FORM APPROVED FOR USE THROUGH 7/31/98 BY OMB NO.3147-0001.

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

Location

Nearest City/Place, State, Zip Code	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
Arrow Bear Lake, CA 92382	09/21/05	1015	PDT	6662 Feet MSL / Feet MSL

If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information

Proximity To Airport

1.☐ On Approach 3.☐ Within 1/2 Mile 5.☐ Within 1 Mile 7.☐ Within 3 Miles
2.☐ Within 1/4 Mile 4.☐ Within 3/4 Mile 6.☐ Within 2 Miles 8.☒ Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface Conditions:
		1.☐ Direction: 3.☐ Width: 5.☐ Condition: 2.☐ Length: 4.☐ Surface:

Phase Of Operation:

1.☐ Standing 3.☐ Takeoff 5.☐ Cruise 7.☐ Approach 9.☐ Hover/Maneuver
2.☐ Taxi 4.☒ Climb 6.☐ Descent 8.☐ Landing 10.☐ Altitude Of In-Flight Occurrence _____ Feet MSL

Aircraft Information

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Cert Max Gross WT
N814CE	American Eurocopter	AS350B-3	3847	6173

Type Of Aircraft

1.☐ Airplane 5.☐ Blimp/Dirigible
2.☒ Helicopter 6.☐ Ultralight
3.☐ Glider 7.☐ Gyroplane
4.☐ Balloon 8.☐ Specify

Type Of Airworthiness Certificate

1.☒ Normal 5.☐ Restricted
2.☐ Utility 6.☐ Limited
3.☐ Acrobatic 7.☐ Experimental
4.☐ Transport 8.☐ Specify

Amateur Built

1.☐ Yes
2.☒ No

Landing Gear

1.☐ Tricycle—Fixed 4.☐ Tailwheel—Retractable 7.☒ Skid
2.☐ Tricycle—Retractable 5.☐ Tailwheel—Retractable Mains 8.☐ Limited
3.☐ Tailwheel—Fixed 6.☐ Amphibian 9.☐ Specify

No. Of Seats

Flight/Cabin Crew 2
Pax 4

Stall Warning System Installed	IFR Equipped	Engine Type
1.☐ Yes 2.☒ No	1.☐ Yes 2.☒ No	1.☐ Reciprocating—Carburetor 2.☐ Reciprocating—Fuel Injected 3.☐ Turbo Prop 4.☐ Turbo Jet 5.☐ Turbo Fan 6.☒ Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
Turbomeca	Arriel 2 B	1. 728 Horsepower 2. _____ Lbs Thrust	1. None 2. Specify Hand

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	05/12/04	22472	320.3 Hours	24.6 Hours	320.3 Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program

1.☐ Annual
2.☒ Manufacturer's Inspection Program
3.☐ Other Approved Inspection Program(AAIP)
4.☐ Continuous Airworthiness
5.☐ Specify

Type Of Last Inspection

1.☐ Annual
2.☒ 100 Hours
3.☐ AAIP
4.☐ Continuous Airworthiness

Date Last Inspection Performed 08/30/05 (M/D/Y)
Time Since Last Inspection 24.6 Hours
Airframe Total Time 320.3 Hours

Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date
	Kannad	121 AF-H	M0685-0027	(M/D/Y) 5/2010

Switch 1.☐ On 2.☐ Off 3.☒ Armed
Operated 1.☒ Yes 2.☐ No
Aided In Accident Location 1.☐ Yes 2.☒ No

Registered Aircraft Owner ICX Corporation
Address 2 Summit Park Drive #300, Cleveland, OH 44131

Operator Of Aircraft
1.☐ Same As Registered Owner
2. Name Southern California Edison
3. DBS:

Address
1.☐ Same As Registered Owner
2. 2161 E Avion St, Ontario, CA 91761

NTSB Form 6120.1/2 (11/97) This Form replaces NTSB Forms6120.1 (rev. 10/77) and 6120.2 (Rev.10/77)

Owner / Operator Information (cont.)

Operator (Certificate Number)	Operator Designator (4 Letter Designator)

Purpose Of Flight And Type Of Operation

Regulation Flight Conducted Under
1. ☐ FAR91 (only) 4. ☐ FAR 121 7. ☒ FAR 133
2. ☐ FAR91D 5. ☐ FAR 125 8. ☐ FAR 135
3. ☐ FAR 103 6. ☐ FAR 129 9. ☐ FAR 137

Purpose of Flight
1. ☐ Personal 6. ☐ Aerial Observation
2. ☐ Business 7. ☐ Other Work Use
3. ☐ Educational 8. ☐ Public Use
4. ☐ Executive/Corporate 9. ☐ Ferry
5. ☒ Aerial Application 10. ☐ Positioning

Operator Authority
FAR121
1. ☐ Domestic
2. ☐ Flag
3. ☐ Supplemental

FAR 135
4. ☐ On Demand
5. ☐ Commuter

FAR 133
6. ☒ Rotorcraft External Load

FAR125
7. ☐ Large Aircraft

FAR 129
8. ☐ Foreign

FAR 121, 125, 127, 129, 135 Revenue Operations
1. ☐ Scheduled
2. ☐ Non Scheduled
3. ☐ Domestic
4. ☐ International
5. ☐ Passenger
6. ☐ Cargo
7. Specify ____

Pilot Information

Pilot Name	Pilot Certificate No.	Address	Nationality
Randy D Cormey	[redacted]	[redacted] Riverside, CA 92503	USA

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 ____

Rating (s)
1. ☐ None 6. ☒ Helicopter
2. ☐ Single Engine Land 7. ☐ Glider
3. ☐ Single Engine Sea 8. ☐ Free Balloon
4. ☐ Multiengine Land 9. ☐ Airship
5. ☐ Multiengine Sea 10. ☐ Gyroplane

Instrument Rating (s)
1. ☐ None
2. ☐ Airplane
3. ☒ Helicopter

Instructor Rating (s)
1. ☒ None 6. ☐ Instrument Airplane
2. ☐ Airplane S.E. 7. ☐ Instrument Helicopter
3. ☐ Airplane M.E. 8. ☐ Ground Instructor
4. ☐ Helicopter 9. ☐ Specify ____
5. ☐ Glider

Type Ratings/Student Endorsements

Date Of Biennial Flight Review or Equivalent (M/D/Y): 12/15/04

BFR Aircraft
1. Make: American Euro
2. Model: AS350B-3

Medical Certificate
1. ☐ None 3. ☐ Class 2
2. ☒ Class 1 4. ☐ Class 3

Date Of Last Medical (M/D/Y): 09/14/05

Limitations: glasses

Waivers: none

Date Of Birth (M/D/Y): [redacted]

Degree Of Injury
1. ☐ None
2. ☐ Minor
3. ☒ Serious
4. ☐ Fatal

Seat Occupied
1. ☒ Left 4. ☐ Front
2. ☐ Right 5. ☐ Rear
3. ☐ Center

Person At Controls At Time Of Accident
1. ☒ Pilot In Control 4. ☐ Non-Pilot
2. ☐ Second Pilot 5. ☐ No One
3. ☐ Both Pilots

Seat Belt Available
1. ☒ Yes
2. ☐ No

Seat Belt Used
1. ☒ Yes
2. ☐ No

Shoulder Harness Available
1. ☒ Yes
2. ☐ No

Shoulder Harness Used
1. ☐ Yes
2. ☒ No

Source Of Pilot Flight Time Information
1. ☐ Pilot Logbook 4. ☒ Company
2. ☐ Operators Estimate 5. ☐ Specify ____
3. ☐ FAA Records

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	10765	187			416	512	25	10765		
Pilot In Command (PIC)	10765	187			416	512	25	10765		
Instructor										
This Make & Model	[redacted]				0	0	0	[redacted]		
Last 90 Days	110	76			0	0	1	110		
Last 30 Days	57	42			0	0	1	57		
Last 24 Hours	1				0	0	0	1		

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident
1. ☐ Co-Pilot 2. ☐ Dual Student 3. ☐ Safety Pilot 4. ☐ Check Pilot 5. ☐ None (Pilot-Rated Passenger)

Pilot Name	Pilot Certificate No.	Address	Nationality

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 ____

Second Pilot Information (cont.)

Rating (s)	Instrument Rating (s)	Instructor Rating (s)
1.☐ None 6.☐ Helicopter 2.☐ Single Engine Land 7.☐ Glider 3.☐ Single Engine Sea 8.☐ Free Balloon 4.☐ Multiengine Land 9.☐ Airship 5.☐ Multiengine Sea 10.☐ Gyroplane	1.☐ None 2.☐ Airplane 3.☐ Helicopter	1.☐ None 6.☐ Instrument Airplane 2.☐ Airplane S.E. 7.☐ Instrument Helicopter 3.☐ Airplane M.E. 8.☐ Ground Instructor 4.☐ Helicopter 9.☐ Specify_____ 5.☐ Glider

Type Ratings/Student Endorsements	Date Of Biennial Flight Review or Equivalent (M/D/Y)	BFR Aircraft 1. Make_____ 2. Model_____

Medical Certificate	Date Of Last Medical (M/D/Y)	Limitations Waivers	Date Of Birth (M/D/Y)
1.☐ None 3.☐ Class 2 2.☐ Class 1 4.☐ Class 3			

Degree Of Injury	Seat Occupied	Seat Belt Available
1.☐ None 3.☐ Serious 2.☐ Minor 4.☐ Fatal	1.☐ Left 3.☐ Center 5.☐ Rear 2.☐ Right 4.☐ Front	1.☐ Yes 2.☐ No

Seat Belt Used	Shoulder Harness Available	Shoulder Harness Used	
1.☐ Yes 2.☐ No	1.☐ Yes 2.☐ No	1.☐ Yes 2.☐ No	1.☐ Pilot Logbook 4.☐ Company 2.☐ Operators Estimate 5.☐ Specify_____ 3.☐ FAA Records

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot In Command (PIC)										
Instructor										
This Make & Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Other Personnel

Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor	None
1.											
2.											
3.											
4.											
5.											
6.											

Flight Itinerary Information

Last Departure Point	Time Of Departure	Destination	Flight Plan Filed
1. Airport ID LZ 2. City/Place Snow Valley 3. State CA	1. Time 1015 2. Time Zone PDT	1. Airport ID LZ 2. City/Place Snow Valley 3. State CA	1.☒ None 4.☐ VFR/IFR 2.☐ VFR 5.☐ Company (VFR) 3.☐ IFR 6.☐ Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished

Fuel On Board At Last Takeoff	Fuel Type	
70 Gallons or _____ Pounds	1.☐ 80/87 4.☐ 115/145 7.Specify_____ 2.☐ 100 Low Lead 5.☒ Jet A 3.☐ 100/130 6.☐ Automotive	

Other Services, If Any, Prior to Departure

Weather Information At The Accident Site

Source Of Weather Information (Pilot/Operator, Weather Observation)	Light Condition	Visibility	Temp (°F)
Pilot/Operator	1.☐ Dawn 3.☐ Dusk 5.☐ Dark Night 2.☒ Daylight 4.☐ Bright Night	unlimited Miles	70

Weather Information At The Accident Site (cont.)

Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition
		1.☒ Clear 2.☐ Scattered_____Feet AGL 3.☐ Broken_____Feet AGL 4.☐ Overcast_____Feet AGL 5.☐ Partial Obscuration 6.☐ Obscured

Wind Information	Restriction To Visibility	Type Precipitation	Intensity Of Precipitation
1.Direction_____ 2. Velocity_____Kts 3. Gusts _____Kts			1.☐ Light 3.☐ Heavy 2.☐ Moderate 4.Specify_____

Turbulence (Multiple Entry)
1.☒ None 2.☐ Light 3.☐ Moderate 4.☐ Severe 5.☐ Extreme 6.☐ Clean Air 7.☐ In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage	Fire
1.☐ None 2.☐ Minor 3.☐ Substantial 4.☒ Destroyed	1.☒ Yes 3.☐ In-Flight 2.☐ No 4.☒ On Ground

Description Of Damage To Aircraft And Other Property

Mechanical Malfunction Failure

1.☒ No
2.☐ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure

none noted

Total Time

On Part	At Overhaul
_____Hours	_____Hours

Collision Accident

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage
			1.☐ Destroyed 3.☐ Minor 2.☐ Substantial 4.☐ None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Evacuation Of Aircraft

Assistance Received
1.☒ Outside Person (s) 3.☐ Slide 5.☐ Ladder
2.☐ Auxiliary Lighting 4.☐ Rope 6.☐ Specify _____

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following
1. Main Door 1 2. Auxiliary Door _____ 3. Emergency Exit _____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

Additional Flight Crew Members

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.☐ Student
2.☐ Private
3.☐ Commercial
4.☐ Airline Transport
5.☐ Flight Instructor
6.☐ Flight Engineer
7.☐ Foreign
8.Specify ______

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.☐ Student
2.☐ Private
3.☐ Commercial
4.☐ Airline Transport
5.☐ Flight Instructor
6.☐ Flight Engineer
7.☐ Foreign
8.Specify ______

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.☐ Student
2.☐ Private
3.☐ Commercial
4.☐ Airline Transport
5.☐ Flight Instructor
6.☐ Flight Engineer
7.☐ Foreign
8.Specify ______

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Narrative History Of Flight

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 Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

Aircraft was performing external load operations at a field site between Running Springs and Snow Valley Recreation Area. Pilot had just set a steel cage at a pole site location; the load was released. As the aircraft departed the area, the main rotor blades impacted a tree branch approximately 80-90' AGL.

Pilot lost control of the aircraft after the blade strike, and the aircraft began to rotate, striking several trees with the main rotor blades as it descended between the trees. The aircraft impacted the ground at a 45° nose-low attitude, coming to rest with the right aft passenger side on a large rock.

There was a post-crash fire in the engine compartment, extinguished by the ground and support crews with the on-board fire extinguisher, a larger fire extinguisher, and shoveled dirt.

Pilot was in and out of consciousness and was removed from aircraft by ground personnel.

Terrain - mountainous and wooded

Aircraft wreckage - contained to impact site

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

Date Of This Report	Signature [redacted]
09/23/05	

Signature Of Person Filling Report Other Than Pilot/Operator

1. Signature _____
2. Type Or Print Name Arthur L Bradbury
3. Title Manager, Aircraft Operations

For NTSB Use Only

NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received
LAX05LA308	SWRA	MCKENNY	9-23-05