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				Date/Time							
Nearest City/Place: Green Cove Springs			State	: <u>FL</u>	D	ate:12/26/2		Loca	al Time: 06	00	
ZIP: 32043 Country: USA						mm/dd/yy	<i>yy</i>	Tim	. 7 ES	T	
Latitude: (dd:mm:ss N/S) Long	gitude:		(ddd	:mm:ss E/W)				1 1111	e Zone:		
Phase of Operation					C	Collision with C	Other Airc	eraft	Altitude o	f In-Flight	
☐ Standing ☐ Takeoff (incl. initial climb) ☐ Taxi ☐ Climb	✓ Cruis			Hover Other		Midair		'	Occurren	ce	
Descent Landing	☐ Mane			Jnknown		On-ground None				1	ft MSL
AIRCRAFT INFORMATION											
Manufacturer: Bell						Max Gross V	Veight:	;	3,200 lbs		
Model: 206B						Weight at Ti				2,8	58 lbs
Serial Number: 2636						Location of C					
Registration Number: N5016M	_	Amateur-b	ouilt:	☐ Yes ☐ N	О					or datur	
Catalogue of Airmone of Airmone		74:64-				-or-		1	-	namic Cord (
Category of Aircraft ☐ Airplane Type of Airwor (Check all that ap)		eruncate		Number of	Se	ats:	5	Landin	0	Retrac	
☐ Balloon Standard	Spec	ial		If Large Airc	raft	, how many seats	for:		any addition aration that a	nal landing ge applies:	ar
Blimp/Dirigible Glider Normal		stricted		Flight C	rew	7:		☐ Tric	cycle	☐ Ta	ilwheel
Gyrocraft Utility Acrobatic	☐ Li	mitea ovisional				·		∏Am	phibian	Пні	gh Skid
Helicopter	_	perimental			Emergency Float S			at 🖊 Sk	aid		
Ultralight		ecial Flight ght Sport							at 1	☐ Sk ☐ Sk	i/Wheel
Unknown							I	Unl	known		
Type of Maintenance Program		Last Ins	-				Date La	st Inspect		08/01/2011	
✓ Annual ☐ Conditional (Amateur-built only)		☐ AAIP	our Continuous Airworthiness Conditional Inspection		mm/dd/yyyy						
☐ Manufacturer's Inspection Program		Annua	1	Unknown Airframe Total Time: 11,1			75 hrs				
☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness)					hours measured at (check one)					
Other, specify:								ast Inspect	ion 🔽 T	ime of Accid	ent/Incident
IFR Equipped			_	g System Ins		ed	Type of Fire Extinguishing System				
Yes No Unknown		☐ Yes	✓ No	o 🔲 Unknov	wn						
							Specia				
ELT Installed ELT Activated		ELT Ma	nufa	cturer: Airte	X						
✓ Yes □ No □ Yes □ No				ELT-200							
ELT Aided in Locating Accident/Incident	nt	Serial Nu									
☐ Yes ☑ No		Battery 7	Гуре	Pointer 300	00			Batter	y Exp. Da	ite: <u>05/31/</u>	2013
g	iprocatin tem Type		Pı	ropeller							
Reciprocating I urbo jet	Carburetor		1-	Fixed Pitch		Manufac	turer:				
Turbo Prop Unknown	Fuel Injecte	ed		Controllable	Pitc						
							Engine R				
							Power M as (check		T	Time	Time
Engine	e		Manı	ufacturer's		Date of Mfg.	1 2	epower or	Total Time	Since Inspection	Since Overhaul
<u> </u>	/Series			l Number		mm/dd/yyyy	☐ lbs o		(hours)	(hours)	(hours)
Eng. 1 Rolls Royce C20-250 Eng. 2	ng .		CAE82	3037		03/15/1976		420	11,219	4	167
Eng. 2 Eng. 3											
Eng. 4											
									1		

OWNER/OPERATOR INFORMAT	ON				
Registered Aircraft Owner	Owner Address				
Name: Abraham Holdings LLC	City: Wilmington				
Fractional Ownership Aircraft: Yes 🗸 No		State: DE ZIP: 19801 Country: USA			
Operator of Aircraft Same As Regis	Operator Address Same As Registered Owner				
Name: SK Logistics, Inc		City: St. Augustine			
Doing Business As: SK Jets	State: FL ZIP: 32095				
Air Carrier/Operator Designator (4 Character C	code): E7LA	Country: USA			
Regulation Flight Conducted Under		Revenue Sightseeing Flight			
☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Spe	cial Flight Public Use (select type)	☐ Yes ✓ No			
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Ĉo	mmercial	Air Medical Flight			
☐ FAR 121		Yes No			
Purpose of Flight	Revenue Operation	Type of Commercial Operating Certificate Held			
for FAR 91, 103, 133, 137 (Select one)	for FAR 121, 125, 129, 135 (Select one)	(Check all that apply)			
☐ Personal	☐ Scheduled or Commuter	None			
■ Business	Non-Scheduled or Air Taxi	Flag Carrier Operating Certificate (121)			
Executive/Corporate Other Work Use		☐ Supplemental ☐ Air Cargo			
☐ Instructional	Domestic or International	Foreign Air Carriers (129)			
Ferry	✓ Domestic	☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135)			
Positioning Aerial Application		Large Helicopter (127)			
☐ Aerial Observation	Cargo Operation	Rotorcraft External Load (133)			
☐ Air Drop☐ Air Race / Show	☐ Passenger/Cargo ☐ Passenger 2 How many?	- or -			
Flight Test	Cargo lbs	Agricultural Aircraft (137)			
Public Use	Mail	Other Operator of Large Aircraft			
Unknown	<u> </u>				
	(If air or ground collision occurred, complete	B 4 0.1 4: 6/			
Aircraft Registration Number Manufactur	er:	Damage to Other Aircraft			
		I I Destroyed I I Minor			
Model:		I I Destroyed I I Minor			
Registered Owner of Other Aircraft		☐ Destroyed ☐ Minor			
Registered Owner of Other Aircraft		☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Registered Owner of Other Aircraft First Name: Middle Initial:	City: State:	Destroyed Minor None Substantial None ZIP:			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name:	City: State:	☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Registered Owner of Other Aircraft First Name: Middle Initial:	City: State:	Destroyed Minor None Substantial None ZIP:			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name:	City: State: Country:	Destroyed Minor None Substantial None None			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Middle Initial:	City: City: Country: City: City: City: City: State: Country: City:	Destroyed Minor None Substantial None None Substantial None			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name:	City: State: Country: State: Country:	Destroyed Minor None None Substantial None None Minor None None Minor Minor None Minor Minor None Minor			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA	City: State: Country: City: State: Country:	Destroyed Minor None Substantial None None ZIP: ZIP: Destroyed Minor None Minor None			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name:	City: State: Country: City: State: Country: AILURE (If more space is needed, continue) Yes \[\] No \[\] Unknown	Destroyed Minor None None Substantial None None Minor None None Minor Minor None Minor Minor None Minor			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure:	City: State: Country: City: State: Country: AILURE (If more space is needed, continue) Yes \[\] No \[\] Unknown	Destroyed Minor None Minor None Substantial None Minor Mino			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure:	City: State: Country: City: State: Country: AILURE (If more space is needed, continue) Yes \[\] No \[\] Unknown	Destroyed Minor None None Substantial None N			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure:	City: State: Country: City: State: Country: AILURE (If more space is needed, continue) Yes \[\] No \[\] Unknown	Destroyed Minor None Minor None Substantial None Minor Mino			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure:	City: State: Country: City: State: Country: AILURE (If more space is needed, continue) Yes \[\] No \[\] Unknown	Destroyed Minor None None Substantial None N			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure:	City: State: Country: City: State: Country: AILURE (If more space is needed, continue) Yes \[\] No \[\] Unknown	Destroyed Minor None Minor None Substantial None None None Minor Mino			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure:	City: State: Country: City: State: Country: AILURE (If more space is needed, continue) Yes \[\] No \[\] Unknown	Destroyed Minor None None Substantial None N			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure:	City: State: Country: City: State: Country: AILURE (If more space is needed, continue) Yes \[\] No \[\] Unknown	Destroyed Minor None Minor None Substantial None None None Minor Mino			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F Was there Mechanical Malfunction/Failure? (If yes, list the name of the part, manufacturer, part n	City: State: Country: City: State: Country: AILURE (If more space is needed, continue of the cont	Destroyed Minor None Minor None Substantial None None None Minor Mino			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F/ Was there Mechanical Malfunction/Failure? (If yes, list the name of the part, manufacturer, part in	City:	Destroyed Minor None Minor None Substantial None Minor Minor None Minor Minor None Minor Mino			
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F Was there Mechanical Malfunction/Failure? (If yes, list the name of the part, manufacturer, part n	City:	Destroyed Minor None Minor None Substantial None None None Minor Mino			

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)							
AIDRODT INFORMATION (1841)							
AIRPORT INFORMATION (If the							
Airport Identifier:			Distance From Airport Cer				
Airport Name:	· □0 A: . □	0 4: 4:		degrees MAG			
Proximity to Airport Off Airport/Airst	rip	On Airstrip	Airport Elevation:	ft. MSL			
Approach Segment (Select one) ☐ On Instrument Approach ☐ Landin	ng 🔲 Bas	e lea	☐ Final	☐ Go Around			
Crosswind Down		v Approach	Aborted Landing				
IFR Approach (Check all that apply)			VFR Approach (Check all the	hat apply)			
☐ None ☐ PAR ☐ ADF/NDB ☐ Sidestep		Practice GPS	☐ None ☐ Traffic Pattern	☐ Stop and Go☐ Touch and Go			
□ SDF □ ILS	☐ ASR	Loran	Straight-In	☐ Simulated Forced Landing			
□ VOR/TVOR □ Localizer Only □ VOR/DME □ LOC-back course	☐ Visual ☐ Contact	Unknown	☐ Valley/Terrain Following ☐ Go Around	☐ Forced Landing ☐ Precautionary Landing			
☐ TACAN ☐ RNAV	Circling		Full Stop	Unknown			
Runway Information			_	ing Surface (Check all that apply)			
Runway ID:(L/R/C) Length:	ft Width:	ft		w-Compacted Water-Calm w-Crusted Water-Choppy			
Runway/Landing Surface (Check all that			☐ Ice Covered ☐ Snow	w-Dry Water-Glassy			
☐ Asphalt ☐ Grass/Turf ☐ Mac ☐ Concrete ☐ Gravel ☐ Met	adam Water al/Wood Unknown	•	Rough Snow				
Dirt Ice Sno		1	Slush Covered Vege				
FLIGHT ITINERARY INFORMA	TION						
Last Departure Point	Time of Departure	Destination	1	Type Flight Plan Filed			
Airport ID: 6FL1	Time: 0537	Airport ID:		✓ None			
City: Jacksonville		City: Gaine	esville Company VFR IFR Military VFR Unknow				
State: FL	Time Zone: EST	State: FL	VFR				
Country: USA		Country: US	<u>A</u>	Activated? Yes No			
Type of ATC Clearance/Service (Check a ✓ None ☐ Special VFR		al IFR	☐ VFR Flight Follow	ving Cruise			
✓ None Special VFR IFR		On Top	Traffic Advisory	Unknown / NA			
Airspace where the accident/incident occ	curred (Check all that ap	pply)					
☐ Class A ☐ Class E ☐ Class B ☑ Class G	= -	hibited Area stricted Area	☐ Jet Trainin ☐ TRSA	g Area Special Air Traffic Control Area			
Class C Demo Area	=	itary Operations	<u>=</u>	☐ Unknown			
Class D Warning Area	☐ Air	port Advisory A	Area				
Aircraft Load Description (Check all that	** **	1					
□ None □ Towing Glide ☑ Passengers □ Towing Bann		achutists ter	☐ Livestock ☐ Unknown				
Cargo Other Externa		emical/Fertilizer	· · · · · · · · · · · · · · · · · · ·				
FUEL & SERVICES INFORMAT							
Fuel on Board at Last Takeoff	Fuel Type						
(convert from pounds, as necessary)	☐ 80/87 ☐ 100 Low Lead	☐ 115/145 ✓ Jet A	☐ JP3 ☐ Ot☐ JP4	her, specify			
58 Gallons	100/130	Automotiv					
Other Services, if Any, Prior to Departu	re						

EVACUATION OF AIRCRAFT									
Was an emergency evacuation of the aircraft performed?									
Was an emergency evacuation of Method of Exit – Describe how th N/A WEATHER INFORMATIO Weather Observation Facility	the aircraft per occupants expenses of the aircraft per occupants expenses occupant	ACCIDI	ENT/II Source (Check a	NCIDEN of Weather that apply) onal Weather the Service State	T SITE Information Service	locat	□ Company □ Military ☑ Internet □ Unknown	Method of (Check all ti ☐ In Person ☐ Teletype ☑ Telephon ☐ Aircraft	hat apply) n ne/Computer
Distance from Accident Site:		M			ner Service (DUA	TS)	☐ Unknown	TV/Radi	0
Few Thin	☐ Abbreviated ☑ Unknown ☐ Not Pertine n Broken n Overcast	nt Ceiling None (c	Dawn Day		Dusk Night Obscured	Re	Dark Night Bright Night Not Reported estriction to Visibility None Blowing Dust	☐ Fog ☐ Grou	miles hat apply) und Fog
☐ Scattered Lowest Cloud Condition Height	☐ Partial Obscuration ☐ Unknown ☐ Overc☐ Scattered					☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust		☐ Haze ☐ Ice Fog ☐ Smoke ☑ Unknown	
Wind Direction Wind Direction Vel Indicated: Vel degrees MAG	ind Speed locity: or- Calm Light and Varia		V	Vind Gusts Yelocity: Gusting Not Gusting	KTS	Se	verity of Turbulence	ouds aity of Thunde	
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident									
Temperature:(C) or(F) Altimeter Setting:in. Ho orMB Density Altitude:(C) or(F)	G C	ing Forecas Amount None Trace Light ing Actual Amount None Trace Light	☐ Mod	derate	Type Rime Clear Mixed Type Rime Clear Mixed		Rain Snow Hail Rain Showers Freezing Rain Snow Shower Intensity of Precipi	Drizzle Ice Pellets Snow Pell Snow Gra Ice Crysta Ice Pellets Freezing I	ets ins ls Shower

PILOT "A" INFORMATION										
Pilot "A" Responsibilities at the Time of Accident/Incident										
✓ Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew										
Pilot "A" Identification					O. 4					
First Name: Elijah Middle Initial: H					7: St. Aug e: FL		ID. 2200			
Last Name: Smith					ntry: US		IP: <u>3209</u>	<u></u>		
Age at time of Accident/Incident: 67 Date of Birth: qqqqqqqqq Certificate Number: qqqqqqqq										
Degree of Injury	Seat Occup	ied			Belt			Shoulder H	larness	
None	☐ Left ✔ Right ☐ Center	☐ Front ☐ Rear ☐ Single	Unknov	wn Used Avai	_		☐ No ☐ No	Used Available	☐ Yes ✓ Yes	□ No
Pilot Certificate(s) (Check all	that apply)									
□ None □ Stude □ Private ☑ Fligh	ent t Instructor	☐ Recre ☐ Sport		✓ Commerci ✓ Airline Tra			Flight Engi U.S. Militar		☐ Foreign	
Principal Occupation N	dedical Certific			Med	lical Cert	ificate Va	lidity	Date of L	ast Medica	al
	_	Class 3	ense (Sport Pilot			itations/waivers		10/05/	2011	
	Class 2	Unknown	inse (sport i not		Jnknown	ions/warvers	•	mm/dd	/уууу	
Medical Certificate Limitati	ons									
Holder shall wear corrective lenses										
Medical Certificate Waivers										
Tribulear Sertificate (varvers										
		1								
Date of Last Flight Review or Equivalent, Including		_	t Review Airo	craft						
FAR 121/135 Checks:	09/15/2011	Make:								
	mm/dd/yyyy		: 206B							
Airplane Rating(s)	Other Aircraf	0 . ,		ent Rating(s)			Rating(s))		
(Check all that apply) ☐ None	(Check all that a ☐ None	арріу)	(Check al	ll that apply)		(Check all t ☐ None	hat apply)		Instrument	Aimlana
Single-Engine Land	☐ Airship		Airpla	ine			e Single-Eng	gine 🗸	Instrument	Helicopter
☐ Single-Engine Sea ✓ Multiengine Land	☐ Free Balloon ☐ Glider	1	Helico			☐ Airplane	Multi-Engi		Helicopter Glider	
Multiengine Sea	Gyroplane		Power	red Liit		Powered			Sport	
	Helicopter Powered Lift	÷							•	
Type Ratings	I OWEIGU LIII					Student F	ndorseme	nts (Include a	lates)	
LR-60; LR-JET								(
	1		Airplane		1					
Flight Time (enter appropriate	All	This Make	Single	Airplane	NT2=F 4		rument	Dot 6	Ciri	Lighter
number of hours in each box) Total Time	Aircraft	& Model	Engine	Multiengine 6,159	Night 3,289	3,260	Simulated	Rotorcraft 3,647	Glider	Than Air
Pilot in Command (PIC)	11,343 11,048	1,648 1,648		5,925	3,209	3,200		3,047		
Time as Instructor	11,040	1,040		0,920						
This Make/Model										
Last 90 Days	10	3								
Last 30 Days	3	3								
Last 24 Hours										

BU (/BUB	PILOT "B" INFORMATION																	
Pilot "B" Responsibilities ☐ Pilot ☐ Co-Pilot	at the Time of Accident Student Pilot	nt/Incident] Flight Instr		Check Pilot	☐ Flig	tht Engineer	Other	Flight Crew										
Pilot "B" Identification																		
First Name: Middle Initial: Last Name:				Cir Sta Co	y: ite: untry:	Z	IP:											
Age at time of Accident/Inc	eident: Da	ate of Birth:	:mm/dd/yy		ertificate	Number:		· · · · · · · · · · · · · · · · · · ·										
Degree of Injury	Seat Occupied				t Belt			Shoulder H	arness									
None Fatal Unknown Serious	Left I	Front [Rear Single	Unknown	Use] No] No	Used Available	☐ Yes	□ No □ No								
Pilot Certificate(s) (Check																		
□ None □ St □ Private □ Fl		☐ Recreation		Commercial Airline T			Flight Engi U.S. Militar	У	Foreign									
Principal Occupation	Medical Certificate			Me	dical Ce	rtificate Val	idity	Date of L	ast Medica	l								
☐ Pilot ☐ Other ☐ Unknown	□ None □ Clas □ Class 1 □ Driv □ Class 2 □ Unk	ver's License	(Sport Pilot	only)		mitations/waivers		mm/dd/y	vyyy									
Medical Certificate Limit	ations							1										
Medical Certificate Waive	ers																	
Date of Last Flight Review or Equivalent, Including	Date of Last Flight Review Flight Review Aircraft																	
FAR 121/135 Checks:		Make:																
FAR 121/135 Checks:	mm/dd/yyyy	Make: Model: _	1															
FAR 121/135 Checks: Airplane Rating(s)	Other Aircraft Ra	Make: Model: ting(s)	Instrume	ent Rating(s		Instructor	Rating(s)											
FAR 121/135 Checks: Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)	Make: Model: ting(s)	Instrume (Check all	ent Rating(s		Instructor (Check all th	Rating(s)	П	Instrument A	irplane								
Airplane Rating(s) (Check all that apply) None Single-Engine Land	Other Aircraft Ra (Check all that apply) None Airship	Make: Model: ting(s)	Instrume	ent Rating(s		Instructor	Rating(s) at apply)		Instrument A									
Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea	Other Aircraft Ra (Check all that apply) None Airship Free Balloon	Make: Model: ting(s)	Instrume (Check all None Airplan Helicop	ent Rating(s that apply) ne oter		Instructor (Check all th None Airplane Airplane	Rating(s) at apply) Single-Engi Multi-Engin	ne 🔲 :	Instrument H Helicopter									
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land	Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider	Make: Model: ting(s)	Instrume (Check all None Airplan	ent Rating(s that apply) ne oter		Instructor (Check all th None Airplane Gyroplan	Rating(s) at apply) Single-Engin Multi-Engine	ne 🔲	Instrument H Helicopter Glider									
Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea	Other Aircraft Ra (Check all that apply) None Airship Free Balloon	Make: Model: ting(s)	Instrume (Check all None Airplan Helicop	ent Rating(s that apply) ne oter		Instructor (Check all th None Airplane Airplane	Rating(s) at apply) Single-Engin Multi-Engine	ne 🔲	Instrument H Helicopter									
FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane	Make: Model: ting(s)	Instrume (Check all None Airplan Helicop	ent Rating(s that apply) ne oter		Instructor (Check all th None Airplane Gyroplan	Rating(s) at apply) Single-Engin Multi-Engine	ne 🔲	Instrument H Helicopter Glider									
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land	Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter	Make: Model: ting(s)	Instrume (Check all None Airplan Helicop	ent Rating(s that apply) ne oter		Instructor (Check all th None Airplane Gyroplan Powered	Rating(s) at apply) Single-Engin Multi-Engin e Lift	ne 🔲	Instrument H Helicopter Glider Sport									
FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter	Make: Model: ting(s)	Instrume (Check all None Airplan Helicop	ent Rating(s that apply) ne oter		Instructor (Check all th None Airplane Gyroplan Powered	Rating(s) at apply) Single-Engin Multi-Engin e Lift	ne	Instrument H Helicopter Glider Sport									
FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter	Make: Model: ting(s)	Instrume (Check all None Airplan Helicop	ent Rating(s that apply) ne oter		Instructor (Check all th None Airplane Gyroplan Powered	Rating(s) at apply) Single-Engin Multi-Engin e Lift	ne	Instrument H Helicopter Glider Sport									
FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter	Make: Model: ting(s)	Instrume (Check all None Airplan Helicop	ent Rating(s that apply) ne oter		Instructor (Check all th None Airplane Gyroplan Powered	Rating(s) at apply) Single-Engin Multi-Engin e Lift	ne	Instrument H Helicopter Glider Sport									
FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter	Make: Model: ting(s)	Instrume (Check all None Airplan Helicop	ent Rating(s that apply) ne oter		Instructor (Check all th None Airplane Gyroplan Powered	Rating(s) at apply) Single-Engin Multi-Engin e Lift	ne	Instrument H Helicopter Glider Sport									
Airplane Rating(s) (Check all that apply) None Single-Engine Land Multiengine Land Multiengine Sea Multiengine Sea	Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model: ting(s)	Instrume (Check all ☐ None ☐ Airplan ☐ Helicop ☐ Powere	ent Rating(s that apply) ne oter		Instructor (Check all th None Airplane Gyroplan Powered	Rating(s) at apply) Single-Engin Multi-Engin e Lift	ne	Instrument H Helicopter Glider Sport									
FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift ate All Thi	Make: Model: ting(s)	Instrume (Check all None Airplan Helicop	ent Rating(s that apply) ne oter		Instructor (Check all th None Airplane Gyroplan Powered Student En	Rating(s) at apply) Single-Engin Multi-Engin e Lift	ne	Instrument H Helicopter Glider Sport									
Airplane Rating(s) (Check all that apply) None Single-Engine Land Multiengine Land Multiengine Sea Type Ratings Flight Time (enter approprinumber of hours in each box) Total Time	Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift ate All Thi	Make: Model: ting(s)	Instrume (Check all	ent Rating(s that apply) ne oter od Lift Airplane		Instructor (Check all th None Airplane Gyroplan Powered Student En	Rating(s) at apply) Single-Engine Multi-Engine Lift Idorsemen	ne	Instrument H Helicopter Glider Sport ates)	elicopter Lighter								
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)									
Pilot Name and Address First Name: Middle Initial: Last Name:		City:State:Country:	ZIP:			Degree of I None Minor Serious	njury		
Pilot Certificate(s) (Check all that ☐ None ☐ Student ☐ Private ☐ Flight Instructor Type Rating/Endorsement for Accident/Incident Aircraft?	apply) Recreational Sport Yes No	Commercial Airline Transport Total Flight	☐ Flight Engineer	☐ Foreign		Seat Occup Left Right Center	oied Front Rear Single Unknown		
						Dogwoo of I			
First Name: Middle Initial: Last Name:		City: State: Country:	ZIP:			Degree of I None Minor Serious	. njury ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that ☐ None ☐ Student ☐ Private ☐ Flight Instructor Type Rating/Endorsement for	apply) Recreational Sport	Commercial Airline Transport Total Flight	☐ Flight Engineer☐ U.S. Military Time at the Time	Foreign		Seat Occup Left Right Center	oied ☐ Front ☐ Rear ☐ Single ☐ Unknown		
Accident/Incident Aircraft?	Yes No	of this Accid	ent/Incident:	hrs					
First Name: Middle Initial: Last Name:		State:	ZIP:			Degree of I None Minor Serious	njury		
Pilot Certificate(s) (Check all that None Student Private Flight Instructor Type Rating/Endorsement for Accident/Incident Aircraft?	apply) Recreational Sport Yes No	Commercial Airline Transport Total Flight	☐ Flight Engineer			Seat Occup Left Right Center	oied Front Rear Single Unknown		
PASSENGER(S) / OTHER	PERSONNEI	(Include flight attend	lants: continue on senara	ate sheet if nec	-ASSA	rv)			
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Name and Address				Seat	Crew Non-	Revenu Revenu Non- Occupa	Fatal Serious Injury Minor Injury No Injury		
First Name: Luis Middle Initial: Last Name: Bonilla		City: Mayo C State: Country:	Clinic ZIP:	back			d		
First Name: David Middle Initial: Last Name: Hines		City: Mayo C	Clinic ZIP:	front			d		
First Name: Middle Initial: Last Name:		City: State:							
First Name: Middle Initial: Last Name:		City: State:							
First Name: Middle Initial: Last Name:		City: State:	ZIP:						
First Name: Middle Initial: Last Name:		City:	ZIP:						
First Name: Middle Initial: Last Name:		City:	ZIP:						
First Name: Middle Initial: Last Name:		City: State:	ZIP:						

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.
Departed Mayo Clinic Helipad (6FL1) at 0537L with a medical team onboard for Shands Gainesville Helipad (FA12). The medical team consisted of a cardiovascular surgeon and a medical technician. The aircraft collided with terrain at approximately 0600 L. See NTSB report for more information.
RECOMMENDATION (How could this accident/incident have been prevented?)
Operator/Owner Safety Recommendation
None at this time until the investigation is complete

ADDITIONAL	FORM	TION (O.		
		TION (Please type or print in ink)		
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Date of this Report		and Name of Pilot/Operator		
01/11/2012	Signature:_			
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Signature and Name	of Person l	filing Report if Other than Pilot/Operato	r	
Signature:	ر بر بالمرك			
Type or Print Name Le				
Title: Assistant Direc	tor of Ope	rations		
		FOR NTSB (JSE ONLY	
NTSB Accident/Incid	lent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
ERA12MA122		ERA (NJ)	Gretz	01/11/12