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## 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 359 Ridge Rd.

Nearest City/Place: Monmonth Junction State: NJ Date/Time Date: 7-20-2011 Local Time: 11:30 am ZIP: 08852 Country: Widelesex Time Zone: Savings Time Latitude: \_\_\_\_\_\_(dd:mm:ss N/S) Longitude: \_\_\_\_\_ (ddd:mm:ss E/W) Phase of Operation Collision with Other Aircraft Altitude of In-Flight ☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise Occurrence l-lover ☐ Midair Climb Taxi
Descent Maneuvering
Approach On-ground Other None ☐ Unknown ft MSL AIRCRAFT INFORMATION Manufacturer: Robinson Helicopter Co. Max Gross Weight: 1, 370 lbs Model: \_\_\_\_ R 2.2\_ Weight at Time of Accident/Incident: 1,282 lbs Serial Number: 3269 Location of Center of Gravity at Time of Accident/Incidents LAT. inches from nose or k datum Registration Number; N 83509 Amateur-built: Tyes No. Percent Mean Aerodynamic Cord (% MAC) Category of Aircraft Type of Airworthiness Certificate ☐ Retractable Landing Gear Number of Seats: \_\_\_\_ ☐ Airplanc (Check all that apply) Check my additional landing gear ☐ Balloon Standard Special If Large Aircraft, how many seats for: configuration that applies: ☐ Blimp/Dirigible ☐ Glider Restricted Normal N Tricycle Tailwheel Utility
Acrobatic
Transport Flight Crew: \_\_\_\_\_ Limited
Provisional Gyrocraft 🗖 High Skid Amphibian 🔲 Cabin Crew: 🔀 Helicopter Experimental
Special Flight
Light Sport Emergency Float 🔀 Skid Powered lift Passengers: Float Hull Ski Ski/Wheel □Ultralight Unknown ☐ Unknown Type of Maintenance Program Last Inspection Type Date Last Inspection: 3-16-20() Annual + 100 hour insp.
Conditional (Amateur-built only) Continuous Airworthiness
Conditional Inspection mm/dd/yyyy X 100 Hour AAIP
Annual Manufacturer's Inspection Program Unknown ☐ Other Approved Inspection Program (AAIP) hours measured at (check one) Continuous Airworthiness Other, specify: 🔀 Last Inspection 🔝 Time of Accident/Incident JFR Equipped Stall Warning System Installed Type of Fire Extinguishing System ☐ Yes 
☐ No ☐ Unknown X Yes No Unknown None : Specify\_ ELT Installed **ELT Activated** ELT Manufacturer: Yes No Yes X No Model/Series: ELT Aided in Locating Accident/Incident Serial Number: \_\_\_\_\_ ☐ Yes ☐ No Battery Type: \_ Battery Exp. Date: \_ Engine Type Reciprocating Fuel Propeller N/A Reciprocating
Turbo Shaft
Turbo Prop System Type ☐ Turbo Jet☐ Turbo Fan☐ Unknown Carburetor
Fuel Injected Fixed Pitch
Controllable Pitch Manufacturer: Model. Engine Rated Power Measured Time Time as (check one) Total Date Since Since X Horsepower or Engine Manufacturer's Inspection Overhaul of Mfg. Time Engine | Engine Manufacturer Model/Series Serial Number lbs of Thrust (hours) (hours) mm/dd/yyyy (hours) Eng 1 Lycomina 0-360-12A L-39500-36A 1-20-2001 145 BHP 4,000 90 1,890 Eng. 2 Eng. 3 Eng 4

OWNER/OPERATOR INFORMATIO	Name	
Registered Aircraft Owner		Owner Address
Name: NASSAU HELICO	PTERS INC.	City: PRINCET
Fractional Ownership Aircraft: Yes 🔯 No	,	State: NG ZIP: 08546 Country: USA
Operator of Aircraft Same As Registers	ed Owner	Operator Address Same As Registered Owner
Name:		City:
Doing Business As: Air Carrier/Operator Designator (4 Character Coc	lav	City: State: ZIP:
Regulation Flight Conducted Under	10).	Country:
	Flight Public Use (select type)	Yes No
	rereial Federal State Local	Air Medical Flight
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue Operation N/A for FAR 121, 125, 129, 135 (Select one)	Type of Commercial Operating Certificate Held (Check all that apply) N/A
Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning Aerial Application	Scheduled or Commuter Non-Scheduled or Air Taxi  Domestic or International Domestic International	□ None     □ Flag Carrier Operating Certificate (12.1)     □ Supplemental     □ Air Cargo     □ Foreign Air Carriers (129)     □ Commuter Air Carrier (135)     □ On-Demand Air Taxi (135)     □ Large Helicopter (127)
Air Drop  Air Prop  Air Race / Show  Flight Test  Public Use  Unknown	Curgo Operation  Passenger/Curgo Passenger Curgo Cargo Day How many? Mail	Rotorcraft External Load (133) - or Agricultural Aircraft (137)  Other Operator of Large Aircraft
OTHER AIRCRAFT - COLLISION	fair or ground collision occurred, complete	Ne vettos (orono/alrean) N/A
Aircraft Registration Number   Manufacturer	·	Damage to Other Aircraft
Registered Owner of Other Aircraft		Substantial None
First Name: Middle Initial: Last Name:	State	Z1P:
Pilot of Other Aircraft		
First Name: Middle Initial:	City:	ZIP:
Last Name:	Country:	
MECHANICAL MALFUNCTION/FAIL	LURE (If more space is neetled, continue o	on separate sheet)
Was there Mechanical Malfunction/Failure? (If yes, list the name of the part, manufacturer, part no.,	Yes No W Unknown serial no., and describe the failure.)	Total Time/Cycles On Part
		Hours
		Cycles
		Time Since This Part Inspected/Overhauled
		Hours
DAMAGE TO AIRCRAFT AND OTH	ER PROPERTY	er menne for tippe tippe in the same of
Alreraft Damage Aircraft F		Aircraft Explosion
□ None Substantial None □ In-Fligh □ Minor □ Destroyed □ In-Fligh □ On-Grou	Both Ground and In-Flight	None

Description of Damage to Aircraft and	Other Property (use add	itional sheet if	necessary)		
AIRPORT INFORMATION (If the					
Airport Identifier;		atted on app			r:SM
Airport Name:		_		m Airport:	
Proximity to Airport Off Airport/Airs	strip 🔲 On Airport 🔲	On Airstrip		tion:	<del></del> -
Approach Segment (Select one)	The time construction		All Pore Die.		FFF 1-12-70
☐ On Instrument Approach ☐ Landi	ing 🔲 Base	e lee	<b>□</b> F	inal	☐ Go Around
☐ Crosswind ☐ Down	wind Lov	w Approach	^	borted Landing (aft	ter touchdown)
IFR Approach (Check all that apply)  □ None □ PAR	<b></b>	<u>.</u>		h (Check all that a	
☐ ADF/NDB ☐ Sidestep		Practice	☐ None ☐ Traffic Patter	17	Stop and Go Touch and Go
□ SDF □ ILS	🗆 asr 📋	Loran	🛄 Straight-In		Simulated Forced Landing
UVOR/TVOR Localizer Only UVOR/DME LOC+back course	☐ Visual ☐	Unknown	☐ Valley/Terrain☐ Go Around	n Following	Forced Landing Precautionary Landing
TACAN RNAV	Contact Circling		Full Stop		Unknown
Runway Information	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Surface (Check all that apply)
Runway ID:(L/R/C) i.ength:		n	Dry Holes	☐ Snow-Co ☐ Snow-Co	rusted   Water-Choppy
Runway/Landing Surface (Check all that		<b></b>	Lice Covered	Snow-D	ry 🔲 Water-Glassy
Asphalt Grass/Turf Mac	cadam ☐ Water tal/Wood ☐ Unknown	<u> </u>	Rough Rubber Depos	☐ Snow-W sits ☐ Soft	/et
Dirt Co Sno		1	Slush Covered		
FLIGHT ITINERARY INFORMA	ITION				
Last Departure Point	Time of Departure	Destination	N/A	7	Type Flight Plan Filed
Airport ID: 39N	Time: 11:00 4m	Airport (D:_		g	None UFR/IFR
City: Princeton			1000 1011 10		☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown
State: N. J.	Time Zone: eastern	State:		[	☐ VFR
Country: U.S.A.	daylings savings	Country.			Activated?
Type of ATC Clearance/Service (Check of None			[ <del></del> ]		<b>_</b>
None ☐ Special VFR ☐ IFR	☐ Specia			R Flight Following Offic Advisory	; Cruise Unknown / NA
Airspace where the accident/incident oc-					
☐ Class A ☐ Class E	☐ Prob	hibited Area		☐ Jet Training Ar	
☐ Class B		tricted Area itary Operations	· Arms (MOA)	□ TRSA □ FAR 93	□ Air Traffic Control Area □ Unknown
☐ Class D ☐ Warning Area	a □ ∧irp	port Advisory A		Li PAR A	
Aircraft Load Description (Check all that				HALL LINE	
□ None     □ Towing Glide       ☑ Passengers     □ Towing Bane		achutists tor		Livestock Unknown	
☐ Cargo ☐ Other Externs	al 🗖 Cher	mical/Fertilizer/	/Seeds	<u> Ш</u> Опкноwн	
FUEL & SERVICES INFORMA	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	With the same of t			
Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type				
15	□ 80/87 □ 2 100 Low Lead	☐ 115/145 ☐ Jet A	□ JP3 □ JP4	Other,	specify
Callons	100/130	Automotive	e 🗒 JPS	<u> </u>	
Other Services, if Any, Prior to Departu	ro	T			

EVACUATION OF AIR	RCRAFT			1,14		Land Market Market and No. 17, 1999 April 2			
Was an emergency evacuation		*		☐ Yes	🔯 No				
Method of Exit - Describe ho	w the occupants of	exited and I	now m	any occupar	nts evacuated each	location			
WEATHER INFORMA		E ACCIE	EN	MINCIDE	NT SITE				
Weather Observation Facilit	•		Sour	ce of Weatl	er Information		Method of Briefing		
Facility ID:		-	□N	ck all that app ational Weath	er Service	Company	(Check all that apply)  ☐ In Person		
Observation Time:		-		light Service S V/Radio	Station	☐ Military	☐ Teletype ☐ Telephone/Computer ☐ Aireraft Radio		
Time Zone:		-		utomated Rep	ort	☐ Internet ☐ Unknown	Aircraft Radio		
Direction from Accident Site:		NM rees MAG		ommercial Wo	eather Service (DUA	ΓS)	☐ TV/Radio ☐ Unknown		
Briefing Type/Completeness		GCS INIVATA	Ligh	t Condition			Visibility		
☐ Full	Abbreviate	₽d .		บพท	Dusk	Dark Night	· i,ai.//ircy		
Partial / Limited By Pilot Partial / Limited By Briefer	Unknown  Not Pertin		X D	ay	Night	☐ Bright Night ☐ Not Reported	miles		
Sky/Lowest Cloud Condition		Ceiling				Restriction to Visibility	Charle all that annib)		
☐ Clear	Thin Broken	☐ None (		<u></u>	Obscured	☐ None	□ Fog		
☐ Few ☐ Partial Obscuration ☐	Thin Overcast Unknown	Broker	N Bet		Indefinite Unknown	Blowing Dust	Ground Fog		
Partial Obscuration	j Olikilowi,	La Cyere	ası	Ļ	"J Uliknown	☐ Blowing Sand ☐ Blowing Snow	☐ Haze ☐ Ice Fog		
Lowest Cloud Condition Hei	ght	Ceiling I	leigh	t		☐ Blowing Spray ☐ Dust	Smoke Unknown		
	R AGL,		•		ft AGL	i_j Dust	[_] Unknown		
Wind Direction	Wind Speed			Wind Gus	ts	Type of Turbulence (C)	neck all that apply)		
Indicated:	Velocity:	KTS		Velocity:	KTS	☐ None ☐ In Cle ☐ Clear Air ☐ Vicin			
dcgrees MAG	-or-				!		ity of Thunderstorm		
☐ Variable	Calm Light and Varia	able		Gusting Not Gust		Severity of Turbulence  Extreme			
						Severe Moderate Chop			
NOTAMs (D, L and FDC)	), AIRMETs, S	IGMETs,	PIR	EPs in effe	ct at the time of	the accident/incident	よとするらと		
	le	ing Foreca	ast			Type of Precipitation	n (Check all that apply)		
Temperature:(C)	_	Amoun	t		Туре		Drìzzle		
or(f')	<del> </del>	] None ] Trace		Aoderate Severe	□ Rime □ Clear		Tice Peliets		
Altimeter Setting:i	n. HO         -	l_ight			Mixed	☐ Hail	Snow Pellets Snow Grains		
Density Altitude:	-	ing Actual	<u></u>			Rain Showers    Rain Showers	☐ Ice Crystals ☐ Ice Pallets Shower		
Dow Point:(C)		Amount None	t	Anderst -	Type	Snow Shower	Freezing Drizzle		
or(F)		Тине		Aoderate evere	☐ Rime ☐ Clear	Intensity of Precipit	ation		
	<u></u>	] Light			☐ Mixed	☐ Light ☐ Mo			

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Pilot "A" Responsibilities a					_					
Pilot 🗖 Co-Pilot	Student Pilot	🔲 Flight Ins	tructor 🔲	Check Pilot	Flig	ht Engineer	Other	Flight Crew		
Pilot "A" Identification			,							
First Name: Edm.	und				y:	Hillst	zip: of	h		
Middle Initial: F. Last Name: Eilb	acher			Sta Co	ite: <b>^</b> untry;	<u>3.5.</u> U.	ZIP: <u>6</u> 9 5 A			
Age at time of Accident/Inci-	dent: 27	Date of Birth	h;	Co	rtificate l	Number: _				<del></del> ,
Degree of Injury	Seat Occupi	ied			t Belt			Shoulder	Harness	
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Left  Right  Center	☐ Front ☐ Rear ☐ Single	Unknow		d ilable		□ No □ No	Used Available	Yes	□ No
Pilot Certificate(s) (Check a	ll that apply)			'					_	
☐ None ☐ Stude ☐ Private ☐ Flig	dent tht Instructor	Recreat		Commerc Airline Tr	ial ransport		Flight Engi U.S. Milito		Foreign	n
	Medical Certifica					rtificate V		Date of I	Last Medi	eal
Other	🔲 Class 1 🔛	Class 3 Driver's Licens Unknown	se (Sport Pilot	only)	Without Iii With limit: Unknown	mitations/wa ations/waive	iivers rs	mm/di	d/55'5'5'	
Medical Certificate Limitat	tions	·					· · · · · · · · · · · · · · · · · · ·	1		
		e rem	ainder	- of	44 B	s inf	bruma ti	w		
		1 be -							- vi čas . 1	
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34-41-143 -46 7				~					<del> </del>	
Medical Certificate Waiver	·s									
Date of Last Flight Review		Elight	Roview Aire	raft		·• ·· · · · · · · · · · · · · · · · · ·	·		··········	
Date of Last Flight Review or Equivalent, Including			Review Airc			·• · · · · · · · · · · · · · · · · · ·	· • • · · · · · · · · · · · · · · · · ·			
		Make: _				****	·			
or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy	Make: _ Model: .								
or Equivalent, Including	Other Aircraft	Make: _ Model: _ t Rating(s)	Instrume	ent Rating(s	)		or Rating(s)		NA WEST	· · · · · · · · · · · · · · · · · · ·
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)	Other Aircraft (Check all that ap	Make: _ Model: _ t Rating(s)	Instrume (Check all	ent Rating(s	)	(Check all	that apply)		] instrumen	nt Airplane
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)	Other Aircraft (Check all that ap None Airship	Make: _ Model: _ t Rating(s)	Instrume (Check all	ent Rating(s	)	(Check all	<i>that apply)</i> no Single-Eng	rine [		t Helicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)	Other Aircraft (Check all that ap	Make: _ Model: _ t Rating(s)	Instrume (Check all  None Airplas	ent Rating(s	)	(Check all None Airplan	that apply) ne Single-Eng ne Multi-Engi	jine [	Instrumen Helicopte	t Helicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane	Make: _ Model: _ t Rating(s)	Instrume (Check all	ent Rating(s		(Check all	that apply) no Singlo-Engine Multi-Engine	ine C	] Instrumen	t Helicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane Helicopter	Make: _ Model: _ T Rating(s)	Instrume (Check all  None Airplas	ent Rating(s	)	(Check all None Airplan Gyropi	that apply) no Singlo-Engine Multi-Engine	ine C	] Instrumen ] Helicopte: ] Glider	t Helicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane	Make: _ Model: _ T Rating(s)	Instrume (Check all  None Airplas	ent Rating(s	)	(Check all	that apply) ne Single-Engine Multi-Engine ane ad Lift	ine C	Instrumen Helicoptes Glider Sport	t Helicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Multiengine Land Multiengine Sea	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane Helicopter	Make: _ Model: _ T Rating(s)	Instrume (Check all  None Airplas	ent Rating(s		(Check all	that apply) ne Single-Engine Multi-Engine ane ad Lift	pine [	Instrumen Helicoptes Glider Sport	t Helicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Multiengine Land Multiengine Sea	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane Helicopter	Make: _ Model: _ T Rating(s)	Instrume (Check all  None Airplas	ent Rating(s		(Check all	that apply) ne Single-Engine Multi-Engine ane ad Lift	pine [	Instrumen Helicoptes Glider Sport	t Helicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Multiengine Land Multiengine Sea	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane Helicopter	Make: _ Model: _ T Rating(s)	Instrume (Check all  None Airplas	ent Rating(s	)	(Check all	that apply) ne Single-Engine Multi-Engine ane ad Lift	pine [	Instrumen Helicoptes Glider Sport	t Helicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Multiengine Land Multiengine Sea	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane Helicopter	Make: _ Model: _ T Rating(s)	Instrume (Check all None Airplas	ent Rating(s		(Check all	that apply) ne Single-Engine Multi-Engine ane ad Lift	pine [	Instrumen Helicoptes Glider Sport	t Helicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Multiengine Land Multiengine Sea  Type Ratings	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: _ Model: _ T Rating(s)	Instrume (Check all None Airplas Helico Powere	ent Rating(s		(Check all	that apply) ne Single-Engine Multi-Engine ane ad Lift	pine [	Instrumen Helicoptes Glider Sport	t Helicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea  Type Ratings	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: _Model: _ TRating(s)  oply)  This Make	Instrume (Check all None Airplas Powere	ent Rating(s that apply) ne pter ed Lift		(Check all None Airplan Gyropi Powere	that apply) ne Single-Engine Multi-Engine and Lift Endorseme	nts (Include	Instrumen Helicopte: Glider Sport	t Helicopter  T  Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Multiengine Land Multiengine Sea  Type Ratings  Flight Time (enter appropriate number of hours in each box)	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: _ Model: _ TRating(s)	Instrume (Check all None Airplas Powere	ent Rating(s, that apply) ne pter ed Lift	Night	(Check all	that apply) ne Single-Engine Multi-Engine ed Lift  Endorseme	pine [	Instrumen Helicoptes Glider Sport	t Helicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply) None Single-Engine Land Multiengine Land Multiengine Sea  Type Ratings  Flight Time (enter appropriate number of hours in each box) Total Time	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: _Model: _ TRating(s)  oply)  This Make	Instrume (Check all None Airplas Powere	ent Rating(s that apply) ne pter ed Lift		(Check all None Airplan Gyropi Powere	that apply) ne Single-Engine Multi-Engine and Lift Endorseme	nts (Include	Instrumen Helicopte: Glider Sport	t Helicopter  T  Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Multiengine Sea  Type Ratings  Flight Time (enter appropriate number of hours in each box) Total Time Pilot in Command (PIC)	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: _Model: _ TRating(s)  oply)  This Make	Instrume (Check all None Airplas Powere	ent Rating(s that apply) ne pter ed Lift		(Check all None Airplan Gyropi Powere	that apply) ne Single-Engine Multi-Engine and Lift Endorseme	nts (Include	Instrumen Helicopte: Glider Sport	t Helicopter  T  Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Multiengine Sea  Type Ratings  Flight Time (enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: _Model: _ TRating(s)  oply)  This Make	Instrume (Check all None Airplas Powere	ent Rating(s that apply) ne pter ed Lift		(Check all None Airplan Gyropl Powere	that apply) ne Single-Engine Multi-Engine and Lift Endorseme	nts (Include	Instrumen Helicopte: Glider Sport	t Helicopter  T  Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Multiengine Sea  Type Ratings  Flight Time (enter appropriate number of hours in each box) Total Time Pilot in Command (PIC)	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: _Model: _ TRating(s)  oply)  This Make	Instrume (Check all None Airplas Powere	ent Rating(s that apply) ne pter ed Lift		(Check all None Airplan Gyropl Powere	that apply) ne Single-Engine Multi-Engine and Lift Endorseme	nts (Include	Instrumen Helicopte: Glider Sport	t Helicopter  T  Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply) None Single-Engine Land Multiengine Land Multiengine Sea  Type Ratings  Flight Time (enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	Other Aircraft (Check all that ap None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: _Model: _ TRating(s)  oply)  This Make	Instrume (Check all None Airplas Powere	ent Rating(s that apply) ne pter ed Lift		(Check all None Airplan Gyropl Powere	that apply) ne Single-Engine Multi-Engine and Lift Endorseme	nts (Include	Instrumen Helicopte: Glider Sport	t Helicopter  T  Lighter

PILOT "A" INFORMA	TION	Argent of the last		Chertan jalya kitang takan	1.11 Jun 111 111 111 111	· • • • • • • • • • • • • • • • • • • •		Albania a section of		
Pilot "A" Responsibilities at							,		,	<del>-</del>
Pilot Co-Pilot	Student Pilot	Flight In	nstructor L	Check Pilot	Fligh	ht Engineer	Other	Flight Crew		
Pilot "A" Identification						* # * * \$ _ 1_		1		
First Name; Edm. Middle Initial: F.	<u> </u>			Cit	у:	111115 M	SOCOUS	<b>4</b>		
Last Name: Eilbe	acher			Cor	untry:	<del>,</del>	20004 ZIP: 08	<u> </u>		
Age at time of Accident/Incid		Date of Bir	th:	Ce		Number:				
Degree of Injury	Sent Occupied		en constituença		t Belt			Shoulder I	Harness	<u> </u>
☐ None ☐ Fatal ☐ Unknown ☐ Serious	□ Left  Right	☐ Front ☐ Rear ☐ Single	Unkno		d illahle		□ No □ No	Used Available	Yes	□ No
Pilot Certificate(s) (Check at					Ann a Anna ann ann ann ann ann ann ann a				'	
	ht Instructor	Recres		Commerc Airline Tr			Flight Engi U.S. Militar	ry	Foreign	
l ' ' '   .	Modical Certificate		•			rtificate Va	-	Date of L	ast Medic	ន
K Other	☐ None ☐ Cl. ☐ Class 1 ☐ Dr	ass 3 river's Licer aknown	tse (Sport Pilo	tonly)		mitations/wai ations/waiver		1-31 mm/da	-2011 1/1/1/1/1	
Medical Certificate Limitat	ions				<del></del>		<del></del>	<u>l </u>		<del>'                                 </del>
Holder sh	iall wear o	orread	fine len	احب عمون	rile -	excerc:	siuc t	The pri	وداحيدة	
of his/h	er airman	cert	ficate	•		_	ر	•	•	
Medical Certificate Waiver:	a									
Menical Certificate Whive;	•									
Date of Last Flight Review		Flight	Review Air	craft					,	
or Equivalent, Including FAR 121/135 Checks:		Make;								
	mm/dd/yyyy	Model:								
Airplane Rating(s)	Other Aircraft R		Instrum	ent Rating(s)	)	Instructo	r Rating(s)			
(Check all that apply)	(Check all that apply	ý,		ll that apply)		(Check all		_	и.	
☐ Single-Engine Land	Airship		None Airple	ane		None None	e Single-Eng	ine .	instrument Instrument	Airplane Helicopter
Single-Engine Sea Multiengine Land	Free Balloon Glider		Airple Holico	opter		🔲 Airplan	e Multi-Engir	ne 🗀	Helicopter	, , , , , , , , , , , , , , , , , , , ,
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	☐ Helicopter ☐ Powered Lift					La rowere.	d Dill;	-	, aport	
Type Ratings	Powered Lin					Student I	Indorsomo	nts (Include a		
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r cather 4 14116		ו (ווש		1				430		<del>*** · · · · · · · · · · · · · · · · · ·</del>
Pilot in Command (PIC)	<u> </u>	<del>'`</del>			1	$\overline{}$				
Pilot in Command (PIC) Time as Instructor						<del></del>				
Time as Instructor										
Time as Instructor This Muke/Model										

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PILOT "B" INFORMA	TION N/A	4		a many femily 1				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Pilot "B" Responsibilities at ☐ Pilot ☐ Co-Pilot	the Time of Acci			Check Pilot	☐ Flig	ht Engineer	Other	ftight Črew		•
Pilot "B" Identification				······			,	<u> </u>	************	, , , ,
First Name:				C	hut.					
Middle Initial:				— Sr	ıy. ote:		ZD>-		<del></del>	
Last Name:				C	ountry:		·			
Age at time of Accident/Incid			h:	с						
Degree of Injury	Seat Occupied		- mineal y	-	nt Belt			Shoulder I	Jarness	
☐ None ☐ Fatal	1	Front	Unknowi	l l		☐ Yes	□ No	Used	☐ Yes	□ No
☐ Minor ☐ Unknown	□ Rìght [	Rear		4	nilable			Available	Yes	□ No
☐ Serious	Center [	☐ Single								
Pilot Certificate(s) (Check al	l that apply)		,					,	•	
None Stud	ent	🔲 Recrea	tional	Commer			Flight Engir	1eer	🛱 Foreign	
Private Fligh	nt Instructor	Sport		Airline 7	ransport		U.S. Militar			
	Medical Certificat	te		Me	dical Cor	rtificate Va	didity	Date of 1	ast Medic	al
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Medical Certificate Waivers	1									
Date of Last Flight Review		Flight	Review Airc	raft			<del>''''                                 </del>	***************************************		
or Equivalent, Including		1								
FAR 121/135 Checks:	mm/dd/yyyy									
Airplane Rating(s)	Other Aircraft I	Model:								
(Check all that apply)	(Check all that app			ent Rating(s		Instructor				
None	None	(9)	C. neck all	i that apply)		(Check all th	hat apply)	_		
☐ Single-Engine Land	Airship		Airpla	ne		None	Single-Engir	ᇈ	Instrument A Instrument 1	Airplanc Jalianeves
Single-Engine Sea	Free Balloon		│	pter		Airplane	Multi-Engin		Helicopter	terreopter
Multiengine Land Multiengine Sea	☐ Glider ☐ Gyroplane		Power	ed Lift	- 1	Gyroplar Gyroplar	10		Glider	
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	Powered Lift									
Type Ratings				<del>"" "" "" "" "" "" "" "" "" "" "" "" "" </del>	<u> </u>	Student E	ndorsemen	s (Include de	utes)	
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Flight Time (enter appropriate			Airplane		7	Inst	rument	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·
number of hours in each box)		Chis Make & Model	Single Kagina	Atrpiane Multiengine	Night			Dotores	fillia	Lighter
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Last 90 Days						<del></del>				,
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Last 24 Hours	<del>                                     </del>				<del> </del>	·	· · · · · · · · · · · ·			
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ADDITIONAL FLIGHT CRE	EW MEM	IBERS	(Exclu	sive of cable	n attendants, complet	e the followi	ng Info	matic	n) 🔼	14		
Pilot Name and Address									Degree o		ry	
First Name:		Proceedings of the Control of the Co	Ċi	ire				·	None		🔲 Fatal	
Middle Initial			— ši	ale:	ZIP:	···		- 1	Minor		☐ Unkn	iowii
Last Name:				ountry:					Serious			
Pllot Certificate(s) (Check all tha	t apply)		787 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						Seat Occ	•		
None Student Private Flight Instructor	Recre			nmercial	🗖 Flight Enginee	r 🗀 F	oreign	}	🛄 1,,cft		Front	
	☐ Sport			line Transport	U.S. Military				Right		Rear	
Type Rating/Endorsement for				Total Flight	Time at the Time				Center		Singl Unkn	C Walter
Accident/Incident Aircraft?	☐ Yes	□ No			dent/Incident;	hrs				- tempedajtej	WIIN	
Pilot Name and Address	Harris Comment	T West may to a var-	77,07 - 77	· · · · · · · · · · · · · · · · · · ·	11(11) 1() 1() 1() 1() 1() 1() 1() 1() 1		, <del>, , , , , , , , , , , , , , , , , , </del>	Γ	Degree o	f Inju	۲V	112 T 2010
First Name:			C	· · · ·			· · ·		None	_	☐ Fatal	
Middle Initial:			— <u> </u>	ty: nie:	Z0°				☐ Minor		Unkn	ιοwπ
Last Name:			C	ountry:	rat				Scrious			
Pilot Certificate(s) (Check all tha	t apply)			<del>+</del>			:		Sent Occ	upied	/ ***	
	Recre	entional	□ Cor	nmercial	☐ Flight Enginee:	, DF	oreign		□ Left		Front	
None Student Private Flight Instructor	☐ Sport			ine Transport		·			Right		Rear R	
Type Rating/Endorsement for			T	Total Flight	Time at the Time	*		$\neg$	Center Center		Singl	e
Accident/Incident Aircraft?	☐ Yes	□ No		of this Accid	dent/Incident;	hrs					Unkn	own
Pilot Name and Address	11 1/12 1/12		V + 1 V - 2 II		A TANK MET AL VALVE OF THE PARTY OF THE PART	Parameter desirent granden d	Andrews San		Degree o	finju	rv.	
T			·······················						☐ None	_	□ Fatal	
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Last Name:			Su Co	HIC:	ZIP:	-			Serious			
Pilot Certificate(s) (Check all that	t combil			·und y ·					C 0	on manuscrip		
	Recre	ational					1		Seat Occi	•	☐ Front	
☐ None ☐ Student ☐ Private ☐ Flight Instructor	Sport			mmercial ine Transport	☐ Flight Engineer ☐ U.S. Military	-الـــا	oreign		Right		Rear	
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PASSENGER(S) / OTHER											/ ************************************	
PASSENGER(S) // OTHER											87.47	int)
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NARRATIVE HISTORY OF FLIGHT (Please type of print in	

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.

This information will be forthcoming pending pilot interview...

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

Operator/Owner Safety Recommendation

## NARRATIVE:HISTORY OF FILIGHT (Flease 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.

I. John Nevers, interviewed the pilot on 7-25-11 at Robert Wood Johnson University Hospital at approximately 2:00 pm. The pilot gave me the following account of the moments just prior to the accident:

The pilot and photographer were photographing an apartment complex near the accident site. The photographer asked the pilot to bring the aircraft to a stop at altitude (approximately 150-200' ag.l.). Pilot noted the wind direction and attempted to bring the aircraft to a stop (out-of-ground effect hover). Once the pilot brought the aircraft to a hover, he estimated he was in a right crosswind condition. The photographer continued to give additional instructions to the pilot, Saying he needed to maneuver to a different position. At this point, the pilot told the photographer to be quiet as the aircraft began to wobble and become increasingly unstable. The pilot was able to briefly recover from a settling with power condition by lovering collective and increasing airspeed. This was followed by an uncommended right yaw with loss of tail rotor effectiveness. Pilot said he retarded throttle slightly to arrest the yaw rate. Aircraft was spinning when it hit the ground. Pilot said he attempted a flare just prior to impact.

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

Operator/Owner Safety Recommendation

Unknown, pending the outcome of the N.T.S.B. investigation.

ADDITIONAL INFORMATION (Please type or print in lnk)								
Use this space if addi	itional space	e is needed for any answers,	,					
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HEREBY CERTIF	Y THAT T	HE ABOVE INFORMATION	ON IS COMPL	ETE AND ACCURATE T	OTHE BEST OF	WY KNOW! EDGE		
Date of this Report	Signatur	e and Name of State Opera	itor	The second second second second second	o me oder or	MI MINISTER		
7-25-2011	Signature:							
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