

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Mason City State: IA
 ZIP: 50401 Country: USA
 Latitude: N 43 8 521 (dd:mm:ss N/S) Longitude: W93 28 1721 (ddd:mm:ss E/W)

Date/Time

Date: 01/02/2012 Local Time: 20:56
mm/dd/yyyy Time Zone: Central

Phase of Operation

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

Collision with Other Aircraft

Midair
 On-ground
 None

Altitude of In-Flight Occurrence

2,600 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Bell
 Model: B407
 Serial Number: 53959
 Registration Number: N445MT Amateur-built: Yes No

Max Gross Weight: 5,252 lbs
 Weight at Time of Accident/Incident: 5,095 lbs
 Location of Center of Gravity at Time of Accident/Incident:
126 inches from nose or datum
 -or- Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyrocraft
 Helicopter
 Powered lift
 Ultralight
 Unknown

Type of Airworthiness Certificate
(Check all that apply)

Standard **Special**
 Normal Restricted
 Utility Limited
 Acrobatic Provisional
 Transport Experimental
 Special Flight
 Light Sport

Number of Seats: 5

If Large Aircraft, how many seats for:

Flight Crew:

Cabin Crew:

Passengers:

Landing Gear Retractable

Check any additional landing gear configuration that applies:
 Tricycle Tailwheel
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Unknown

Type of Maintenance Program

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

Last Inspection Type

100 Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 12/28/2012
mm/dd/yyyy

Airframe Total Time: 953 hrs
 hours measured at (check one)
 Last Inspection Time of Accident/Incident

IFR Equipped

Yes No Unknown

Stall Warning System Installed

Yes No Unknown

Type of Fire Extinguishing System

None
 Specify

ELT Installed

Yes No

ELT Activated

Yes No

ELT Manufacturer: Artex

Model/Series: C406-N

ELT Aided in Locating Accident/Incident

Yes No

Serial Number: 2DC84-3B826

Battery Type: Lithium

Battery Exp. Date: 08/31/2013

Engine Type

Reciprocating Turbo Jet
 Turbo Shaft Turbo Fan
 Turbo Prop Unknown

Reciprocating Fuel System Type

Carburetor
 Fuel Injected

Propeller

Fixed Pitch
 Controllable Pitch

Manufacturer:

Model:

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as (check one) <input 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-848212	01/25/2009		956		3
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

<p>Registered Aircraft Owner Name: <u>Suntrust Equipment Finance & Equipment Leasing</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Owner Address City: <u>300 E Joppa Rd Ste 700 Towson</u> State: <u>MD</u> ZIP: <u>21286-3001</u> Country: <u>USA</u></p>
<p>Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>Med-Trans Corporation</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): <u>M3XA227H</u></p>	<p>Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>4581 S Butterfield Dr Tucson</u> State: <u>AZ</u> ZIP: <u>85714</u> Country: <u>USA</u></p>

<p>Regulation Flight Conducted Under</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> FAR 91</td> <td><input type="checkbox"/> FAR 129</td> <td><input type="checkbox"/> FAR 91 Special Flight</td> <td><input type="checkbox"/> Public Use (select type)</td> </tr> <tr> <td><input type="checkbox"/> FAR 103</td> <td><input type="checkbox"/> FAR 133</td> <td><input type="checkbox"/> Non-US, Commercial</td> <td><input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local</td> </tr> <tr> <td><input type="checkbox"/> FAR 121</td> <td><input checked="" type="checkbox"/> FAR 135</td> <td><input type="checkbox"/> Non-US, Non-commercial</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> FAR 125</td> <td><input checked="" type="checkbox"/> FAR 137</td> <td><input type="checkbox"/> Armed Forces</td> <td></td> </tr> </table>	<input 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 checked="" type="checkbox"/> FAR 135	<input type="checkbox"/> Non-US, Non-commercial	<input type="checkbox"/> Unknown	<input type="checkbox"/> FAR 125	<input checked="" type="checkbox"/> FAR 137	<input type="checkbox"/> Armed Forces		<p>Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Air Medical Flight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input 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 checked="" type="checkbox"/> FAR 135	<input type="checkbox"/> Non-US, Non-commercial	<input type="checkbox"/> Unknown														
<input type="checkbox"/> FAR 125	<input checked="" type="checkbox"/> FAR 137	<input type="checkbox"/> Armed Forces															

<p>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input 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</p>	<p>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</p> <p><input type="checkbox"/> Scheduled or Commuter <input checked="" type="checkbox"/> Non-Scheduled or Air Taxi</p> <p>Domestic or International <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International</p> <p>Cargo Operation <input type="checkbox"/> Passenger/Cargo <input checked="" type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail</p>	<p>Type of Commercial Operating Certificate Held (Check all that apply)</p> <p><input 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 checked="" 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</p>
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OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft		
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	
Pilot of Other Aircraft		
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	

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

<p>Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</p>	<p>Total Time/Cycles On Part</p> <p>_____ Hours _____ Cycles</p> <p>Time Since This Part Inspected/Overhauled</p> <p>_____ Hours</p>
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY

<p>Aircraft Damage</p> <p><input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed</p>	<p>Aircraft Fire</p> <p><input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input checked="" type="checkbox"/> On-Ground</p>	<p>Aircraft Explosion</p> <p><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</p>
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

Aircraft was destroyed.

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

Airport Identifier: _____ **Distance From Airport Center:** _____ SM
Airport Name: _____ **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
 ADF/NDB Sideslip LDA GPS
 SDF ILS ASR Loran
 VOR/TVOR Localizer Only Visual Unknown
 VOR/DME LOC-back course Contact
 TACAN RNAV Circling

VFR Approach (Check all that apply)

None Stop and Go
 Traffic Pattern Touch and Go
 Straight-In Simulated Forced Landing
 Valley/Terrain Following Forced Landing
 Go Around Precautionary Landing
 Full Stop Unknown

Runway Information

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

Runway/Landing Surface (Check all that apply)

Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

Condition of Runway/Landing Surface (Check all that apply)

Dry Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Rubber Deposits Soft Unknown
 Slush Covered Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: _____ City: <u>1000 4th Street SW, Mason City</u> State: <u>IA</u> Country: <u>USA</u>	Time of Departure Time: <u>2149</u> Time Zone: <u>CT</u>	Destination Airport ID: _____ City: <u>Palo Alto County Hospital</u> State: <u>Emmisburg, IA</u> Country: <u>USA</u>	Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input checked="" 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)
 _____ 123 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

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: _____ Observation Time: <u>2031</u> Time Zone: <u>Central</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG	Source of Weather Information <i>(Check all that apply)</i> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Unknown	Method of Briefing <i>(Check all that apply)</i> <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
Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility _____ 5 miles

Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input checked="" 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	Ceiling <input type="checkbox"/> None (clear) <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	Restriction to Visibility <i>(Check all that apply)</i> <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
Lowest Cloud Condition Height _____ 700 ft AGL	Ceiling Height _____ 1,500 ft AGL	

Wind Direction <input checked="" type="checkbox"/> Indicated: _____ 290 degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: _____ 6 KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	Type of Turbulence <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <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

Temperature: _____ (C) or _____ 26 (F) Altimeter Setting: _____ 30.04 in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ 24 (F)	Icing Forecast Amount <input type="checkbox"/> None <input checked="" 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 Icing Actual Amount <input 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	Type of Precipitation <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Rain <input checked="" 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 Intensity of Precipitation <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
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PILOT "A" INFORMATION

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

Pilot
 Co-Pilot
 Student Pilot
 Flight Instructor
 Check Pilot
 Flight Engineer
 Other Flight Crew

Pilot "A" Identification

First Name: Gene City: [REDACTED] Bend
 Middle Initial: L State: OR ZIP: 97702
 Last Name: Grell Country: USA
 Age at time of Accident/Incident: 53 Date of Birth: [REDACTED] Certificate Number: [REDACTED]

mm/dd/yyyy

Degree of Injury

None
 Fatal
 Minor
 Unknown
 Serious

Seat Occupied

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

04/17/2012
mm/dd/yyyy

Medical Certificate Limitations

Must have available glasses for near vision.

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

09/29/2012
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

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	2,808	29	88		260		12	2,740		
Pilot in Command (PIC)	2,697	19								
Time as Instructor										
This Make/Model					11					
Last 90 Days	29	29			11					
Last 30 Days	6	6			6					
Last 24 Hours	0	0			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: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury

None Fatal
 Minor Unknown
 Serious

Seat Occupied

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

_____ *mm/dd/yyyy*

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

_____ *mm/dd/yyyy*

Flight Review Aircraft

Make: _____
 Model: _____

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 Instrument Airplane
 Airplane Single-Engine Instrument Helicopter
 Airplane Multi-Engine Helicopter
 Gyroplane Glider
 Powered Lift Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury
First Name: _____ City: _____	State: _____ ZIP: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	Country: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____		<input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury
First Name: _____ City: _____	State: _____ ZIP: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	Country: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____		<input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury
First Name: _____ City: _____	State: _____ ZIP: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	Country: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____		<input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: Shell City: Hamlon Middle Initial: _____ State: IA ZIP: _____ Last Name: Lair-Langenbau Country: _____	RR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: Russell City: Forest City Middle Initial: _____ State: IA ZIP: _____ Last Name: Pient Country: _____	LR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ 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: _____ Middle Initial: _____ State: _____ ZIP: _____ 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: _____ Middle Initial: _____ State: _____ ZIP: _____ 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: _____ Middle Initial: _____ State: _____ ZIP: _____ 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: _____ Middle Initial: _____ State: _____ ZIP: _____ 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 FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

This aircraft is a Medical Helicopter based at the Mercy Medical Center in Mason City IA. At 2037 hr Central Time the pilot was contacted for a patient flight from Palo Alto County Hospital in Emmeisburg, IA. The pilot accepted the mission a few minutes later and the aircraft departed the base at 2051 hr. The Communication Center last talked with the pilot at 2056 with Medical Information for the crew. The Comm Center was not able to make contact with the crew after that time and the PAIP was initiated at 2108 hr. The aircraft had crashed in a field 7.45 miles west of Mason City Municipal. No patient on board at the time of the accident. There were three fatalities consisting of the pilot, a nurse and a medic.

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

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report 01/03/2013 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: Bert Levesque Title: Director of Operations	

FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN13FA122	Reviewed by NTSB Regional Office CEN -- Chicago	Name of Investigator T. Sorensen	Date Report Received January 3, 2013
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