

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																																																						
Accident/Incident Location 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)					Date/Time Date: <u>05/21/2008</u> Local Time: <u>1004</u> <i>mm/dd/yyyy</i> Time Zone: <u>EASTERN</u>																																																	
Phase of Operation <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					Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None		Altitude of In-Flight Occurrence _____ ft MSL																																															
AIRCRAFT INFORMATION																																																						
Manufacturer: <u>EUROCOPTER</u> Model: <u>AS350 B2</u> Serial Number: <u>9032</u> Registration Number: <u>N417AE</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Max Gross Weight: <u>4,961</u> lbs Weight at Time of Accident/Incident: <u>4,590</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)																																																	
Category of Aircraft <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		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <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			Number of Seats: <u>4</u> (If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <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																																															
Type of Maintenance Program <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: _____			Last Inspection Type <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			Date Last Inspection: <u>04/01/2008</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>2,786</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident																																																
IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			Stall Warning System Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>HAND HELD ON BOARD</u>																																																
ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ELT Manufacturer: <u>ARTEX AIRCRAFT SUPPLIES INC</u> Model/Series: <u>100 HM</u> Serial Number: <u>86422</u> Battery Type: <u>INTEGRATED</u> Battery Exp. Date: <u>06/2009</u>																																																		
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Engine Type <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		Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		Propeller <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. <i>mm/dd/yyyy</i></th> <th>Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td>TURBOMECA</td> <td>ARRIEL 101</td> <td>9710</td> <td>07/2000</td> <td>732</td> <td>1,154</td> <td>51</td> <td>1,154</td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	Eng. 1	TURBOMECA	ARRIEL 101	9710	07/2000	732	1,154	51	1,154	Eng. 2									Eng. 3									Eng. 4								
Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)																																														
Eng. 1	TURBOMECA	ARRIEL 101	9710	07/2000	732	1,154	51	1,154																																														
Eng. 2																																																						
Eng. 3																																																						
Eng. 4																																																						

EVACUATED 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

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 FROM THE OCCURRENCE AREA

Weather Observation Facility

Facility ID: KRYV

Observation Time: 0948

Time Zone: EASTERN

Distance from Accident Site: 10 NM

Direction from Accident Site: 039 degrees MAG

Source of Weather Information

(Check all that apply)

- National Weather Service
- Flight Service Station
- TV/Radio
- Automated Report
- Commercial Weather Service (DUATS)
- Company
- Military
- Internet
- Unknown

Method of Briefing

(Check all that apply)

- In Person
- Teletype
- Telephone/Computer
- Aircraft Radio
- TV/Radio
- Unknown

Briefing Type/Completeness

- Full
- Partial / Limited By Pilot
- Partial / Limited By Briefer
- Abbreviated
- Unknown
- Not Pertinent

Light Condition

- Dawn
- Day
- Dusk
- Night
- Dark Night
- Bright Night
- Not Reported

Visibility

10 miles

Sky/Lowest Cloud Condition

- Clear
- Few
- Partial Obscuration
- Scattered
- Thin Broken
- Thin Overcast
- Unknown

Ceiling

- None (clear)
- Broken
- Overcast
- Obscured
- Indefinite
- Unknown

Restriction to Visibility

(Check all that apply)

- None
- Blowing Dust
- Blowing Sand
- Blowing Snow
- Blowing Spray
- Dust
- Fog
- Ground Fog
- Haze
- Ice Fog
- Smoke
- Unknown

Lowest Cloud Condition Height

ft AGL

Ceiling Height

ft AGL

Wind Direction

Indicated:
310 degrees MAG

Variable

Wind Speed

Velocity: 11 KTS

- or-
- Calm
- Light and Variable

Wind Gusts

Velocity: _____ KTS

- Gusting
- Not Gusting

Type of Turbulence

- (Check all that apply)
- None
 - Clear Air
 - In Clouds
 - Vicinity of Thunderstorm

Severity of Turbulence

- Extreme
- Severe
- Moderate
- Moderate Chop
- Light

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

NONE

Temperature: _____ (C)
or 63 (F)

Altimeter Setting: 29.79 in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or 50 (F)

Icing Forecast

Amount

- None
- Trace
- Light
- Moderate
- Severe

Type

- Rime
- Clear
- Mixed

Icing Actual

Amount

- None
- Trace
- Light
- Moderate
- Severe

Type

- Rime
- Clear
- Mixed

Type of Precipitation

(Check all that apply)

- None
- Rain
- Snow
- Hail
- Rain Showers
- Freezing Rain
- Snow Shower
- Drizzle
- Ice Pellets
- Snow Pellets
- Snow Grains
- Ice Crystals
- Ice Pellets Shower
- Freezing Drizzle

Intensity of Precipitation

- Light
- Moderate
- Heavy

PILOT INFORMATION																																																																																																				
Pilot "B" Responsibilities at the Time of Accident/Incident <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																																																																																																				
Pilot "B" Identification First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____ mm/dd/yyyy																																																																																																				
Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			Seat Occupied <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			Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
Pilot Certificate(s) (Check all that apply) <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																																																																																																				
Principal Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Medical Certificate <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			Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			Date of Last Medical _____ mm/dd/yyyy																																																																																												
Medical Certificate Limitations 																																																																																																				
Medical Certificate Waivers 																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____																																																																																																
Airplane Rating(s) (Check all that apply) <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		Other Aircraft Rating(s) (Check all that apply) <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		Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <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																																																																																												
Type Ratings						Student Endorsements (include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 5%;">This Make & Model</th> <th rowspan="2" style="width: 5%;">Airplane Single Engine</th> <th rowspan="2" style="width: 5%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> </tr> <tr style="background-color: #cccccc;"> <td>This Make/Model</td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> </tr> <tr> <td>Last 24 Hours</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																																																																																										
						Actual	Simulated																																																																																													
Total Time																																																																																																				
Pilot in Command (PIC)																																																																																																				
Time as Instructor																																																																																																				
This Make/Model																																																																																																				
Last 90 Days																																																																																																				
Last 30 Days																																																																																																				
Last 24 Hours																																																																																																				

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
			<input type="checkbox"/> Flight Engineer
			<input type="checkbox"/> U.S. Military
			<input type="checkbox"/> Foreign
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	

Name and Address		Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: NATOSHIA	City: [REDACTED]	RR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Middle Initial: L	State: [REDACTED]											
Last Name: GOODMAN	Country: [REDACTED]											
First Name: JON	City: [REDACTED]	LR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Middle Initial: B	State: [REDACTED]											
Last Name: STANLEY	Country: [REDACTED]											
First Name: _____	City: _____		<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: _____	State: _____ ZIP: _____											
Last Name: _____	Country: _____											
First Name: _____	City: _____		<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: _____	State: _____ ZIP: _____											
Last Name: _____	Country: _____											
First Name: _____	City: _____		<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: _____	State: _____ ZIP: _____											
Last Name: _____	Country: _____											

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

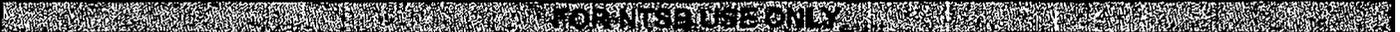
Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION (Please type or print in ink)

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



Date of this Report 05/30/2008 <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature: [Redacted] Type or Print Name: JON R. LAM
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: [Redacted] Type or Print Name: VINCENT J. ARNOLD Title: Omnicflight Helicopters Inc, Eastern Region Aviation Manager	



FOR NTSB USE ONLY			
NTSB Accident/Incident No. MCA08WA112	Reviewed by NTSB Regional Office SORA	Name of Investigator [Signature]	Date Report Received 6/2/08