7. <input type="checkbox"/> Within 3 Miles		
2. <input type="checkbox"/> Within 1/4 Mile	4. <input type="checkbox"/> Within 3/4 Mile	6. <input type="checkbox"/> Within 2 Miles	8. <input type="checkbox"/> Beyond 8 Miles		
Airport Name		Airport Ident	Runway Land Surface and Conditions		
			1. Direction:                      3. Width: 2. Length:                        4. Surface:                      Condition:		
<b>Phase of Operations</b>					
1. <input type="checkbox"/> Standing	3. <input type="checkbox"/> Takeoff	5. <input type="checkbox"/> Cruise	7. <input type="checkbox"/> Approach	9. <input type="checkbox"/> Hover/Maneuver	
2. <input type="checkbox"/> Taxi	4. <input type="checkbox"/> Climb	6. <input type="checkbox"/> Descent	8. <input type="checkbox"/> Landing	10. <input type="checkbox"/> Altitude of In-Flight Occurrence _____ Feet MSL	
<b>Aircraft Information</b>					
Registration Mark N403CF	Aircraft Manufacturer AUGUSTA	Aircraft Type/Model A-119	Serial Number #14009	Cert Max Gross WT 2720 KIL	
Type of Aircraft		Type of Airworthiness Certificate		Amateur Built	
1. <input type="checkbox"/> Airplane	5. <input type="checkbox"/> Blimp/Dirigible	1. <input checked="" type="checkbox"/> Normal	5. <input type="checkbox"/> Restricted	1. <input type="checkbox"/> Yes	
2. <input checked="" type="checkbox"/> Helicopter	6. <input type="checkbox"/> Ultralight	2. <input type="checkbox"/> Utility	6. <input type="checkbox"/> Limited	2. <input checked="" type="checkbox"/> No	
3. <input type="checkbox"/> Glider	7. <input type="checkbox"/> Gyroplane	3. <input type="checkbox"/> Acrobatic	7. <input type="checkbox"/> Experimental		
4. <input type="checkbox"/> Balloon	8. Specify _____	4. <input type="checkbox"/> Transport	8. Specify _____		
Landing Gear				No. of Seats Flight/Cabin Crew 2 Pax 2 + 1 (EMS)	
1. <input type="checkbox"/> Tricycle - Fixed	4. <input type="checkbox"/> Tailwheel—Retractable	7. <input checked="" type="checkbox"/> Skid			
2. <input type="checkbox"/> Tricycle - Retractable	5. <input type="checkbox"/> Tailwheel—Retractable Mains	8. <input type="checkbox"/> Ski/Wheel			
3. <input type="checkbox"/> Tailwheel—Fixed	6. <input type="checkbox"/> Amphibian	9. Specify _____			
Stall Warning System Installed		IFR Equipped	Engine Type (PT6B)-37 A		
1. <input type="checkbox"/> Yes	2. <input checked="" type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No	1. <input type="checkbox"/> Reciprocating—Carburetor	3. <input type="checkbox"/> Turbo Prop	5. <input type="checkbox"/> Turbo Fan
			2. <input type="checkbox"/> Reciprocating—Fuel Injected	4. <input type="checkbox"/> Turbo Jet	6. <input type="checkbox"/> Turbo Shaft
Engine Manufacturer PRATT & WHITNEY		Engine Model/Series (PT6B)-37A	Engine Rated Power		Type of Fire Extinguishing System Used
			1. Horsepower 1002 2. _____ Lbs. Thrust		1. NONE None 2. Specify _____
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1		PCE-PU0006	804+ Hours	Hours	NEW Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours
Type of Maintenance Program		Type of Last Inspection		Date Last Inspection Performed	
1. <input type="checkbox"/> Annual	2. <input type="checkbox"/> Manufacturer's Inspection Program	3. <input type="checkbox"/> Other Approved Inspection Program (AAIP)	4. <input type="checkbox"/> Continuous Airworthiness	5. Specify _____	
		1. <input type="checkbox"/> Annual 2. <input type="checkbox"/> 100-Hour 3. <input checked="" type="checkbox"/> AAIP 4. <input type="checkbox"/> Continuous Airworthiness		6/19/05 (M/D/Y) Time Since Last Inspection UNK Hours Airframe Total Time 804.2 Hours	
Emergency Locator	ELT Manufacturer UNK	Model/Series UNK	Serial Number UNK	Battery Date (M/D/Y) 6/1/07	
Transmitter (ELT)	Switch 1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input checked="" type="checkbox"/> Armed	Operated 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No UNK	Aided In Accident Location 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No UNK		
Registered Aircraft Owner TriState CareFlight, L.L.C.			Address 2000 HIGHWAY 95, SUITE 210 BULLHEAD CITY, AZ 86442		
Operator of Aircraft 1. <input checked="" type="checkbox"/> Same As Registered Owner			Address 1. <input checked="" type="checkbox"/> Same As Registered Owner		

**Owner/Operator Information (cont.)**

Operator (Certificate Number) IFJA881K      Operator Designator (4 Letter Designator) \_\_\_\_\_

**Purpose of Flight and Type of Operation**

<b>Regulation Flight Conducted Under</b> 1. <input checked="" type="checkbox"/> FAR 91 (only)    4. <input type="checkbox"/> FAR 121    7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR 91D    5. <input type="checkbox"/> FAR 125    8. <input checked="" type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103    6. <input type="checkbox"/> FAR 129    9. <input type="checkbox"/> FAR 137	<b>Operator Authority</b> <b>FAR 121</b> 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental <b>FAR 135</b> 4. <input checked="" type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter	<b>FAR 133</b> 6. <input type="checkbox"/> Rotorcraft External Load <b>FAR 125</b> 7. <input type="checkbox"/> Large Aircraft <b>FAR 129</b> 8. <input type="checkbox"/> Foreign	<b>FAR 121, 125, 127, 129, 135 Revenue Operations</b> 1. <input type="checkbox"/> Scheduled 2. <input checked="" type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____
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**Purpose of Flight**

1. <input type="checkbox"/> Personal	6. <input type="checkbox"/> Aerial Observation
2. <input type="checkbox"/> Business	7. <input type="checkbox"/> Other Work Use
3. <input type="checkbox"/> Instructional	8. <input type="checkbox"/> Public Use
4. <input type="checkbox"/> Executive/Corporate	9. <input type="checkbox"/> Ferry
5. <input type="checkbox"/> Aerial Application	10. <input checked="" type="checkbox"/> Positioning

**Pilot Information**

Pilot Name JAMES P. SALER	Pilot Certificate No. [REDACTED]	Address _____	Nationality USA
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**Certificate(s)**

1. <input type="checkbox"/> Student	3. <input checked="" type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Military	9. <input type="checkbox"/> None
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. <input type="checkbox"/> Foreign	10. Specify _____

<b>Rating(s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea 6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane	<b>Instrument Rating(s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter	<b>Instructor Ratings</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. Specify _____
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<b>Type Ratings/Student Endorsements</b> _____ _____ _____	<b>Date of Biennial Flight Review or Equivalent (M/D/Y)</b> 6-20-05	<b>BFR Aircraft</b> 1. Make AGUSTA 2. Model 119
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<b>Medical Certificate</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input checked="" type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3	<b>Date of Last Medical (M/D/Y)</b> 4-18-05	<b>Limitations</b> None	<b>Date of Birth (M/D/Y)</b> [REDACTED]
		<b>Waivers</b> None	

<b>Degree of Injury</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input checked="" type="checkbox"/> Fatal	<b>Seat Occupied</b> 1. <input type="checkbox"/> Left 2. <input checked="" type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input checked="" type="checkbox"/> Front 5. <input type="checkbox"/> Rear	<b>Person at Controls at Time of Accident</b> 1. <input checked="" type="checkbox"/> Pilot in Command 2. <input type="checkbox"/> Second Pilot 3. <input type="checkbox"/> Both Pilots 4. <input type="checkbox"/> Non-Pilot 5. <input type="checkbox"/> No One	<b>Seat Belt Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No
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<b>Seat Belt Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	<b>Shoulder Harness Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	<b>Shoulder Harness Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	<b>Source of Pilot Flight Time Information</b> 1. <input type="checkbox"/> Pilot Logbook 2. <input checked="" type="checkbox"/> Operator's Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. Specify _____
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Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	2215	100	---	---	532	81			
Pilot in Command (PIC)	1600	100	----	----					
Instructor									
This Make/Model	[REDACTED]								
Last 90 Days									
Last 30 Days									
Last 24 Hours									

**Second Pilot Information**

**Second Pilot Responsibilities at the Time of Accident**

1. <input type="checkbox"/> Co-Pilot N/A	2. <input type="checkbox"/> Dual Student	3. <input type="checkbox"/> Safety Pilot	4. <input type="checkbox"/> Check Pilot	5. <input type="checkbox"/> None (Pilot-Rated Passenger)
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Pilot Name N/A	Pilot Certificate No. N/A	Address _____	Nationality _____
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**Certificate(s)**

1.  Student

3.  Commercial

5.  Flight Instructor

7.  Military

9.  None

2.  Private

4.  Airline Transport

6.  Flight Engineer

8.  Foreign

10. Specify \_\_\_\_\_

<b>Owner/Operator Information (cont.)</b>												
<b>Rating(s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea			<b>Instrument Rating(s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			<b>Instructor Ratings</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider				<b>Instructor Ratings</b> 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. Specify _____		
<b>Type Ratings/Student Endorsements</b>			<b>Date of Biennial Flight Review or Equivalent (M/D/Y)</b>			<b>BFR Aircraft</b> 1. Make _____ 2. Model _____						
<b>Medical Certificate</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3			<b>Date of Last Medical (M/D/Y)</b>		<b>Limitations</b>		<b>Date of Birth (M/D/Y)</b>					
<b>Degree of Injury</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal			<b>Seat Occupied</b> 1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Front			<b>Seat Belt Available</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No						
<b>Seat Belt Used</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Source of Pilot Flight Time Information</b> 1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operator's Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. Specify _____						
<b>Flight Time</b>	<b>N/A</b>	<b>All A/C</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument Actual</b>	<b>Instrument Simulated</b>	<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>	
Total Time												
Pilot in Command (PIC)												
Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												
<b>Name</b>		<b>Seat</b>	<b>Address (City &amp; State)</b>	<b>Crew</b>	<b>Passenger</b>		<b>Non-Occupant</b>	<b>FAA</b>	<b>Degree of Injury</b>			
					<b>Non-Revenue</b>	<b>Revenue</b>			<b>Fatal</b>	<b>Serious</b>	<b>Minor</b>	<b>None</b>
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Flight Itinerary Information</b>												
<b>Last Departure Point</b> 1. Airport ID _____ 2. City/Place) _____ 3. State _____			<b>Time of Departure</b> 1. Time _____ 2. Time Zone _____		<b>Destination MOUNTAIN</b> 1. Airport ID LZ _____ 2. City/Place) _____ 3. State _____			<b>Flight Plan Filed</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> VFR 3. <input type="checkbox"/> IFR 4. <input type="checkbox"/> VFR/IFR 5. <input checked="" type="checkbox"/> Company (VFR) 6. <input type="checkbox"/> Military (VFR)				
<b>If Weather Was Involved, State if Weather Briefing Was Obtained Or if Weather Reports Were Checked And How It Was Accomplished</b>												
<b>Fuel On Board At Last Takeoff</b> _____ Gallons or 830-ESTI-_____ Pounds				<b>Fuel Type</b> 1. <input type="checkbox"/> 80/88 2. <input type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input checked="" type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive 7. Specify _____								
<b>Other Services, If Any, Prior To Departure</b>												
<b>Weather Information At The Accident Site</b>												
<b>Source Of Weather Information (Pilot/Operator, Weather Observation)</b>			<b>Light Condition</b> 1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night				<b>Visibility</b> 10 MILES		<b>Temp (°F)</b> 25 C			
Company _____												

Weather Information At The Accident Site			
<b>Dew Point</b> -4 (°F)	<b>Altimeter Setting</b> 30.16 inHg	<b>Sky/Lowest Cloud Condition</b> 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured	
<b>Wind Information</b> 1. Direction UNKNOWN 2. Velocity _____ KTS 3. Gusts _____ KTS		<b>Restriction To Visibility</b> NONE	<b>Type Precipitation</b> NONE
<b>Turbulence (Multiple entry)</b> 1. <input checked="" type="checkbox"/> None    2. <input type="checkbox"/> Light    3. <input type="checkbox"/> Moderate    4. <input type="checkbox"/> Severe    5. <input type="checkbox"/> Extreme    6. <input type="checkbox"/> Clear Air    7. <input type="checkbox"/> In Clouds			
Damage To Aircraft And Other Property			
<b>Degree of Aircraft Damage</b> 1. <input type="checkbox"/> None    2. <input type="checkbox"/> Minor    3. <input checked="" type="checkbox"/> Substantial    4. <input type="checkbox"/> Destroyed			<b>Fire</b> 1. <input type="checkbox"/> Yes    3. <input type="checkbox"/> In-Flight 2. <input type="checkbox"/> No    4. <input type="checkbox"/> On Ground
<b>Description of Damage to Aircraft and Other Property</b>			
Mechanical Malfunction Failure			
1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes    List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Damage		<b>Total Time</b>	
		On Part _____ Hours	At Overhaul _____ Hours
Collision Accident			
If Collision Accident Occurred, Complete The Information For Other Aircraft			
<b>Registration Mark</b>	<b>Aircraft Manufacturer</b>	<b>Aircraft Type/Model</b>	<b>Degree of Aircraft Damage</b> 1. <input type="checkbox"/> Destroyed    3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial    4. <input type="checkbox"/> None
<b>Registered Aircraft Owner</b>		<b>Address</b>	
<b>Pilot Name</b>	<b>Address</b>	<b>Pilot Certificate No.</b>	
Evacuation of Aircraft			
<b>Assistance Received</b> 1. <input type="checkbox"/> Outside Person(s)    3. <input type="checkbox"/> Slide    5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting    4. <input type="checkbox"/> Rope    6. <input type="checkbox"/> Specify _____			
<b>Method of Exit (State Approximate Number of Persons Using Each of the Following)</b> 1. Main Door _____    2. Auxiliary Door _____    3. Emergency Exit _____			
Recommendation (How Could This Accident Have Been Prevented)			
<b>Operator/Owner Safety Recommendation (Optional Entry)</b>			

**Additional Flight Crew Members**

For Each Additional Flight Crew Members, Exclusive of Cabin Attendants, Complete the Following Information:

<b>Name</b>	<b>FAA Certificate No.</b>	<b>Address</b>	<b>Title</b>
<b>Certificate(s)</b> 1. <input type="checkbox"/> Student      3. <input type="checkbox"/> Commercial      5. <input type="checkbox"/> Flight Instructor      7. <input type="checkbox"/> Military      9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private      4. <input type="checkbox"/> Airline Transport      6. <input type="checkbox"/> Flight Engineer      8. <input type="checkbox"/> Foreign      10. Specify _____			
<b>Ratings/Endorsements</b>		<b>Total Flight Time</b>	<b>Flight Time This Accident</b>
<b>Name</b>	<b>FAA Certificate No.</b>	<b>Address</b>	<b>Title</b>
<b>Certificate(s)</b> 1. <input type="checkbox"/> Student      3. <input type="checkbox"/> Commercial      5. <input type="checkbox"/> Flight Instructor      7. <input type="checkbox"/> Military      9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private      4. <input type="checkbox"/> Airline Transport      6. <input type="checkbox"/> Flight Engineer      8. <input type="checkbox"/> Foreign      10. Specify _____			
<b>Ratings/Endorsements</b>		<b>Total Flight Time</b>	<b>Flight Time This Accident</b>
<b>Name</b>	<b>FAA Certificate No.</b>	<b>Address</b>	<b>Title</b>
<b>Certificate(s)</b> 1. <input type="checkbox"/> Student      3. <input type="checkbox"/> Commercial      5. <input type="checkbox"/> Flight Instructor      7. <input type="checkbox"/> Military      9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private      4. <input type="checkbox"/> Airline Transport      6. <input type="checkbox"/> Flight Engineer      8. <input type="checkbox"/> Foreign      10. Specify _____			
<b>Ratings/Endorsements</b>		<b>Total Flight Time</b>	<b>Flight Time This Accident</b>

Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State Point of departure, time of departure, intended destination and services obtained.

THE AIRCRAFT IMPACTED TERRAIN, WHILE APPROCHING TO LAND AT A REMOTE LANDING ZONE.

I Herby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date of This Report 7-4-05	Signature of Pilot/Operator Kip Christen
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Signature of Person Filing Report Other Than Pilot/Operator

1. Signature \_\_\_\_\_

2. Type or Print Name \_\_\_\_\_ Kip Christen

3. Title \_\_\_\_\_ Chief Pilot

For NTSB Use Only

NTSB Accident No. DEN 05 FA 103 FTW-9-A	Review By NTSB Office Located At DENVER, CO	Name of Investigator ARNOLD W. SCOTT	Date Reported JAN 11 2006
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RECEIVED