

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT****This form to be used for reporting civil and public use aircraft accidents and incidents****BASIC INFORMATION**

<b>Accident/Incident Location</b> Nearest City/Place: <u>HIRAM</u> State: <u>GA</u> ZIP: <u>30141</u> Country: <u>USA</u> Latitude: <u>N33:52:47</u> (dd:mm:ss N/S) Longitude: <u>W084:44:59</u> (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>05/21/2008</u> Local Time: <u>1004</u> mm/dd/yyyy Time Zone: <u>EASTERN</u>	
<b>Phase of Operation</b> <input checked="" type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b>  ft MSL

**AIRCRAFT INFORMATION**

<b>Manufacturer:</b> <u>EUROCOPTER</u> <b>Model:</b> <u>AS350 B2</u> <b>Serial Number:</b> <u>9032</u> <b>Registration Number:</b> <u>N417AE</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Max Gross Weight:</b> <u>4,961</u> lbs <b>Weight at Time of Accident/Incident:</b> <u>4,590</u> lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> -or- _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum Percent Mean Aerodynamic Cord (% MAC)						
<b>Category of Aircraft</b> <input type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	<b>Type of Airworthiness Certificate</b> (Check all that apply) <b>Standard</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	<b>Number of Seats:</b> <u>4</u> (If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	<b>Landing Gear</b> <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input checked="" type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown					
<b>Type of Maintenance Program</b> <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input checked="" type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____		<b>Last Inspection Type</b> <input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	<b>Date Last Inspection:</b> <u>04/01/2008</u> mm/dd/yyyy <b>Airframe Total Time:</b> <u>2,786</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident					
<b>IFR Equipped</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Stall Warning System Installed</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>HAND HELD ON BOARD</u>					
<b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>ELT Activated</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>ELT Manufacturer:</b> <u>ARTEX AIRCRAFT SUPPLIES INC</u> <b>Model/Series:</b> <u>100 HM</u> <b>Serial Number:</b> <u>86422</u> <b>Battery Type:</b> <u>INTEGRATED</u> <b>Battery Exp. Date:</b> <u>06/2009</u>						
<b>ELT Aided in Locating Accident/Incident</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
<b>Engine Type</b> <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input checked="" type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____					
<b>Engine</b>	<b>Engine Manufacturer</b>	<b>Engine Model/Series</b>	<b>Manufacturer's Serial Number</b>	<b>Date of Mfg.</b> mm/dd/yyyy	<b>Engine Rated Power Measured</b> as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	<b>Total Time (hours)</b>	<b>Time Since Inspection (hours)</b>	<b>Time Since Overhaul (hours)</b>
Eng. 1	TURBOMECA	ARRIEL 101	9710	07/2000	732	1,154	51	1,154
Eng. 2								
Eng. 3								
Eng. 4								

EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location Pilot and Nurse exited aircraft through the primary exit door on the right side of the aircraft and the Paramedic exited the aircraft through the primary exit door on the left side of the aircraft.			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
<b>Weather Observation Facility</b> Facility ID: KRYV Observation Time: 0948 Time Zone: EASTERN Distance from Accident Site: 10 NM Direction from Accident Site: 039 degrees MAG		<b>Source of Weather Information</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown	
<b>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input checked="" type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent		<b>Light Condition</b> <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	
<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown		<b>Ceiling</b> <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	
<b>Lowest Cloud Condition Height</b> ft AGL		<b>Ceiling Height</b> ft AGL	
<b>Wind Direction</b> <input checked="" type="checkbox"/> Indicated: 310 degrees MAG <input type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: 11 KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	<b>Restriction to Visibility</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
<b>Type of Turbulence</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light			
<b>NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident</b> NONE			
<b>Temperature:</b> (C) or 63 (F) <b>Altimeter Setting:</b> 29.79 in. HG or MB <b>Density Altitude:</b> ft <b>Dew Point:</b> (C) or 50 (F)		<b>Icing Forecast</b> <b>Amount</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Type</b> <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <b>Icing Actual</b> <b>Amount</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Type</b> <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	
		<b>Type of Precipitation</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle <b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	

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PILOT "B" INFORMATION																																																																																																				
<b>Pilot "B" Responsibilities at the Time of Accident/Incident</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
<b>Pilot "B" Identification</b> First Name: _____ City: _____ 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 <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			<b>Seat Belt</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Shoulder Harness</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<b>Date of Last Medical</b> _____ mm/dd/yyyy																																																																																												
<b>Medical Certificate Limitations</b>  																																																																																																				
<b>Medical Certificate Waivers</b>  																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy				<b>Flight Review Aircraft</b> Make: _____ Model: _____																																																																																																
<b>Airplane Rating(s) (Check all that apply)</b> <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) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s) (Check all that apply)</b> <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																																																																																												
<b>Type Ratings</b>  						<b>Student Endorsements (include dates)</b>  																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Flight Time (enter appropriate number of hours in each box)	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										
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air																																																																																										
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Last 24 Hours																																																																																																				

Pilot Name and Address				Degree of Injury									
First Name: _____	City: _____	State: _____	ZIP: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal								
Middle Initial: _____				<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown								
Last Name: _____	Country: _____			<input type="checkbox"/> Serious									
Pilot Certificate(s) (Check all that apply)				Seat Occupied									
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign								
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military									
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Flight Time at the Time of this Accident/Incident: _____ hrs										
Pilot Name and Address				Degree of Injury									
First Name: _____	City: _____	State: _____	ZIP: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal								
Middle Initial: _____				<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown								
Last Name: _____	Country: _____			<input type="checkbox"/> Serious									
Pilot Certificate(s) (Check all that apply)				Seat Occupied									
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign								
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military									
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Flight Time at the Time of this Accident/Incident: _____ hrs										
Pilot Name and Address				Degree of Injury									
First Name: _____	City: _____	State: _____	ZIP: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal								
Middle Initial: _____				<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown								
Last Name: _____	Country: _____			<input type="checkbox"/> Serious									
Pilot Certificate(s) (Check all that apply)				Seat Occupied									
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign								
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military									
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Flight Time at the Time of this Accident/Incident: _____ hrs										
PASSENGERS/OTHER PERSONNEL													
Name and Address			Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: NATOSHIA			RR	<input checked="" 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"/>	<input type="checkbox"/>
Middle Initial: L													
Last Name: GOODMAN													
First Name: JON			LR	<input checked="" 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"/>	<input type="checkbox"/>
Middle Initial: B													
Last Name: STANLEY													
First Name: _____				<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"/>	<input type="checkbox"/>
Middle Initial: _____													
Last Name: _____													
First Name: _____				<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"/>	<input type="checkbox"/>
Middle Initial: _____													
Last Name: _____													
First Name: _____				<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"/>	<input type="checkbox"/>
Middle Initial: _____													
Last Name: _____													
First Name: _____				<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"/>	<input type="checkbox"/>
Middle Initial: _____													
Last Name: _____													
First Name: _____				<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"/>	<input type="checkbox"/>
Middle Initial: _____													
Last Name: _____													
First Name: _____				<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"/>	<input type="checkbox"/>
Middle Initial: _____													
Last Name: _____													

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 time and point of departure, intended destination, and services obtained.  
SEE ATTACHED DOCUMENTS

RECOMMENDATION (If any, and the actions being recommended)

Operator/Owner Safety Recommendation

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

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

<b>NTSB CERTIFICATE OF INVESTIGATION</b>			
<b>Date of this Report</b> 05/30/2008 <small>mm/dd/yyyy</small>	<b>Signature and Name of Pilot/Operator</b> Signature: [Redacted] Type or Print Name: JON R. LAM		
<b>Signature and Name of Person Filing Report if Other than Pilot/Operator</b> Signature: [Redacted] Type or Print Name: VINCENT J. ARNOLD Title: Omniflight Helicopters Inc, Eastern Region Aviation Manager			
<b>FOR NTSB USE ONLY</b>			
<b>NTSB Accident/Incident No.</b> MIA 08 HA 112	<b>Reviewed by NTSB Regional Office</b> SORA	<b>Name of Investigator</b> [Signature]	<b>Date Report Received</b> 6/2/08