

# 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>PORTERVILLE</u> State: <u>CA.</u> ZIP: <u>93257</u> Country: <u>USA</u> Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)		<b>Date/Time</b> Date: <u>07-31-2011</u> Local Time: <u>11:00</u> <u>mm/dd/yyyy</u> Time Zone: <u>PACIFIC</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input checked="" 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> <u>446</u> ft MSL	

## WEATHER INFORMATION AT THE ACCIDENT SITE

<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		<b>Source of Weather Information</b> <i>(Check all that apply)</i> <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 type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)		<b>Method of Briefing</b> <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown	
<b>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent		<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		<b>Visibility</b> <u>16</u> miles	
<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered		<b>Ceiling</b> <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown		<b>Restriction to Visibility</b> <i>(Check all that apply)</i> <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	
<b>Lowest Cloud Condition Height</b> _____ ft AGL		<b>Ceiling Height</b> _____ ft AGL			
<b>Wind Direction</b> <input type="checkbox"/> Indicated: _____ degrees MAG <input checked="" type="checkbox"/> Variable		<b>Wind Speed</b> Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable		<b>Wind Gusts</b> Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	
				<b>Type of Turbulence</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop	

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

<b>Temperature:</b> _____ (C) or <u>90</u> (F) <b>Altimeter Setting:</b> _____ in. HG or _____ MB <b>Density Altitude:</b> _____ ft <b>Dew Point:</b> _____ (C) or _____ (F)		<b>Icing Forecast</b> Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed <b>Icing Actual</b> Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed		<b>Type of Precipitation</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow 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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# AIRCRAFT INFORMATION

Manufacturer: BEL  
 Model: 47G-5  
 Serial Number: 7952  
 Registration Number: N6260C Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2850 lbs  
 Weight at Time of Accident: 2806 lbs  
 Location of Center of Gravity at Time of Accident:  
+1.4 inches from ☐ nose or ☐ datum  
 -or- Percent Mean Aerodynamic Cord (% MAC)

## Category of Aircraft

- ☐ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyrocraft  
☒ Helicopter  
☐ Powered lift  
☐ Ultralight  
☐ Unknown

## Type of Airworthiness Certificate (Check all that apply)

- Standard**  
☐ Normal  
☐ Utility  
☐ Acrobatic  
☐ Transport
- Special**  
☒ Restricted  
☐ Limited  
☐ Provisional  
☐ Experimental  
☐ Special Flight  
☐ Light Sport

Number of Seats: 2

If Large Aircraft, how many seats for:

Flight Crew: \_\_\_\_\_

Cabin Crew: \_\_\_\_\_

Passengers: \_\_\_\_\_

## Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

- ☐ Tricycle ☐ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☒ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel  
☐ Unknown

## Type of Maintenance Program

- ☒ Annual  
☐ Conditional (Amateur-built only)  
☐ Manufacturer's Inspection Program  
☐ Other Approved Inspection Program (AAIP)  
☐ Continuous Airworthiness  
☐ Other, specify: \_\_\_\_\_

## Last Inspection Type

- ☒ 100 Hour ☐ Continuous Airworthiness  
☐ AAIP ☐ Conditional Inspection  
☐ Annual ☐ Unknown

Date Last Inspection: 06-06-2011  
 mm/dd/yyyy

Airframe Total Time: 8238.8 hrs  
 hours measured at (check one)  
☒ Last Inspection ☐ Time of Accident

## IFR Equipped

☐ Yes ☒ No ☐ Unknown

## Stall Warning System Installed

☐ Yes ☒ No ☐ Unknown

## Type of Fire Extinguishing System

☒ None  
☐ Specify \_\_\_\_\_

## ELT Installed

☐ Yes ☒ No

## ELT Activated

☐ Yes ☐ No

## ELT Manufacturer:

Model/Series: \_\_\_\_\_

## ELT Aided in Locating Accident / Incident

☐ Yes ☐ No

Serial Number: \_\_\_\_\_

Battery Type: \_\_\_\_\_

Battery Exp. Date: \_\_\_\_\_

## Engine Type

- ☒ Reciprocating ☐ Turbo Jet  
☐ Turbo Shaft ☐ Turbo Fan  
☐ Turbo Prop ☐ Unknown

## Reciprocating Fuel System Type

- ☒ Carburetor  
☐ Fuel Injected

## Propeller

- ☐ Fixed Pitch  
☐ Controllable Pitch

Manufacturer: Lycoming

Model: VO-435-B1A

Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm/dd/yyyy	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	<u>Lycoming</u>	<u>VO435B1A</u>	<u>R2-3666-31</u>		<u>265</u>	<u>N/A</u>	<u>69.4</u>	<u>1159.4</u>
Eng. 2								
Eng. 3								
Eng. 4								

# OWNER/OPERATOR INFORMATION

## Registered Aircraft Owner

Name: AGATHY

Fractional Ownership Aircraft: ☐ Yes ☐ No

## Owner Address

City: Bakersfield  
 State: CA ZIP: 93302  
 Country: USA

## Operator of Aircraft

☐ Same As Registered Owner

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

Doing Business As: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

## Operator Address

☐ Same As Registered Owner

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

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

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

## Regulation Flight Conducted Under

- ☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)  
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local  
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown  
☐ FAR 125 ☒ FAR 137 ☐ Armed Forces

## Revenue Sightseeing Flight

☐ Yes ☒ No

## Air Medical Flight

☐ Yes ☒ No

<b>Purpose of Flight</b> for FAR 91, 103, 133, 137 (Select one) <ul style="list-style-type: none"> <li><input type="checkbox"/> Personal</li> <li><input type="checkbox"/> Business</li> <li><input type="checkbox"/> Executive/Corporate</li> <li><input type="checkbox"/> Other Work Use</li> <li><input type="checkbox"/> Instructional</li> <li><input type="checkbox"/> Ferry</li> <li><input type="checkbox"/> Positioning</li> <li><input checked="" type="checkbox"/> Aerial Application</li> <li><input type="checkbox"/> Aerial Observation</li> <li><input type="checkbox"/> Air Drop</li> <li><input type="checkbox"/> Air Race / Show</li> <li><input type="checkbox"/> Flight Test</li> <li><input type="checkbox"/> Public Use</li> <li><input type="checkbox"/> Unknown</li> </ul>	<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one) <ul style="list-style-type: none"> <li><input type="checkbox"/> Scheduled or Commuter</li> <li><input type="checkbox"/> Non-Scheduled or Air Taxi</li> </ul> <b>Domestic or International</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International	<b>Type of Commercial Operating Certificate Held</b> (Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Flag Carrier Operating Certificate (121)</li> <li><input type="checkbox"/> Supplemental</li> <li><input type="checkbox"/> Air Cargo</li> <li><input type="checkbox"/> Foreign Air Carriers (129)</li> <li><input type="checkbox"/> Commuter Air Carrier (135)</li> <li><input type="checkbox"/> On-Demand Air Taxi (135)</li> <li><input type="checkbox"/> Large Helicopter (127)</li> <li><input type="checkbox"/> Rotorcraft External Load (133)</li> <li>- or -</li> <li><input checked="" type="checkbox"/> Agricultural Aircraft (137)</li> <li><input type="checkbox"/> Other Operator of Large Aircraft</li> </ul>
<b>Cargo Operation</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Passenger/Cargo</li> <li><input type="checkbox"/> Passenger _____ How many?</li> <li><input type="checkbox"/> Cargo _____ lbs</li> <li><input type="checkbox"/> Mail</li> </ul>		

**OTHER AIRCRAFT COLLISION** (If an aircraft ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____	Manufacturer: <u><del>Boeing</del></u> Model: <u><del>44-65</del></u>	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> None
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**Registered Owner of Other Aircraft**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

**Pilot of Other Aircraft**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

**AIRPORT INFORMATION** (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: \_\_\_\_\_ Distance From Airport Center: \_\_\_\_\_ SM  
 Airport Name: \_\_\_\_\_ Direction From Airport: \_\_\_\_\_ degrees MAG  
 Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip    Airport Elevation: \_\_\_\_\_ ft. MSL

**Approach Segment** (Select one)

☐ On Instrument Approach    ☐ Landing    ☐ Base leg    ☐ Final    ☐ Go Around  
☐ Crosswind    ☐ Downwind    ☐ Low Approach    ☐ Aborted Landing (after touchdown)

<b>IFR Approach</b> (Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> None    <input type="checkbox"/> PAR    <input type="checkbox"/> MLS    <input type="checkbox"/> Practice</li> <li><input type="checkbox"/> ADF/NDB    <input type="checkbox"/> Sidestep    <input type="checkbox"/> LDA    <input type="checkbox"/> GPS</li> <li><input type="checkbox"/> SDF    <input type="checkbox"/> ILS    <input type="checkbox"/> ASR    <input type="checkbox"/> Loran</li> <li><input type="checkbox"/> VOR/TVOR    <input type="checkbox"/> Localizer Only    <input type="checkbox"/> Visual    <input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> VOR/DME    <input type="checkbox"/> LOC-back course    <input type="checkbox"/> Contact</li> <li><input type="checkbox"/> TACAN    <input type="checkbox"/> RNAV    <input type="checkbox"/> Circling</li> </ul>	<b>VFR Approach</b> (Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> None    <input type="checkbox"/> Stop and Go</li> <li><input type="checkbox"/> Traffic Pattern    <input type="checkbox"/> Touch and Go</li> <li><input type="checkbox"/> Straight-In    <input type="checkbox"/> Simulated Forced Landing</li> <li><input type="checkbox"/> Valley/Terrain Following    <input type="checkbox"/> Forced Landing</li> <li><input type="checkbox"/> Go Around    <input type="checkbox"/> Precautionary Landing</li> <li><input type="checkbox"/> Full Stop    <input type="checkbox"/> Unknown</li> </ul>
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<b>Runway Information</b> Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft	<b>Condition of Runway/Landing Surface</b> (Check all that apply) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Dry    <input type="checkbox"/> Snow-Compacted    <input type="checkbox"/> Water-Calm</li> <li><input type="checkbox"/> Holes    <input type="checkbox"/> Snow-Crusted    <input type="checkbox"/> Water-Choppy</li> <li><input type="checkbox"/> Ice Covered    <input type="checkbox"/> Snow-Dry    <input type="checkbox"/> Water-Glassy</li> <li><input type="checkbox"/> Rough    <input type="checkbox"/> Snow-Wet    <input type="checkbox"/> Wet</li> <li><input type="checkbox"/> Rubber Deposits    <input checked="" type="checkbox"/> Soft    <input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Slush Covered    <input type="checkbox"/> Vegetation</li> </ul>
<b>Runway/Landing Surface</b> (Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Asphalt    <input type="checkbox"/> Grass/Turf    <input type="checkbox"/> Macadam    <input type="checkbox"/> Water</li> <li><input type="checkbox"/> Concrete    <input type="checkbox"/> Gravel    <input type="checkbox"/> Metal/Wood    <input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Dirt    <input type="checkbox"/> Ice    <input type="checkbox"/> Snow</li> </ul>	

**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> <ul style="list-style-type: none"> <li><input type="checkbox"/> None    <input type="checkbox"/> VFR/IFR</li> <li><input type="checkbox"/> Company VFR    <input type="checkbox"/> IFR</li> <li><input type="checkbox"/> Military VFR    <input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> VFR</li> </ul> Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Type of ATC Clearance/Service** (Check all that apply)

☐ None    ☐ Special VFR    ☐ Special IFR    ☐ VFR Flight Following    ☐ Cruise  
☐ VFR    ☐ IFR    ☐ VFR On Top    ☐ Traffic Advisory    ☐ Unknown / NA

<b>Airspace where the accident occurred</b> (Check all that apply)			
<input type="checkbox"/> Class A	<input type="checkbox"/> Class E	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Jet Training Area
<input type="checkbox"/> Class B	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93
<input type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Special
			<input type="checkbox"/> Air Traffic Control Area
			<input type="checkbox"/> Unknown
<b>Aircraft Load Description</b> (Check all that apply)			
<input type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists	<input type="checkbox"/> Livestock
<input type="checkbox"/> Passengers	<input type="checkbox"/> Towing Banner	<input checked="" type="checkbox"/> Water	<input type="checkbox"/> Unknown
<input type="checkbox"/> Cargo	<input type="checkbox"/> Other External	<input checked="" type="checkbox"/> Chemical/Fertilizer/Seeds	
<b>FUEL &amp; SERVICES INFORMATION</b>			
<b>Fuel on Board at Last Takeoff</b> (convert from pounds, as necessary)		<b>Fuel Type</b>	
<u>20</u> Gallons		<input type="checkbox"/> 80/87	<input type="checkbox"/> 115/145
		<input checked="" type="checkbox"/> 100 Low Lead	<input type="checkbox"/> Jet A
		<input type="checkbox"/> 100/130	<input type="checkbox"/> Automotive
		<input type="checkbox"/> JP3	<input type="checkbox"/> Other, specify _____
		<input type="checkbox"/> JP4	
		<input type="checkbox"/> JP5	
<b>Other Services, if Any, Prior to Departure</b>			
<b>MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)</b>			
<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)			<b>Total Time/Cycles On Part</b>  _____ Hours _____ Cycles
			<b>Time Since This Part Inspected/Overhauled</b>  _____ Hours
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>			
<b>Aircraft Damage</b>		<b>Aircraft Fire</b>	
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Substantial	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Both Ground and In-Flight
<input type="checkbox"/> Minor	<input type="checkbox"/> Destroyed	<input type="checkbox"/> In-Flight	<input type="checkbox"/> Unknown Origin
		<input type="checkbox"/> On-Ground	
		<b>Aircraft Explosion</b>	
		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Both Ground and In-Flight
		<input type="checkbox"/> In-Flight	<input type="checkbox"/> Unknown Origin
		<input type="checkbox"/> On-Ground	
<b>Description of Damage to Aircraft and Other Property</b> (use additional sheet if necessary)			
SKID GEAR - TAIL BOOM - TAIL ROTOR ASSY. - MAIN ROTOR BLADES -			
<b>EVACUATION OF AIRCRAFT</b>			
<b>Was an emergency evacuation of the aircraft performed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Method of Exit</b> - Describe how the occupants exited and how many occupants evacuated each location			

# PILOT "A" INFORMATION

## Pilot "A" Responsibilities at the Time of Accident

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

## Pilot "A" Identification

First Name: RONALD

City: DUCOR

Middle Initial: J

State: CA ZIP: 93218

Last Name: SMITH

Country: USA

Age at time of Accident: 67

Date of Birth: mm/dd/yyyy 1943

Certificate Number: mm/dd/yyyy

## Degree of Injury

☒ None ☐ Fatal  
☐ Minor ☐ Unknown  
☐ Serious

## Seat Occupied

☒ Left ☐ Front ☐ Unknown  
☐ Right ☐ Rear  
☐ Center ☐ Single

## Seat Belt

Used ☒ Yes ☐ No  
Available ☒ Yes ☐ No

## Shoulder Harness

Used ☒ Yes ☐ No  
Available ☒ Yes ☐ No

## Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☒ Commercial ☐ Flight Engineer ☐ Foreign  
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

## Principal Occupation

☒ Pilot  
☐ Other  
☐ Unknown

## Medical Certificate

☐ None ☐ Class 3  
☐ Class 1 ☐ Driver's License (Sport Pilot only)  
☒ Class 2 ☐ Unknown

## Medical Certificate Validity

☐ Without limitations/waivers  
☒ With limitations/waivers  
☐ Unknown

## Date of Last Medical

06-03-2011  
mm/dd/yyyy

## Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

## Medical Certificate Waivers

## Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

05-15-2011  
mm/dd/yyyy

## Flight Review Aircraft

Make: CESSNA  
Model: 206

## Airplane Rating(s)

(Check all that apply)  
☐ None  
☒ Single-Engine Land  
☒ Single-Engine Sea  
☒ Multiengine Land  
☐ Multiengine Sea

## Other Aircraft Rating(s)

(Check all that apply)  
☐ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☒ Helicopter  
☐ Powered Lift

## Instrument Rating(s)

(Check all that apply)  
☒ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

## Instructor Rating(s)

(Check all that apply)  
☒ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multi-Engine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered Lift ☐ Sport

## Type Ratings

## Student Endorsements (Include dates)

## 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	24000	3500			4000			19000		
Pilot in Command (PIC)	23600	3500			300			18950		
Time as Instructor										
This Make/Model					700					
Last 90 Days								67.5		
Last 30 Days								49.5		
Last 24 Hours								0		

Pilot "B" INFORMATION																																																																																																				
<b>Pilot "B" Responsibilities at the Time of Accident</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> <div style="display: flex; justify-content: space-between;"> <div>           First Name: _____            Middle Initial: _____            Last Name: _____         </div> <div>           City: _____            State: _____ ZIP: _____            Country: _____         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Age at time of Accident: _____</div> <div>Date of Birth: _____ <small>mm/dd/yyyy</small></div> <div>Certificate Number: _____</div> </div>																																																																																																				
<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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Left  <input type="checkbox"/> Right  <input type="checkbox"/> Center           </div> <div> <input type="checkbox"/> Front  <input type="checkbox"/> Rear  <input type="checkbox"/> Single           </div> <div> <input type="checkbox"/> Unknown           </div> </div>			<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)</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None    <input type="checkbox"/> Student  <input type="checkbox"/> Private    <input type="checkbox"/> Flight Instructor           </div> <div> <input type="checkbox"/> Recreational  <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial  <input type="checkbox"/> Airline Transport           </div> <div> <input type="checkbox"/> Flight Engineer  <input type="checkbox"/> U.S. Military           </div> <div> <input type="checkbox"/> Foreign           </div> </div>																																																																																																				
<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> _____ <small>mm/dd/yyyy</small>																																																																																													
<b>Medical Certificate Limitations</b>																																																																																																				
<b>Medical Certificate Waivers</b>																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <small>mm/dd/yyyy</small>				<b>Flight Review Aircraft</b> Make: _____ Model: _____																																																																																																
<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"/> Free 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> <div style="display: flex; justify-content: space-between;"> <div> <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           </div> <div> <input type="checkbox"/> Instrument Airplane  <input type="checkbox"/> Instrument Helicopter  <input type="checkbox"/> Helicopter  <input type="checkbox"/> Glider  <input type="checkbox"/> Sport           </div> </div>																																																																																														
<b>Type Ratings</b>						<b>Student Endorsements</b> <i>(Include dates)</i>																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">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 <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										
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**ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)**

<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<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>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>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> 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>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<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>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>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> 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>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<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
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<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 flight attendants; continue on separate sheet if necessary)**

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____											
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____											
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____											
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First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____											
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____											

**NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)**

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

POINT OF DEPARTURE - RD 160 - AVE 72 LEFT AT 0530 ALL OF OUR JOBS THAT DAY WERE WITHIN APPROX. 2- TO 3 MILES. FINISHED SEVERAL JOBS. AND MOVED TO ACCIDENT SITE. TAKEOFF WAS ~~SET~~ <sup>SETUP</sup> FOR T-O INTO THE WIND. I WAITED ON TOP OF THE TRUCK WHILE THE LOADER MIXED THE CHEMICALS. THE WIND SWITCHED WHILE MIXING CHEMICALS. THE ROTOR BLADES WERE DIRTY AND I FORGOT TO CLEAN THEM. DUE TO LOSS OF LIFT FROM DIRTY BLADES AND A DOWN WIND TAKE OFF THE HELICOPTER SETTLED TO THE GROUND AND MADE CONTACT AT ABOUT 3 MILES PER HOUR. THE SKID GEAR SLID ABOUT 4 FEET AND FOULDED REARWARD CAUSING THE NOSE TO PITCH FORWARD AND THE TAIL SECTION UPSTRIKING THE MAIN ROTORS CHOPPING OF THE TAIL ROTORS.

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

Operator/Owner Safety Recommendation

WE SHOULD HAVE A WIND INDICATOR ON OR NEAR THE TRUCK AND REMBER TO KEEP THE BLADES CLEAN.



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

Date of this Report

08/18/2011  
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

Ronald J. Smith

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

Title:

FOR NTSB USE ONLY

NTSB Accident/Incident No.

WPR11CA360

Reviewed by NTSB Regional Office

WPR

Name of Investigator

RICH

Date Report Received

08/18/2011

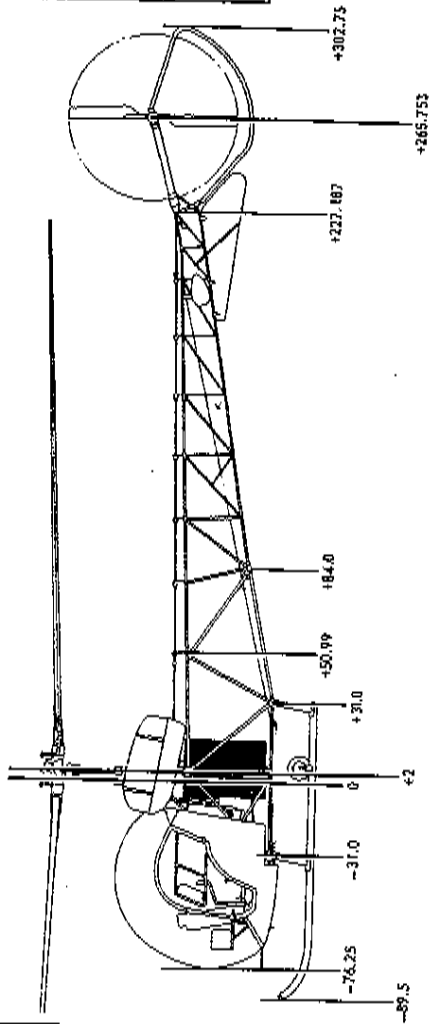
		EWCG	MOMENT
AIRCRAFT EMPTY WEIGHT	1903	+ 5.23	+ 9952.7
Pilot	200	+ 31	- 6200
FUEL	120	+ 2	+ 240
LOAD	583.1	0	
	<u>2806.1</u>		<u>3992.7</u>
	• 3992.7	+ 1.4	
	<u>2806.1</u>		

# BELL HELICOPTER CO

FLIGHT MANUAL  
Model 47G-5

## STATIONS DIAGRAM

\*NOTE: STATION 0 - Centerline of main chiveter just forward of leveling lugs (approximately 2 inches forward of center line of mast). Leveling lugs on lower left-hand longitudinal aft of mast.



**BELL HELICOPTER CO.**

FLIGHT MANUAL

Model 47G-5

**PLACARDS (Cont)**

<b>MANIFOLD PRESSURE LIMITS</b>					
<b>MAX. CONTINUOUS POWER</b>					
<b>3200 RPM</b>					
<b>PRESS ALT. FT.</b>	<b>CARBURETOR AIR TEMP °C</b>				
	<b>-25</b>	<b>-5</b>	<b>+15</b>	<b>+35</b>	<b>+45</b>
0	22.7	23.4	24.1	24.8	25.1
2000	22.4	23.1	23.8	24.5	24.8
4000	22.1	22.8	23.5	F.T.	F.T.
6000	21.8	F.T.	F.T.	F.T.	F.T.
<b>TAKE-OFF POWER-5 MIN. LIMIT</b>					
<b>3200 RPM</b>					
0	26.0	26.8	27.7	F.T.	F.T.
1000	25.8	26.6	F.T.	F.T.	F.T.
2000	25.7	F.T.	F.T.	F.T.	F.T.
<b>F.T. = FULL THROTTLE</b>					
<b>ONE INCH MANIFOLD PRESS = 11HP</b>					

DO NOT TURN OFF GENERATOR OR  
BATTERY IN FLIGHT EXCEPT IN CASE  
OF EMERGENCY.

**CENTER OF GRAVITY LIMITS.**

1. 2850 lbs., -2.2 inches to +2.0 inches.

2. 2350 lbs., -2.2 inches to +3.0 inches.

Straight line variation between above points.

**Note**

Station 0 is located 2 inches forward  
of center line of main rotor mast.

Revised 6 May 1966