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: LOS BANOS State: CA
Zip: 93635 Country: USA
Latitude: (ddmmss N/S) Longitude: (dddmmss E/W)

Date/Time

Date: 8-21-11 (mm/dd/yyyy) Local Time: 6 25 Am
Time zone: PACIFIC

Phase of Operation AGRICULTURAL SPRAYING

- [ ] Standing
- [ ] Taxi
- [ ] Descent
- [ ] Takeoff (incl. initial climb)
- [ ] Climb
- [ ] Landing
- [ ] Cruise
- [x] Maneuvering
- [ ] Approach
- [ ] Hover
- [ ] Other
- [ ] Unknown

Collision with Other Aircraft

- [ ] Midair
- [ ] On ground
- [x] None

Altitude of In-Flight Occurrence: 10 ft MSL

AIRCRAFT INFORMATION

Manufacturer: BELL
Model: 47 G4A SOLOY
Serial Number: N 948DS 3140
Registration Number: N948DS
Amateur-built: [ ] Yes [x] No

Max Gross Weight: 2950 lbs
Weight at Time of Accident/Incident: 2170 lbs
Location of Center of Gravity at Time of Accident/Incident: 2 inches from [ ] aft of [ ] datum
Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

- [ ] Airplane
- [ ] Balloon
- [ ] Blimp/Dirigible
- [ ] Glider
- [ ] Gyrocraft
- [x] Helicopter
- [ ] Powered lift
- [ ] Ultralight
- [ ] Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard:
- [x] Normal
- [ ] Utility
- [ ] Acrobatic
- [ ] Transport

Special:
- [x] Restricted
- [ ] Limited
- [ ] Provisional
- [ ] Experimental
- [ ] Special Flight
- [ ] Light Sport

Number of Seats: 3

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
- [x] High skid
- [ ] Emergency float
- [ ] Skid
- [ ] Float
- [ ] Ski
- [ ] Hull
- [ ] Ski/Wheel
- [ ] Unknown

Type of Maintenance Program

- [x] Annual
- [ ] Conditional (Amateur-built only)
- [ ] Manufacturer's Inspection Program
- [ ] Other Approved Inspection Program (AAIP)
- [ ] Continuous Airworthiness
- [ ] Other, specify:

Last Inspection Type

- [ ] 100 Hour
- [ ] AAIP
- [x] Annual
- [ ] Continuous Airworthiness
- [ ] Conditional Inspection
- [ ] Unknown

Date Last Inspection: 8-1-11 (mm/dd/yyyy)

Airframe Total Time: 3959 hours
hours measured at (check one): [ ] Last Inspection [ ] Time of Accident/Incident

IFR Equipped: [ ] Yes [x] No [ ] Unknown

Stall Warning System Installed: [ ] Yes [x] No [ ] Unknown

Type of Fire Extinguishing System: [x] None [ ] Specify

ELT Installed: [ ] Yes [x] No
ELT Activated: [ ] Yes [x] No
ELT aided in Locating Accident/Incident: [ ] Yes [x] No

ELT Manufacturer:
Model/Series:
Serial Number:
Battery Type: Battery Exp. Date:

Engine Type

- [ ] Reciprocating
- [x] Turbo Shaft
- [ ] Turbo Prop
- [ ] Turbo Jet
- [ ] Turbo Fan
- [ ] Unknown

Reciprocating Fuel System Type

- [ ] Carburetor
- [ ] Fuel Injected

Propeller

- [ ] Fixed Pitch
- [ ] Controllable Pitch

Manufacturer: BELL
Model: -23

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. (mm/dd/yyyy)	Engine Rated Power Measured as: (check one) [x] Horsepower [ ] lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng # 1	Allison	C 20-B	CAG 33147	1962	420	1227	81	2911
Eng # 2								
Eng # 3								
Eng # 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: ROGER SCHUH
Fractional Ownership Aircraft: ☐ Yes ☒ No

Owner Address
City: [redacted] MADERA
State: CA ZIP: 93636
Country: USA

Operator of Aircraft ☐ Same As Registered Owner
Name: GRADY CANTRELL
Doing Business As: DOUBLE SPRINGS HELICOPTER
Air Carrier/Operator Designator (3 Character Code):

Operator Address ☐ Same As Registered Owner
City: [redacted] LOS BANOS
State: CA ZIP: 93635
Country: USA

Regulation Flight Conducted Under
☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ Federal ☐ State ☐ Local
☐ FAR 103 ☐ FAR 133 ☐ Non-U.S. Commercial
☐ FAR 121 ☐ FAR 135 ☐ Non-U.S. Non-Commercial ☐ Unknown
☐ FAR 125 ☒ FAR 137 ☐ Armed Forces

Revenue Sightseeing Flight
☐ Yes ☒ No

Air Medical Flight
☐ Yes ☒ No

Purpose of Flight
for FAR 91, 103, 133, 137 *(Select one)*
☐ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☐ Instructional
☐ Ferry
☐ Positioning
☒ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

Revenue Operation
for FAR 121, 125, 129, 135 *(Select one)*
☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International
☐ Domestic ☐ International

Cargo Operation
☐ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

Type of Commercial Operating Certificate Held
(Check all that apply.)
☐ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
-or-
☒ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number
94805

Manufacturer: BELL
Model: 47G4A S8109

Damage to Other Aircraft
☒ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft
First Name: N/A
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

Pilot of Other Aircraft
First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part
_____ Hours
_____ Cycles

Time Since This Part Inspected/Overhauled
_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
☐ None ☐ Substantial
☐ Minor ☒ Destroyed

Aircraft Fire
☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion
☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Description of Damage to Aircraft and Other Property *(use additional sheet if necessary)*

A/C DESTROYED - PILOT STRUCK TELEPHONE POLE 4 FEET IN FROM BLADE TIP. TELEPHONE POLE CUT IN HALF. 1/4 ACRE OF CANTALOUPES DESTROYED.

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

Airport Identifier: LSN
Airport Name: Los Banos City
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip
Distance From Airport Center: 5 SM
Direction From Airport: 210 degrees MAG
Airport Elevation: 918 ft. MSL

Approach Segment *(Select one)*
☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)
N/A

IFR Approach *(Check all that apply)*
■ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach *(Check all that apply)*
☐ None ☐ Stop and Go
☐ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown

Runway Information OFF AIRPORT
Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface *(Check all that apply)*
☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

Condition of Runway/Landing Surface *(Check all that apply)*
☐ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: _____
City: _____
State: _____
Country: _____

Time of Departure
Time: _____
Time Zone: _____

Destination
Airport ID: _____
City: _____
State: _____
Country: _____

Type Flight Plan Filed
■ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☐ Yes ☐ No

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 - N/A

Airspace where the accident/incident occurred *(Check all that apply)*
☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ■ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ PAR 93 ☒ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description *(Check all that apply)*
☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☒ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff *(convert from pounds, as necessary)*
20 Gallons

Fuel Type
☐ 80/87 ☐ 115/145 ☐ JP5 ☐ Other, specify _____
☐ 100 Low Lead ■ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP3

Other Services, if Any, Prior to Departure

EVACUATION OF 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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: _____

Observation Time: 625 am

Time Zone: Pacific

Distance from Accident Site: 5 NM

Direction from Accident Site: 210° 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: 350° degrees MAG
☐ Variable

Wind Speed

Velocity: 1 KTS
-or-
☒ Calm
☐ Light and Variable

Wind Gusts

Velocity: 1 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

Temperature: _____ (C) or 68° (F)

Altimeter Setting: _____ in. HG or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C) or _____ (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 "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

[X] Pilot [ ] Co-Pilot [ ] Student Pilot [ ] Flight Instructor [ ] Check Pilot [ ] Flight Engineer [ ] Other Flight Crew

Pilot "A" Identification

First Name: Brandon
Middle Initial: R
Last Name: Edeal

City: Tulelake
State: CA ZIP: 96134
Country: U.S.

Age at time of Accident/Incident: 40 Date of Birth: [redacted] (mm/dd/yyyy)
Certificate Number: [redacted]

Degree of Injury
[ ] None [ ] Fatal
[X] Minor [ ] Unknown
[ ] Serious

Seat Occupied
[X] Left [ ] Front [ ] Unknown
[ ] Right [ ] Rear
[ ] Center [ ] Single

Seat Belt
Used [X] Yes [ ] No
Available [ ] Yes [ ] No

Shoulder Harness
Used [X] Yes [ ] No
Available [ ] Yes [ ] No

Pilot Certificate(s) *(Check all that apply)*
[ ] None [ ] Student [ ] Recreational [X] Commercial [ ] Flight Engineer [ ] Foreign
[ ] Private [X] Flight Instructor [ ] Sport [ ] Airline Transport [ ] U.S. Military

Principal Occupation
[X] Pilot
[ ] Other
[ ] Unknown

Medical Certificate
[ ] None [ ] Class 3
[ ] Class 1 [ ] Driver's License (Sport Pilot only)
[X] Class 2 [ ] Unknown

Medical Certificate Validity
[X] Without limitations/waivers
[ ] With limitations/waivers
[ ] Unknown

Date of Last Medical
01/31/2011 (mm/dd/yyyy)

Medical Certificate Limitations
None

Medical Certificate Waivers
None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 01/19/2010 (mm/dd/yyyy)

Flight Review Aircraft
Make: Robinson
Model: R22

Airplane Rating(s) *(Check all that apply)*
[X] 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
[X] Helicopter
[ ] Powered Lift

Instrument Rating(s) *(Check all that apply)*
[ ] None
[ ] Airplane
[X] Helicopter
[ ] Powered Lift

Instructor Rating(s) *(Check all that apply)*
[ ] None
[ ] Airplane Single-Engine
[ ] Airplane Multi-Engine
[ ] Gyroplane
[ ] Powered Lift
[ ] Instrument Airplane
[X] Instrument Helicopter
[X] Helicopter
[ ] Glider
[ ] 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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1643	143			190	3.7	5.7	1643		
Pilot In Command (PIC)	1583									
Time as Instructor	650									
This Make/Model										
Last 90 Days	243									
Last 30 Days	133									
Last 24 Hours	5									

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

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.

On the morning of Sunday, August 21st, 2011 at approximately 6:10 am. I was spraying a Cantaloupe Field in Los Banos off of Canyon Rd. The Job was almost completed as I dropped into the field from the South side over a set of power Lines, I began to complete a border pass on the west end of the field. I had already passed two power poles and shut the spray off at a set of bee boxes that set about ½ way down the field. I Turned the spray on after the boxes on the North side and next thing I knew I was Upside down in the field. It all happened so fast, I was unable to correct the flight path. I feel that this occured due to Lack of rest, which affected my alertness and reaction. I had flown this field one week earlier. I had been flying six to ten hour a day for the past 2 weeks with no day off.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

PILOT REMOVE HEAD FROM BUTT

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

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	Signature and Name of Pilot/Operator
8/27/2011 (MM/DD/YYYY)	Signature: [redacted] Type or Print Name: Brandon Edgar

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.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
WPR11CA388	WPR-Gardena	Simpson, S	Aug 29, 2011