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

i nis ionii t	o pe usea for rep	orung c	ivii allu pu	biic use air	Craft accider	ns anu	moraen	15	
BASIC INFORMAT	TION								
Accident/Incident Location				Date/Time					
Nearest City/Place Staples State:									
ZIP: Country: United States				mm/dd/yg	ሃን ን ' ኀኈ	ne Zone CO	ntral		
Latitude: N/a (d	d:min:ss N/S) Longitude: N/6	<u>a(</u>	ddd:min:ss E/W)			IN EUTO.			
Phase of Operation				Collision with C	Other Aircraft		f In-Flight		
	(incl. initial climb) 🕢 Cruis	e [Hover Other	Midair Occurrence			ce		
☐ Taxi ☐ Climb☐ Descent ☐ Landing	right []		Unknown	None			450	n MSL	
AIRCRAFT INFOR	MATION	 							
Manufacturer: Hughes				Max Gross V	Veight:	2,050 lbs			
Model: 269c				Weight at Ti	me of Accident/In	cident:		ibs	
Serial Number: 700939	_			Location of (Center of Gravity	at Time of	Accident/In	reident:	
Registration Number: 1		Amateur-bu	ilt: 🗌 Yes 🗹 N				or 🔲 datur		
				-or-			mansic Cord (
Category of Aircraft	Type of Airworthiness C	Certificate	Number of	Seats:		ng Gear			
☐ Airplane ☐ Balloon	(Check all that apply) Standard Spec	dul	If Large Airc	raft, how many seat		any addition turation that (nal landing ge noutres	ar.	
Blimp/Dirigible	☑ Normal ☐ Re	stricted	1	•		icycle		ilwheel	
☐ Glider ☐ Gyrocraft	🗍 Utility 🔲 Li	mited ovisional	l l	rew:		uphibian	_	igh Skid	
☑ Helicopter		ovisional sperimental		rew:	4 🔲 Er	nergency Flo			
☐ Powered lift ☐ Ultralight	□ s _i	ecial Flight	Passenge	uis.	_ - - 🗀 H	oat	∏ Sk	ci ci/Wheel	
Unknown	اسا 11	ght Sport				ıknovn	C 20	.b TT NCCI	
Type of Maintenance Pr	oftaur	Last Inspe	ection Type		Date Last Inspe	ction:			
☑ Annual	2 1.	☐ 100 Hou		ous Airworthiness		111	m/dd/yyyy		
☐ Conditional (Amateur-bu ☐ Manufacturer's Inspection		AAIP Annual	Conditio	onal Inspection	Airframe Total	Timor		irs	
Other Approved Inspection	on Program (AAIP)	187			hours measure				
Continuous Airworthmes Other, specify:	S				Last Inspec			en/Incident	
IFR Equipped		Stall Warr	ning System Ins	talled	Type of Fire Extinguishing System				
Yes No Unki	10WII	☐ Yes 📮	No 🔲 Unknor	wn	☑ None				
			Specify						
ELT Installed E	LT Activated	*******	n .						
	Yes 🛛 No	•							
ELT Aided in Locating	Accident/Incident								
☐ Yes ☑ No		Battery Ty				 ery Exp. Di	ite:		
Engine Type	Reciprocatio	g Fuel	Propeller		**************************************				
Reciprocating Tur	bo Jet System Type bo Fan Carbunctor		53 m. 1 m. 1	Manufa	clurer:				
Turbo Shaft Turbo Prop Uni		:d	☐ Fixed Pitch ☐ Controllable I			-			
				1	Engine Rated	7]		
					Power Measured		Time	Time	
	Frankis		lanufacturer's	Date of Mfg.	ns (check one)	Total Fine	Since Inspection	Since Overhaul	
Engine Engine Manufact	Engine arer Model/Series		anuacturer s erial Number	nini dil yyyy	lbs of Thrust	(hours)	(hours)	(hours)	
Fing 1 Sycoming	h'o-360-d1a				19	0			
Eng. 2					<u> </u>			 -	
Eng. 3			 					 	
Eng 4					and the second section of the s	"L	<u></u>	I de la company	

OWNER/OPERATOR INFORMATI	ON	Ann de grand de la grand de la grand de la grand de grand						
Registered Aircraft Owner	Owner Address							
Name: Xolic Aviation	City: (R) Fischer							
Fractional Ownership Aircraft: Yes No	State: Texas ZIP: 78623 Country: United States							
Operator of Aircraft Same As Registe	Operator Address 🗹	Same As Registered Owner						
		City: ZIP:						
Doing Business As: Air Carrier/Operator Designator (4 Character C	odali	State: ZIP:						
	ouc).	Country:						
Regulation Flight Conducted Under	This line (colors tune)	Yes	☑ No					
☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Spec ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Con ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non ☐ FAR 125 ☐ FAR 137 ☐ Armed Force	nmercial Federal State Local -commercial Unknown	Air Medical Flight	☑ No					
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial Oper (Check all that apply)	rating Certificate Held					
Personal Business Executive/Corporate Other Wise Instructional Perry Positioning Aerial Application	Scheduled or Commuter Non-Scheduled or An Tax) Domestic or International Domestic International	None	s)					
Aerial Observation	Cargo Operation	Rotorcraft External Load (I	133)					
☐ Air Drop ☐ Air Race / Show	Passenger/Cargo Passenger How many?	Agricultural Aircraft (137)						
Flight Test Public Use	Curgo Ibs	Other Operator of Large Aircraft						
Unknown		Grid Operator of Engle Arrorati						
OTHER AIRCRAFT - COLLISION	(if air or ground collision occurred, complete	this section for other aircraft	t)					
_	er:		nnge to Other Aircraft estroyed					
Registered Owner of Other Aircraft								
First Name:	City: State:	ZIP:						
Last Name:								
Pilot of Other Aircraft								
First Name:	City; State:	ZIP:						
Middle Initial: Last Name:	State: Country:	Z#r;						
	AILURE (If more spece is needed, continue	an agnarate shoot!						
		on separate anesty	Total Time/Cycles					
Was there Mechanical Malfunction/Pailure? (If yes, list the name of the part, manufacturer, part n	o, serial no., and describe the failure.)		On Part					
Under investigation Fallure of the tall rotor or tall			Hours					
•								
			Cycles					
			Time Since This Part Inspected/Overhauled					
Ilours								
DAMAGE TO AIRCRAFT AND OT	HER PROPERTY		. 					
Aircraft Dantage Aircraft		Aircraft Explosion	1					
None Substantial None In-Fi	Both Ground and In-Flight Unknown Origin	☑ None ☐ Bot	th Ground and In-Ffight known Origin					

Description of Damage to Aircraft and C	ther Property fuse addi	itional sheet if	necessury)	***************************************		<u>сей жийн хагдарад Майр</u> ардаран шунунун ундамин айн к.б. сейбен хайбан хайба канаай унс унтончан	
2 maln rotor blades bent. tail boom broken		•					
·							
AIRPORT INFORMATION (if the	accidenVincident occu	irred on app	roach, tekeoff or	within 3 miles	of an airport	, complete this section)	
Airport Identifier:			Distance From	n Airport Cen	(er:	SM	
Airport Name:			Direction Fro	m Airport:		degrees MAG	
Proximity to Airport 🔲 Off Airport/Airst	rip 🔲 On Airport 🔲 (Un Airstrip	Airport Eleva	ıtion:		n. MSL	
Approach Segment (Selectione)							
On Instrument Approach	B Base					Go Around	
Crosswind Down	wind [] Low	Approach	VFR Approac	borted Landing (n)	
IFR Approach (Check all that apply) ☐ None ☐ PAR	□ MLS □	Practice	None	n (Check an inc		op and Go	
ADFINDB Sidestep	□ rgy □	GPS	Traffic Patter	n	<u> </u>	uch and Go	
SDF ILS VOR/TVOR Localizer Only] Loran] Unknown	Straight-In Valley/Ferrai	n Following		nulated Forced Landing reed Landing	
☐ VOR/DME ☐ LOC-back course ☐ TACAN ☐ RNAV	Contact Circling		Go Around Full Stop		□ Pa	ecautionary Landing aknown	
Runway Information	Chemig			Runway/Landi:		Check all that apply)	
Runway ID(L/R/C) Length:	R Width	n	Dry Heles	☐ Snow	-Compacted	☐ Water-Calm	
Runway/Lunding Surface (Check all that			☐ Heles☐ Ice Covered	☐ Snow ☐ Snow	-Crusted -Dry	☐ Water-Choppy ☐ Water-Glassy	
	adəm 🔲 Water		☐ Rough ☐ Snow-Wet ☐ Wet				
☐ Concrete ☐ Gravel ☐ Meta ☐ Dirt ☐ Ice ☐ Snov	d/Wood 🔲 Unknown		Rubber Deposits Soft Unknown Slush Covered Vegetation				
FLIGHT ITINERARY INFORMA							
Last Departure Point	Time of Departure	Destination	1		Type Fligh	t Plan Filed	
Airport ID. Xs90	•	Airport ID:			None	□ VFR/IFR	
City Fentress	Time: 11:21 Am	City: <u>Bulve</u>	rde		Company Military \		
State: Texas	Time Zone Central	State Texa	s		☐ VFR		
Country: United States		Country: <u>Un</u>	ited States		Activated?	Yes Z No	
Type of ATC Clearance/Service (Check a			****				
□ None □ Special VFR □ VFR □ IFR	☐ Specin			FR Flight Follow affic Advisory	mg	☐ Cruise ☐ Unknown / NA	
Airspace where the accident/incident occ							
☐ Class A ☐ Class E	☐ Prof	nibited Area		Jet Training	Area	☐ Special	
Class B Z Class G Class C Demo Area		ricted Area tary Operation	s Area (MOA)	☐ TRSA ☐ FAR 93		Air Traffic Control Area Unknown	
Class D Warning Area		ort Advisory A		J			
Aircraft Load Description (Check all that				_			
☐ None ☐ Towing Glide ☐ Passengers ☐ Towing Banne		chutists er		Livestock Unknown			
Cargo Other Externa		mical/Fertilize	r/Seeds				
FUEL & SERVICES INFORMAT	ION	2					
Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type	m	—	-			
25	☐ 80/87 ☑ 100 Low Lead	☐ 115/145 ☐ Jet A	3ינע 🔲 11י3 		er, specify		
Others	100/130	Automotiv					
Other Services, if Any, Prior to Departu	·e						

EVACUATION OF AIRCRAFT										
Was an emergency evacuation of the aircraft performed?										
Method of Exit - Describe ho	w the occupants	exited and	now m	any occupants	evacuated each	loca	ition	 		
Method of Exit — Describe how the occupants exited and how many occupants evacuated each location										
WEATHER INFORMA	TION AT TH	F ACCII)FN1	/INCIDEN	SITE				-	
Weather Observation Facility		LAUVII		ce of Weather				Method o	f Bricfing	
Facility ID:	*		(Chec	k all that apply)				(Check all	that apply)	
Observation Time:				ational Weather Sight Service State			Company Military	In Perso		
Time Zone:			🗍 T	V/Radio utomated Renort			Internet Unknown	Telephone/Computer		
Distance from Accident Site:					ier Service (DUA'	TS)	M OUVIGAN	TV/Rac	ho	
Direction from Accident Site:		rees MAG	1 5 1	. C				☑ Unknov		
Briefing Type/Completeness	☐ Abbrevia	red	Ligh Fil Da	t Condition	Dusk	П	Dark Night	Visibility	i	
Partial / Limited By Pilot Partial / Limited By Briefer	☐ Unknown ☑ Not Pertin	ı	Z v	iy B	Night		Bright Night Not Reported	10	miles	
Sky/Lowest Cloud Condition Ceiling Clear Thin Broken Few Thin Overcast Broke Partial Obscuration Unknown Scattered			n 🔲 Indefinite				estriction to Visibility None Blowing Dust Blowing Sand Blowing Snow	☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog		
Lowest Cloud Condition Hei	glit	Ceiling	Height			Blowing Spray Dust	oke Giown			
	n agl	<u> </u>			_ N AGL	L	· · · · · · · · · · · · · · · · · · ·			
Wind Direction	Wind Speed			Wind Gusts		1 -	ype of Turbulence <i>(Cl.</i>		apply)	
☐ Indicated: degrees MAG	Velocity:	KTS		Velocity	KTS		None In Cle Clear Air Vicin	ouds iity of Thund	erstom	
oogices mine	-or- □ Calm			Gusting		1 –	verity of Turbulence			
☑ Variable	☑ Light and Var	iable	Not Gusting				☐ Extreme ☐ Moderate ☐ Light ☐ Severe ☐ Moderate Chop			
NOTAMs (D, L and FDC	, AIRMETs, S	IGMETs	PIRI	EPs in effect	at the time of	the	accident/incident			
		cing Force	nes				Penn of Donalistast	MI Charles	I that annies	
Temperature:(C)] 1	cing Forec Amout			Туре		Type of Precipitation Value Precipitation Precipitation	on <i>(Check al</i> Drizzie	i inat appty)	
or(i') Altimeter Setting:i or1	n. HO	None Trace Light		Aoderate Gevere	☐ Rime ☐ Clear ☐ Mixed		Rain Snow Hail	Ice Pellet Snow Pel Snow Gra	lets nins	
Density Attitude:	I -	cing Actua					Freezing Rain	lce Cryste 	s Shower	
Dew Point:(C) or(F)		Amour None Trace	□ N	Aoderate levere	Type Rime Clear		Snow Shower	☐ Freezing Intion	Drizzle	
		Light	•		Mixed Mixed			oderate	☐ Heavy	

PILOT "A" INFORMATION											
Pilot "A" Responsibilities at the Time of Accident/Incident											
Pilot 🗌 Co-Pilot [Student Pilot	Flight I	nstructor	Check Pilot	Plight	Engineer	Other F	light Crew			
Pilot "A" Identification										•	
First Name: Travis					Navaso						
Middle Initial: L State: Texas ZIP: 77868										ł	
Last Name: Baxler Country: Untied States											
Age at time of Accident/Incident: 29 Date of Birth: (R) Certificate Number: (R)											
Degree of Injury	Seat Occupio		minedio	Sent	Belt		T	Shoulder II	arness		
None Patal	Len	☐ Front	Unknow			Yes [Used		□No	
Minor Unknown	Right	Rear Rear		Avail	able 🛭	Yes [) No	Available	Y Yes	□ No	
Scrious Center Single											
Pilot Certificate(s) (Check all t		Recre	ni namal	Commercia	s i	п	Flight Engin	nor	Poreign	1	
	n Instructor	Sport		Airline Tra			U.S. Military			4	
	edical Certifica	ite		Med	ical Certi	ficate Val	idity	Date of La	ist Medica		
□ Pilot		Class 3	45 4 BY 4	==	hhout himit			08/24/	2011		
☑ Other 📙		Driver's Lice Unknown	nse (Sport Pilot		'ith lunitatio nknown	ons/willyers	i	mm/dd/)3))).	ļ	
C Ouvlowii —							 	L			
Medical Certificate Limitatio	ns										
										į	
Medical Certificate Waivers											
										1	
AN 84 4255 LASS 5		17151	Danlam Alm	wa O							
Date of Last Flight Review or Equivalent, Including		1 -	Review Aire	aant							
FAR 121/135 Cheeks:	10/21/09	1	Robinson					 			
	mm/dd/yyyy		: <u>R44</u>		T		15 (1 ()			==:	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other Aircraft (Check all that ap			ent Rating(s) I that opply)		instructoi (Check all t	r Rating(s)			-	
1 1 2 2	None	וניקי	Z None	i incii uppiyy		None	ил пррту		Instrument A	\irplane	
Single-Engine Land	Airship		Airpla 🗍			Aimlan	e Single-Engr		Instrument l	lelicopter	
Single-Engine Sea Multiengine Land	☐ Free Balloon ☐ Glider		Helico		1 2	∐ A≀rpland ∐ Gyropia	e Multi-Engir inc		Helicopter Glider		
Multiengine Sea	Gyroplane					Powered			Glider Sport	ĺ	
	☑ Helicopter ☐ Powered Lift									ļ	
Type Ratings					- 13	Student E	indorsemer	its (Include a	lates)		
	<u></u>		Atrplane	T		Fares	rungent	J			
Flight Time (enter appropriate	AR	This Make	Single	Alrplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air	
number of hours in each box)	Aircraft	& Model 100	Engine 0			}		143	0	0	
Pilot in Command (PIC)	143	80	0		11	0		94	0	0	
Time as Instructor	ļ <u>\</u>		0		0	Ō	0	0	0		
Tittle as motition	l nl	0	_							0	
This Make/Model	0	U			10	0	0			0	
This Make/Model	21	18	0	0	10		ļ	21	0	0	
This Make/Model Last 90 Days Last 30 Days						0	0	21 10 0	0 0	<u>0</u> 0	

PILOT "B" INFORMATION										
Pilot "B" Responsibilities at the Time of Accident/Incident										
Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew										
Pilot "B" Identification										
First Name:				9	ity:					
Middle Initial: Last Name:				S	late:		ZIP:			
1										
Age at time of Accident/Incident: Date of Birth: Certificate Number:										
Degree of Injury	Seat Occupied				nt Belt			Shoulder I	larness	
☐ None ☐ Fatal		Front	Unknow	,		Yes		Used	Yes	□No
☐ Minor ☐ Unknown ☐ Serious	Right Center	Rent Single		^\	ailable	Yes	□No	Available	☐ Yes	□ No
Pilot Certificate(s) (Check all	<u> </u>									
□ None □ Stude		Recreat	ional	Comme	rcial		Flight Engi	neer	☐ Foreign	:
☐ Private ☐ Fligh	t Instructor	Sport		Airline			U.S. Militai	У		
l ' ' '	ledical Certificate					ertificate Va		Date of L	ast Medic	ıl
	None Class I Dr		e (Sport Pilot			imitations/wa tations/waiver				•
		known	o (opan i no		Unknown		•	nmidd	5333'	
Medical Certificate Limitation)								- 1- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Markant Cardenia Water		u-11	······································							
Medical Certificate Waivers										
Date of Last Flight Review		Flight I	Review Airc	raft				-		
or Equivalent, Including FAR 121/135 Checks:		Make:								
FAR 121/155 Cheeks:	mm/dd/yyyy									
Airplane Rating(s)	Other Aircraft Ra			ent Rating(s)	Instructor	Rating(s)			
(Check all that apply)	(Check all that apply)	(Check all	that apply)	Ĭ	(Check all th				
☐ None ☐ Single-Engine Land	☐ None ☐ Airship		None Airpla	110		None None	Single-Engir		Instrument A Instrument I	
Single-Engine Sea	Free Balloon		☐ Helico	pter			Multi-Engin		nistrument i Helicopter	iencopier
Multiengine Land Multiengine Sea	Glider Gyroplane		☐ Power	ed Lift		Gyroplar			Glider	1
with the sea	☐ Helicopter					Powered	Lill	u	Sport	
(D Dd.	Powered Lift		<u> </u>			0. 1 . 5			····	
Type Ratings						Student E	idorsemen	ts (Include de	ites)	
					j					
					1	1				
	·									
Flight Time fenter appropriate	All Th	is Make	Airplane Single	Airplane		Inst	rument			Lighter
number of hours in each box)		is Make Model	Airphnic Single Engine	Airplane Multiengine	Nigh		rument Simulated	Rotoreraft	Glister	Lighter Than Alt
number of hours in each box) Total Time			Single		Night			Rotorcraft	Glitter	
number of hours in each box) Total Time Pilot in Command (PIC)			Single		Night			Rotorcraft	Glitter	
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor			Single Engine	Multiengine				Rotoreraft	Glitter	
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model			Single Engine					Rotoreraft	Glitter	
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor			Single Engine	Multiengine				Rotorcruft	Gliter	

1178,9

ADDITIONAL PLIGHT CRI	EW MEMBERS	(Exclusive of cabin a	ittendants, complete the	followin	g Info	mati		
Pitot Name and Address							Degree of I	
First Name:		City					☐ None	Fatal Unknown
Middle Initial:		State:	ZIP.				Serious	- Olikikwiii
Last Name.		Country		-			Sent Occup	ind
Pilot Certificate(s) (Check all that		Commercial	☐ Blub Cooner	☐ Fo	T.10/000	1	Left	Front
None Student Private Flight Instructor	☐ Recreational ☐ Sport	Airline Transport	☐ Flight Engineer ☐ U.S. Military	C) ro	reign		Right	Rear
Type Rating/Endorsement for	· · · · · · · · · · · · · · · · · · ·	Total Flight T	lme at the Time				Center	Single Unknown
Accident/Incident Aircraft?	☐ Yes ☐ No	of this Accide	nt/Incident:	hrs				Olikilowa
Pilot Name and Address							Degree of la	ajury
		City					None	🔲 Fatal
First Name: Middle Initial:		State	ZIP				☐ Minor ☐ Serious	☐ Unknown
Last Name:		Country.						
Pilot Certificate(s) (Check all tha	t apply)						Seat Occup	3
None Student	Recreational	Commercial	☐ Flight Engineer ☐ U.S. Military	☐ Fo	teign		Left Right	☐ Front ☐ Rear
Private Flight Instructor	Sport		Ime at the Time		·····		Center	☐ Single
Accident/Incident Aircraft?	☐ Yes ☐ No	of this Accide	nt/Incident:	hrs			 	Unknown
Pilot Name and Address							Degree of h	* *
First Name:		City:			-		None	□ Fatal
Middle Initial:		State.	ZIP				☐ Minor ☐ Serious	Unknown
Last Name:		Country:		-				21
Pilot Certificate(s) (Check all that		—	Destata variation	—			Seat Occup	Tett Pront
☐ None ☐ Student ☐ Private ☐ Flight Instructor	☐ Recreational ☐ Sport	Commercial Airline Transport	☐ Flight Engineer ☐ U.S. Military	☐ 1 ⁷ 0	reign		Right	Renr
Type Rating/Endorsement for	E Divort		'ime at the Time				Center	Single
Accident/Incident Aircraft?	☐ Yes ☐ No	of this Accide	nt/Invident:	brs				Unknown
PASSENGER(S) / OTHER	PERSONNEL	(Include filght attende	ants; continuo on sopara	te sheet	If nec	088A	y)	
PASSENGER(S) / OTHER	PERSONNEL	(Include flight attende	ants; continuo on sopara	to shoot	If nec	OSSAI	y) n n k	in i
	PERSONNEL	(Include flight attende	ants; continue on separa	ite sheet	If nec ସ	03\$AI	levenue (K.) Ccupant	aral rerious ajury iliaor njury 60 lajury
Name and Address	PERSONNEL			ite sheet	If nec	99\$81	Revenue & Rovenue Non-Occupant	Faral Serious Injury Minor Injury No Injury Unknown
Name and Address First Name: Mark	PERSONNEL				Seat	Non-	Revenue Revenue Non- Occupant FAA	
Name and Address First Name: Mark Middle Initial: B		City: Columbi	us 78934		Seat	Non-	Revenue Revenue Non- Occupant FAA	Farat Serious Jajury Minor Injury No lajury Unknown
Name and Address First Name: Mark Middle Initial: B Last Name: Hemphill		City: Columbi State Toxas Country: Unite	us ZIP: 78934 d States		Seat	Non-	Revenue Revenue Non- Occupant FAA	
Name and Address First Name: Mark Middle Initial: B Last Name: Hemphill First Name:		City: Columbi State Toxas Country: Unite	us ZIP: 78934 d States		righl	D C	Revenue Revenue Non- Occupant	
Name and Address First Name: Mark Middle Initial: B Last Name: Hemphill		City: Columbi State Toxas Country: Unite City State:	us 78934		righl	S to S	Revenue Revenue Non- Occupant	00000
Name and Address First Name: Mark Middle Initial: B Last Name: Hemphill First Name: Middle Initial: Lust Name:		City: Columbi State Texas Country: Unite City State Country:	us ZIP: 78934 d States		righl		Revenue	00000
Name and Address First Name: Mark Middle Initial: B Last Name: Hemphill First Name: Middle Initial: Last Name: First Name: Middle Initial: Middle Initial:		City: Columbt State Toxas Country: Unite City: State: Country: City: State: City: State:	us		righl		Revenue	00000
Name and Address First Name: Mark Middle Initial: B Last Name: Hemphill First Name: Middle Initial: Lust Name:		City: Columbt State Toxas Country: Unite City: State: Country: City: State: City: State:	us ZIP: 78934 d States		righl		Revenue	00000
Name and Address First Name: Mark Middle Initial: B Last Name: Hemphill First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name:		City: Columbt State Texas Country: Unite City State Country: City: State Country:	US		right		Received to the control of the contr	
Name and Address First Name: Mark Middle Initial: B Last Name: Hemphill First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:		City: Columbt State Texas Country: Unite City: State: Country: City: State: Country: City: State: Country:	ZIP: 78934 d States ZIP		right		Received to the control of the contr	00000
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NARRATIVE HISTORY OF FLIGHT (Please type or print in lnk)
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.
Hell XS90 in Fentress Texes at Appox 11:21 Am central time Enroute to 1T8 in Bulverde Texas Appox 15 mins into the flight we heard a loud pop sounding
like metal breaking. Then felt a violent vibration along with loss of reaction to anti-tourque petal input There was no notice of rpm change Lentered an autorotation due to the vibration and fear of shaking the eircraft apart at which time the vibration reduced still no reaction to anti-tourque petal input after
impact with the ground i checked on my passenger shut down the engine and pulled the fuel cut off lever then evacuated the aircraft.
DECORPAGENDATION III.
RECOMMENDATION (How could this accident/incident have been prevented?)
Operator/Owner Safety Recommendation
<u> </u>

ADDITIONAL INFORMA Use this space if additional space	ATION (Please type or print in ink)		
Ose tins space if additional space	is needed for any answers.		
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	and Name of Pilot/Operator	ETE AND ACCURATE TO THE BEST OF M	WIT KNOWLEDGE
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mm/dd/yyyy Type or Pri	nt Nonc: Travis Lee Baxter		,
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NTSB Accident/Incident No. CEN12LA181	Reviewed by NTSB Regional Office West Chicago, IL	Name of Investigator Edward Malinowski	Date Report Received 3/9/12