

## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

**This form to be used for reporting civil and public use aircraft accidents and incidents**

BASIC INFORMATION			
<b>Accident/Incident Location</b> Nearest City/Place: <u>DELRAY BEACH</u> State: <u>FL</u> ZIP: <u>33446</u> Country: <u>USA</u> Latitude: <u>      </u> (dd:mm:ss N/S) Longitude: <u>      </u> (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>03/23/2012</u> Local Time: <u>3-4 PM</u> <small>mm/dd/yyyy</small> Time Zone: <u>EASTERN</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input checked="" type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b> <u>APPR 750</u> ft MSL

AIRCRAFT INFORMATION			
Manufacturer: <u>BELL HELICOPTER</u> Model: <u>B407</u> Serial Number: <u>53569</u> Registration Number: <u>N31PB</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Max Gross Weight: <u>5250</u> lbs Weight at Time of Accident/Incident: <u>APPR 4500</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>WITH IN LIMITS</u> inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- Percent Mean Aerodynamic Cord (% MAC)	
<b>Category of Aircraft</b> <input type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	<b>Type of Airworthiness Certificate</b> (Check all that apply) <b>Standard</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	<b>Number of Seats:</b> <u>7</u> If Large Aircraft, how many seats for: Flight Crew: <u>N/A</u> Cabin Crew: <u>N/A</u> Passengers: <u>      </u>	<b>Landing Gear</b> <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input checked="" type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown

<b>Type of Maintenance Program</b> <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input checked="" type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: <u>      </u>		<b>Last Inspection Type</b> <input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown		<b>Date Last Inspection:</b> <u>03/08/2012</u> <small>mm/dd/yyyy</small> <b>Airframe Total Time:</b> <u>6201.6</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident	
<b>IFR Equipped</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Stall Warning System Installed</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Type of Fire Extinguishing System</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify <u>      </u>	

<b>ELT Installed</b> <b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>ELT Manufacturer:</b> <u>ARTEX</u> <b>Model/Series:</b> <u>      </u> <b>Serial Number:</b> <u>UNK</u> <b>Battery Type:</b> <u>      </u> <b>Battery Exp. Date:</b> <u>01/23/2017</u>	
<b>ELT Aided in Locating Accident/Incident</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Engine Type</b> <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input checked="" type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	
<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected <u>KJETA</u>		<b>Propeller</b> <u>N/A</u> <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: <u>      </u> Model: <u>      </u>	

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Rolls Royce	250 C47B	CAE-847597	11/-/2002		5022.5	19.2	NEW
Eng. 2								
Eng. 3								
Eng. 4								

<b>Registered Aircraft Owner</b> Name: <u>PALM BEACH COUNTY SHERIFFS OFFICE</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Owner Address</b> City: <u>[REDACTED]</u> <u>WEST Palm Beach</u> State: <u>FL</u> ZIP: <u>33406</u> Country: <u>USA</u>	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
<b>Regulation Flight Conducted Under</b> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b> <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input checked="" type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown		<b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi <u>N/A</u> <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International <b>Cargo Operation</b> <u>N/A</u> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	
<b>Type of Commercial Operating Certificate Held (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft			
<b>OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)</b>			
Aircraft Registration Number: _____ Manufacturer: _____ Model: <u>N/A</u>		<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None	
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>A.</u> Country: _____			
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
<b>MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)</b>			
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)		<b>Total Time/Cycles On Part</b> <u>N/A</u> Hours <u>12</u> Cycles <b>Time Since This Part Inspected/Overhauled</b> <u>N/A</u> Hours	
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>			
<b>Aircraft Damage</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed		<b>Aircraft Fire</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	
		<b>Aircraft Explosion</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	

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

MAIN ROTOR BLADES, TAIL ROTOR BLADES, MAIN SKID GEAR, FRONT END NOSE DAMAGE, BATTERY COMPARTMENT, FRONT WINDSHIELD, CHIN BUBBLE, VERTICAL STABILIZER DAMAGE.

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, abort or while utilizing an airport, complete this section)

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

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

**IFR Approach** (Check all that apply)  
 None  PAR  MLS  Practice  Stop and Go  
 ADF/NDB  Sidestep  LDA  GPS  Touch and Go  
 SDF  ILS  ASR  Loran  Simulated Forced Landing  
 VOR/TVOR  Localizer Only  Visual  Unknown  Forced Landing  
 VOR/DME  LOC-back course  Contact  Precautionary Landing  
 TACAN  RNAV  Circling  Full Stop  Unknown

**Runway Information**  
 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**

<b>Last Departure Point</b> Airport ID: <u>KPBI</u> City: <u>WEST PALM BEACH</u> State: <u>FL</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>2-2:30 PM</u> Time Zone: <u>EST</u>	<b>Destination</b> Airport ID: <u>KPBI</u> City: <u>WEST PALM BEACH</u> State: <u>FL</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Type of ATC Clearance/Service** (Check all that apply)  
 None  Special VFR  Special IFR  VFR Flight Following  Cruise  
 VFR  IFR  VFR On Top  Traffic Advisory  Unknown / NA

**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)  FAR 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)  
120 GAL Gallons

**Fuel Type**  
 80/87  115/145  JP3  Other, specify \_\_\_\_\_  
 100 Low Lead  Jet A  JP4  
 100/130  Automotive  JP5

**Other Services, if Any, Prior to Departure**

NONE

**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  
 EXIT OUT OF FRONT CO-PILOT POSITION LEFT DOOR, BOTH OCCUPANTS EXITED SAME DOOR

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

<b>Weather Observation Facility</b> Facility ID: <u>KPBI</u> Observation Time: <u>0800 AM</u> Time Zone: <u>EST</u> Distance from Accident Site: <u>15</u> NM Direction from Accident Site: <u>190-210</u> degrees MAG	<b>Source of Weather Information</b> (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input checked="" type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Unknown	<b>Method of Briefing</b> (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
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<b>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Not Pertinent	<b>Light Condition</b> <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	<b>Visibility</b> <u>10+</u> miles
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<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	<b>Ceiling</b> <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	<b>Restriction to Visibility</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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<b>Lowest Cloud Condition Height</b> <u>N/A</u> ft AGL	<b>Ceiling Height</b> <u>N/A</u> ft AGL
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<b>Wind Direction</b> <input type="checkbox"/> Indicated, <u>090-110</u> degrees MAG <input type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: <u>N/A</u> KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	<b>Type of Turbulence</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light
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NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident  
 UNK OR NONE EFFECTING FLIGHT

Temperature: <u>APPROX 75</u> (C) or _____ (F) Altimeter Setting: <u>UNK</u> in. HG or _____ MB Density Altitude: <u>UNK</u> ft Dew Point: <u>UNK</u> (C) or _____ (F)	<b>Icing Forecast</b> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	<b>Type of Precipitation</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle <b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
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**PILOT 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**  
 First Name: CAAL   City: LAKE WORTH  
 Middle Initial: J   State: FL   ZIP: 33462  
 Last Name: KAMSTRA   Country: USA  
 Age at time of Accident/Incident: 56   Date of Birth: mm/dd/yyyy   Certificate Number: mm/dd/yyyy

**Degree of Injury**  
 None    Fatal    Minor    Unknown    Serious  
 None    Left    Front    Unknown    Right    Rear    Center    Single

**Seat Belt**  
 Used  Yes    No  
 Available  Yes    No

**Shoulder Harness**  
 Used  Yes    No  
 Available  Yes    No

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

**Principal Occupation**  
 Pilot    Other    Unknown

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

**Medical Certificate Validity**  
 Without limitations/waivers    With limitations/waivers    Unknown

**Date of Last Medical**  
11/07/2011  
mm/dd/yyyy

**Medical Certificate Limitations**  
MUST HAVE AVAILABLE LENSES THAT CORRECT FOR NEAR VISION  
NOT VALID FOR ANY CLASS AFTER 11/30/2012

**Medical Certificate Waivers**  
6 YEAR AUTH. FOR SPECIAL ISSUANCE OF A MEDICAL CERT.  
AAM-313. REF: PI# 2109927 APP ID# 1996440865  
MID# 200003646245

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 03/13/2012  
mm/dd/yyyy

**Flight Review Aircraft**  
 Make: BELL  
 Model: B407

**Airplane Rating(s) (Check all that apply)**  
 None    Single-Engine Land    Single-Engine Sea    Multiengine Land    Multiengine Sea

**Other Aircraft Rating(s) (Check all that apply)**  
 None    Airship    Free Balloon    Glider    Gyroplane    Helicopter    Powered Lift

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

**Instructor Rating(s) (Check all that apply)**  
 None    Airplane Single-Engine    Airplane Multi-Engine    Gyroplane    Powered Lift  
 Instrument Airplane    Instrument Helicopter    Helicopter    Glider    Sport

**Type Ratings**  
N/A.

**Student Endorsements (Include dates)**  
N/A.

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	2482	1844	419	12	980	11	80	2042		
Pilot in Command (PIC)	2283	1844	350	12	980	11	80	2042		
Time as Instructor	45	45						45		
This Make/Model										
Last 90 Days	67	64	3		34					
Last 30 Days	15	16			11					
Last 24 Hours	-	-	-		-					

PILOT "B" INFORMATION										
<b>Pilot "B" Responsibilities at the Time of Accident/Incident</b> <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew										
<b>Pilot "B" Identification</b> First Name: <u>VASILE</u> City: <u>[REDACTED]</u> <u>WEST PALM BEACH</u> Middle Initial: <u>-</u> State: <u>FL</u> ZIP: <u>33414</u> Last Name: <u>CUJPERGER</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>41</u> Date of Birth: <u>[REDACTED]</u> Certificate Number: <u>[REDACTED]</u> <small>mm/dd/yyyy</small>										
<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious		<b>Seat Occupied</b> <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			<b>Seat Belt</b> Used Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Shoulder Harness</b> Used Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military										
<b>Principal Occupation</b> <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		<b>Date of Last Medical</b> <u>05/19/2011</u> <small>mm/dd/yyyy</small>			
<b>Medical Certificate Limitations</b> <u>MUST WEAR CORRECTIVE LENSES.</u>										
<b>Medical Certificate Waivers</b> <u>NONE.</u>										
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>03/15/2011</u> <small>mm/dd/yyyy</small>			<b>Flight Review Aircraft</b> Make: <u>ROBINSON</u> Model: <u>R-44</u>							
<b>Airplane Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<b>Other Aircraft Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport				
<b>Type Ratings</b> <u>N/A</u>					<b>Student Endorsements (Include dates)</b> <u>N/A.</u>					
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	1040	470	450		185	11	92	820		
Pilot in Command (PIC)	450		450		25	11				
Time as Instructor	51		51							
This Make/Model										
Last 90 Days	50	30	20		8	1	3	30		
Last 30 Days	25	19	6		8	1	3	12		
Last 24 Hours	-	-	-		-	-	-	-		

ADDITIONAL FLIGHT CREW MEMBERS (Exclude cabin attendants; complete the following information)																
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>										
First Name: <u>NA</u> City: _____						<input type="checkbox"/> None <input type="checkbox"/> Fatal										
Middle Initial: _____ State: _____ ZIP: _____						<input type="checkbox"/> Minor <input type="checkbox"/> Unknown										
Last Name: <u>NA</u> Country: _____						<input type="checkbox"/> Serious										
<b>Pilot Certificate(s) (Check all that apply)</b>						<b>Seat Occupied</b>										
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign						<input type="checkbox"/> Left <input type="checkbox"/> Front										
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						<input type="checkbox"/> Right <input type="checkbox"/> Rear										
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Center <input type="checkbox"/> Single										
<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs						<input type="checkbox"/> Unknown										
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>										
First Name: <u>NA</u> City: _____						<input type="checkbox"/> None <input type="checkbox"/> Fatal										
Middle Initial: _____ State: _____ ZIP: _____						<input type="checkbox"/> Minor <input type="checkbox"/> Unknown										
Last Name: <u>NA</u> Country: _____						<input type="checkbox"/> Serious										
<b>Pilot Certificate(s) (Check all that apply)</b>						<b>Seat Occupied</b>										
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign						<input type="checkbox"/> Left <input type="checkbox"/> Front										
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						<input type="checkbox"/> Right <input type="checkbox"/> Rear										
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Center <input type="checkbox"/> Single										
<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs						<input type="checkbox"/> Unknown										
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>										
First Name: <u>NA</u> City: _____						<input type="checkbox"/> None <input type="checkbox"/> Fatal										
Middle Initial: _____ State: _____ ZIP: _____						<input type="checkbox"/> Minor <input type="checkbox"/> Unknown										
Last Name: <u>NA</u> Country: _____						<input type="checkbox"/> Serious										
<b>Pilot Certificate(s) (Check all that apply)</b>						<b>Seat Occupied</b>										
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign						<input type="checkbox"/> Left <input type="checkbox"/> Front										
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						<input type="checkbox"/> Right <input type="checkbox"/> Rear										
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Center <input type="checkbox"/> Single										
<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs						<input type="checkbox"/> Unknown										
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)																
Name and Address						Seat	Crew	Non-Resident	Resident	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>NA</u> City: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: <u>NA</u> Country: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____ Country: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____ Country: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____ Country: _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NARRATIVE HISTORY OF EVENT (Use 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.

SEE ATTACHED STATEMENT

**RECOMMENDATIONS (Use type or print in ink)**

Operator/Owner Safety Recommendation

N/A



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

Use this space if additional space is needed for any answers.

N/A.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

03/29/2012  
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: 

Type or Print Name: CARL KAMSTRA

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.

ERR12TA251

Reviewed by NTSB Regional Office

MIAMI, FL.

Name of Investigator

JOSE Obregon

Date Report Received

3/30/12

Patrol Flight March 23rd, 2012, Eagle 1, Bell 407

On the above mentioned date, approximately 15:00 hours, myself, Pilot Carl Kamstra, and Pilot Vasilie Ciuperger, were on patrol in a Palm Beach County sheriff's office aircraft, known as Eagle 1, Registration Number N31PB. Pilot Ciuperger was operating the aircraft in the right seat and myself acting as Tactical Flight officer, in the left aircraft seat. My function with Pilot Ciuperger as my partner/crew member, was to evaluate him as a Pilot in Command with the aviation unit with possible upgrade to that position in the future. I am one of the Aviation units flight instructors, and was working my 2nd shift with Pilot Ciuperger, as he was being rotated among the other unit instructors for evaluation. My position on this flight was as pilot in command and was observing Pilot Ciuperger performing the pilot in command duties from the right seat. Pilot Ciuperger has performed well flying the units aircraft and is mechanically sound in his operation of the aircraft in normal flight and patrol/ law enforcement situations, but has had issues with the operations when multi-tasking issues arise, such as responding to an in progress law enforcement call. We were approximately 50 minutes to an hour into our patrol flight, flying at approximately 750 feet at an airspeed of around 100-110 knots. We had just changed over to our south patrol district, and were flying south bound along US 441. We turned eastbound south of Atlantic Ave in the Delray Beach area, and pilot Ciuperger proceeded to fly eastbound, stating that we were head to the coast line the back northbound towards home. I had been noticing that Pilot Ciuperger removed his left hand from the collective control quite often to adjust various gauges, check radio frequencies, etc, and decided to check his response and reaction as I rolled the throttle slowly off to decrease the power output. As I rolled the throttle back to reduce power, the aircraft started a yaw to the left, as is normal in this situation. Pilot Ciuperger said something at this time, which I do not recall, but also did not initiate any corrective procedures to correct our power loss problem, (corrective action would be to lower collective pitch and apply right Tail rotor peddle to straighten aircraft, and reduce power to approximately 60 knots). The hesitation to respond by Pilot Ciuperger, and apparent freezing to perform any corrective action, admittedly caught me by surprise, I have performed a slow power reduction of the throttle on 2 prior occasions for the same evaluation procedure, with 2 new rotorcraft pilots within the aviation unit, with very good results. As we continued our decent and continued yaw to the left, I yelled out that I had the controls of the aircraft, which is a standard call out signifying change of controls to the other pilot. I cannot recall at this point if Pilot Ciuperger relinquished the controls completely to me, as I was not attempting to correct our situation. I rolled the throttle back to flight or 100 percent but it did not appear to help at this time in full power coming back online. I believe I did hear the engine

start to spool back up but due to our now very low altitude did not feel that it was going to be in time. As I continued to try and maintain control and correct our left yaw, by right peddle application and correct our low rotor situation by lowering collective I began to get the aircraft straightened out in more of a northerly flight path. Due to our decaying airspeed and altitude I realized at this point that the aircraft was possibly not going to regain flight. Our flight path from what I can recall was from the clear area to the south of Atlantic Ave, to over a building and into an area of trees, and then a small clearing along side a housing development. As our decent increase into a somewhat flat pitch sinking similar to a settling with power situation, it appeared that we would doing a very hard landing in the area of the trees and would not be able to make the clearing. Nearing our impact point, I applied up collective as much as I could, but I believe that my rotor inertia was depleted beyond the point of being of any assistance in softening our impact. We struck the trees causing the rotor blades to break apart while striking the trees, and we settled nose first into a solid concrete/ block stucco wall. Myself and Pilot Ciuperger were alert after impact and I closed the throttle and shutdown the aircraft, including shutting off fuel switches and battery. I noticed Pilot Ciuperger sustained a cut on his upper left side of his head and at this time we exited the aircraft thru the copilot's side door. Rescue personnel were on scene almost immediately to attend to us.