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

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

BASIC INFORMATION									
Accident/Incident Location			Date/Time						
Nearest City/Place: Delta Junction	Sta	nte: AK	Date: 8-7-	12 Lo	cal Time: 1	645			
ZIP: 99737 Country: USA	mm/dd/yyyy Time Zone: Alaska								
Latitude:(dd:mm:ss N/S) Longitude:	(dd	dd:mm:ss E/W)		11	me zone.				
Phase of Operation ☐ Standing ☐ Takeoff (incl. initial climb) ☐ Crui: ☐ Taxi ☐ Climb ☐ Man ☐ Descent ☐ Landing ☐ Appr	euvering 🔽	Hover Other Unknown	Collision with C Midair On-ground None	Other Aircraft	Altitude Occurren	of In-Flight	ft MSL		
AIRCRAFT INFORMATION									
Manufacturer: Boeing			Max Gross V	Veight:	4,100 lbs				
Model: MD600N			1	me of Accident/In			lbs		
Serial Number: RN-017			7	Center of Gravity					
	A mateur_huil	t: Yes V N				or datu			
Registration Number.	Amateur-buir		-or- Levi	Percent	Mean Aerod	ynamic Cord	(% MAC)		
Category of Aircraft Type of Airworthiness	Certificate	Number of	Seats:	6 Land	ing Gear	Retra	ctable		
☐ Airplane (Check all that apply) ☐ Balloon Standard Specific		YCT A:	h acata			nal landing g	ear		
Blimp/Dirigible	cial estricted	If Large Airci	raft, how many seats		guration that				
Utility L	imited		rew:		ricycle	-	ailwheel		
	rovisional	Cabin Cr	rew:		mphibian mergency Flo		ligh Skid		
Powered lift	xperimental pecial Flight	Passenge	ers:	F					
	ight Sport						ki/Wheel		
	T - 4 T				nknown				
Type of Maintenance Program Annual	Last Inspec			Date Last Inspe	ction:	ım/dd/yyyy			
Conditional (Amateur-built only)	100 Hour	Continuo	703 THI WOLLINGS						
Manufacturer's Inspection Program	Annual	Unknow		Airframe Total	Time: 9	730.4	hrs		
Other Approved Inspection Program (AAIP) Continuous Airworthiness				hours measure					
Other, specify:				☐ Last Inspe			lent/Incident		
IFR Equipped		ng System Inst		Type of Fire Ex	tinguishing	g System			
Yes No Unknown	Yes 🕡	No Unknow	n None Specify portable						
ELT Installed ELT Activated	ELENA			L					
☐ Yes ☑ No ☐ Yes ☑ No									
ELT Aided in Locating Accident/Incident		s: TSO C-91							
Yes No									
	Battery Typ			Batto	ery Exp. D	ate:			
Engine Type Reciprocating Turbo Jet Reciprocating System Type	ig ruei	Propeller							
☑ Turbo Shaft ☐ Turbo Fan ☐ Carburetor		Fixed Pitch		turer:					
☐ Turbo Prop ☐ Unknown ☐ Fuel Injecte	ed [Controllable P	itch Model: _						
		1		Engine Rated					
			Date	Power Measured as (check one)	Total	Time Since	Time Since		
Engine		nufacturer's	of Mfg.	Horsepower of	Time	Inspection	Overhaul		
Engine Engine Manufacturer Model/Series Eng. 1 Rolls Royce C-47M	Seri	ial Number	mm/dd/yyyy	☐ lbs of Thrust	(hours)	(hours)	(hours)		
Eng. 1 Rolls Royce C-47M Eng. 2				800					
Eng. 3					1				
Eng. 4									

OWNER/OPERATOR INF	FORMATION	4						
Registered Aircraft Owner			er Address					
Name: Aurora Aviation Services,	, Inc.			Delta Junction	n			
Fractional Ownership Aircraft:		Coun	itry: USA	ZIP: 99737				
Operator of Aircraft	ame As Registered	1 .	rator Address					
			_ City:	MINANTE CONTROL OF THE PARTY OF	ZIP:			
Doing Business As: Air Carrier/Operator Designator (4	Character Code	7).	Cour	: ıtry:	ZIr:			
Regulation Flight Conducted Un		<i>i</i>).		nue Sightseeing				
		Th. Llia Has (select type)		Yes No				
☐ FAR 103 ☐ FAR 133 ☐ FAR 121 ☐ FAR 135 ☐	FAR 91 Special I Non-US, Comme Non-US, Non-co Armed Forces	ercial	All	Air Medical Flight Yes No				
Purpose of Flight for FAR 91, 103, 133, 137 (Select on	ne)	Revenue Operation for FAR 121, 125, 129, 135 (Select one	e) (Chec.	k all that apply)	l Operating Certificate Held			
Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning Aerial Application		☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International		None Flag Carrier Operating Certificate (121) Supplemental Air Cargo Foreign Air Carriers (129) Commuter Air Carrier (135) On-Demand Air Taxi (135) Large Helicopter (127)				
Aerial Observation		Cargo Operation	□ Ro	otorcraft External I				
☐ Air Drop ☐ Air Race / Show		Passenger/Cargo Passenger How many?	- or					
Flight Test		Cargolbs						
☐ Public Use ☐ Unknown		☐ Mail	□ Ot	ther Operator of La	arge Aircraft			
OTHER AIRCRAFT - CO	I I ISION (If	air or ground collision occurred, con	nnlete this sec	tion for other a	ircraft)			
		air or ground collision occurred, col			ircraft) Damage to Other Aircraft			
Aircraft Registration Number	Manufacturer: Model:	air or ground collision occurred, col						
Aircraft Registration Number	Manufacturer: Model:				Damage to Other Aircraft Destroyed Minor			
Aircraft Registration Number Registered Owner of Other Aircraft Name:	Manufacturer: Model:				Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number Registered Owner of Other Aircrafts Name: Middle Initial:	Manufacturer: Model: raft	City:State:		ZIP:	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number Registered Owner of Other Aircr First Name: Middle Initial: Last Name:	Manufacturer: Model: raft	City:State:			Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft	Manufacturer: Model: raft	City: State: Count	rry:	ZIP:	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name:	Manufacturer: Model: raft	City:City:City:City:	ry:	ZIP:	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft	Manufacturer: Model: raft	City:City:City:City:	ry:	ZIP:	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Last Name:	Manufacturer: Model: raft	City:_ State: Count City:_ State: Count	ry:	ZIP:	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNG	Manufacturer: Model: raft CTION/FAIL	City: City: State: Count City: State: Count URE (If more space is needed, con	ry:	ZIP:	Damage to Other Aircraft Destroyed Minor Substantial None			
Aircraft Registration Number Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Last Name:	Manufacturer: Model: raft CTION/FAIL ion/Failure?	City: State: Count City: State: Count Ves No Unknown	ry:	ZIP:	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number Registered Owner of Other Aircraft Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNG Was there Mechanical Malfunction	Manufacturer: Model: raft CTION/FAIL ion/Failure?	City: State: Count City: State: Count Ves No Unknown	ry:	ZIP:	Damage to Other Aircraft Destroyed Minor Substantial None Total Time/Cycles			
Aircraft Registration Number Registered Owner of Other Aircraft Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNG Was there Mechanical Malfunction	Manufacturer: Model: raft CTION/FAIL ion/Failure?	City: State: Count City: State: Count Ves No Unknown	ry:	ZIP:	Damage to Other Aircraft Destroyed Minor Substantial None Total Time/Cycles On Part			
Aircraft Registration Number Registered Owner of Other Aircraft Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNG Was there Mechanical Malfunction	Manufacturer: Model: raft CTION/FAIL ion/Failure?	City: State: Count City: State: Count Ves No Unknown	ry:	ZIP:	Damage to Other Aircraft Destroyed Minor Substantial None Total Time/Cycles On Part Hours Cycles			
Aircraft Registration Number Registered Owner of Other Aircraft Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunction	Manufacturer: Model: raft CTION/FAIL ion/Failure?	City: State: Count City: State: Count Ves No Unknown	ry:	ZIP:	Damage to Other Aircraft Destroyed Minor Substantial None Total Time/Cycles On Part Hours			
Aircraft Registration Number Registered Owner of Other Aircraft Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNG Was there Mechanical Malfunction	Manufacturer: Model: raft CTION/FAIL ion/Failure?	City: State: Count City: State: Count Ves No Unknown	ry:	ZIP:	Damage to Other Aircraft Destroyed Minor Substantial None Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled			
Aircraft Registration Number Registered Owner of Other Aircraft Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunction	Manufacturer: Model: raft CTION/FAIL ion/Failure?	City: State: Count City: State: Count Ves No Unknown	ry:	ZIP:	Damage to Other Aircraft Destroyed Minor Substantial None Total Time/Cycles On Part Hours Cycles Time Since This Part			
Aircraft Registration Number Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunctic (If yes, list the name of the part, manufar	Manufacturer: Model: raft CTION/FAIL ion/Failure? facturer, part no., se	City: State: Count City: State: Count Ves No Unknown erial no., and describe the failure.)	ry:	ZIP:	Damage to Other Aircraft Destroyed Minor Substantial None Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled			
Aircraft Registration Number Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunction (If yes, list the name of the part, manufaction) DAMAGE TO AIRCRAFT	Manufacturer: Model: raft CTION/FAIL ion/Failure? cacturer, part no., see	City: State: Count City: State: Count URE (If more space is needed, condition of the failure.) URE (If more space is needed, condition of the failure.)	ry:ry:	ZIP:	Damage to Other Aircraft Destroyed Minor Substantial None Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled			
Aircraft Registration Number Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunctic (If yes, list the name of the part, manufar	Manufacturer: Model: raft CTION/FAIL ion/Failure? facturer, part no., se	City: State: Count City: State: Count URE (If more space is needed, condition of the failure.) URE (If more space is needed, condition of the failure.)	ry: ry: ntinue on sepa	ZIP:	Damage to Other Aircraft Destroyed Minor Substantial None Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled			

Description of Damage to Aircraft and C	Other Property (use addi	itional sheet if	necessary)			
Helicopter was destroyed in a roll over accide	ent					
AIRPORT INFORMATION (If the	e accident/incident occi	urred on app	roach, takeoff or wit	hin 3 miles	of an airpor	t, complete this section)
Airport Identifier:			Distance From A	irport Cent	er:	SM
Airport Name:			Direction From A	Airport:		degrees MAG
Proximity to Airport Off Airport/Airst	rip On Airport	On Airstrip	Airport Elevation			
Approach Segment (Select one)						Control of the Contro
On Instrument Approach			☐ Final	1 I anding (e	touchdou	Go Around
Crosswind Down	wind Low	v Approach	VFR Approach		after touchdow	m)
IFR Approach (Check all that apply) ☐ None ☐ PAR	□ MLS □	Practice	None (Check un im		op and Go
☐ ADF/NDB ☐ Sidestep	LDA	GPS	Traffic Pattern		☐ To	ouch and Go
SDF ILS Localizer Only		Loran Unknown	Straight-In Valley/Terrain Fo	Howing		mulated Forced Landing orced Landing
☐ VOR/DME ☐ LOC-back course	Contact	1 Olikilowii	Go Around	nowing.	☐ Pr	recautionary Landing
☐ TACAN ☐ RNAV	Circling		☐ Full Stop			nknown
Runway Information					-	(Check all that apply)
Runway ID:(L/R/C) Length:	ft Width:	ft	☐ Dry ☐ Holes	☐ Snow-	Compacted Crusted	☐ Water-Calm ☐ Water-Choppy
Runway/Landing Surface (Check all that	apply)		☐ Ice Covered	Snow-	Dry	☐ Water-Glassy
Asphalt Grass/Turf Macc						☐ Wet ☐ Unknown
☐ Concrete ☐ Gravel ☐ Meta	al/Wood Unknown	1				CAMPAGE TO A
Dirt Ice Snow	N		Slush Covered	☐ Vegeta	ntion	
					ation	
Dirt Ice Snow		Destination	Slush Covered			t Plan Filed
Dirt Ice Snow	TION Time of Departure	Destination	Slush Covered		Type Fligh ☐ None	☐ VFR/IFR
Dirt Ice Snow FLIGHT ITINERARY INFORMA Last Departure Point	TION	Destination Airport ID:	Slush Covered		Type Fligh None Company	☐ VFR/IFR VFR ☐ IFR
Dirt Ice Snow FLIGHT ITINERARY INFORMA Last Departure Point Airport ID:	TION Time of Departure	Destination Airport ID: City:	Slush Covered		Type Fligh ☐ None	☐ VFR/IFR VFR ☐ IFR
Dirt Ice Snow FLIGHT ITINERARY INFORMA Last Departure Point Airport ID: City:	Time of Departure Time:	Destination Airport ID: City: State:	Slush Covered	Vegetz	Type Fligh None Company Military V	☐ VFR/IFR VFR ☐ IFR
Dirt Ice Snow FLIGHT ITINERARY INFORMA Last Departure Point Airport ID: City: State:	Time of Departure Time: Time Zone:	Destination Airport ID: City: State:	Slush Covered	Vegetz	Type Fligh None Company Military V	☐ VFR/IFR VFR ☐ IFR VFR ☐ Unknown
Dirt	Time of Departure Time: Time Zone:	Destination Airport ID: City: State: Country:	Slush Covered UVFR F.	Vegetz	Type Fligh None Company Military V VFR Activated?	VFR/IFR
Dirt	Time of Departure Time: Time Zone: Il that apply) Specia	Destination Airport ID: City: State: Country: al IFR On Top	Slush Covered	Vegetz	Type Fligh None Company Military V VFR Activated?	VFR/IFR VFR IFR VFR Unknown
Dirt	TION Time of Departure Time: Time Zone: Il that apply) Special VFR Courred (Check all that apply)	Destination Airport ID: City: State: Country: all IFR On Top	Slush Covered VFR F	Vegetz Vegetz	Type Fligh None Company Military VFR Activated?	VFR/IFR VFR IFR VFR Unknown Yes No Cruise Unknown / NA
Dirt Ice Snow FLIGHT ITINERARY INFORMA Last Departure Point Airport ID:	TION Time of Departure Time: Time Zone: Il that apply) Special VFR Courred (Check all that apply) Rest	Destination Airport ID: City: State: Country: al IFR On Top p(y) nibited Area tricted Area	Slush Covered VFR F	light Followin Advisory Jet Training ATRSA	Type Fligh None Company Military VFR Activated?	VFR/IFR VFR IFR VFR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt Ice Snow FLIGHT ITINERARY INFORMA Last Departure Point Airport ID:	TION Time of Departure Time: Time Zone: Ill that apply) Special VFR Control Curred (Check all that apply) Rest Militian	Destination Airport ID: City: State: Country: al IFR On Top ply) nibited Area tricted Area itary Operations	Slush Covered VFR F Traffic	light Followir Advisory Jet Training 1	Type Fligh None Company Military VFR Activated?	VFR/IFR VFR IFR VFR Unknown Yes No Cruise Unknown / NA
Dirt Ice Snow	TION Time of Departure Time: Time Zone: Il that apply) Specia	Destination Airport ID: City: State: Country: al IFR On Top p(y) nibited Area tricted Area	Slush Covered VFR F Traffic	light Followin Advisory Jet Training ATRSA	Type Fligh None Company Military VFR Activated?	VFR/IFR VFR IFR VFR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt Ice Snow FLIGHT ITINERARY INFORMA Last Departure Point Airport ID:	TION Time of Departure Time: Time Zone: Il that apply) Special VFR Control (Check all that apply) Rest Milit Airp	Destination Airport ID: City: State: Country: al IFR On Top ply) nibited Area tricted Area trary Operations oort Advisory A	Slush Covered VFR F. Traffic S Area (MOA)	light Followin Advisory Jet Training ATRSA	Type Fligh None Company Military VFR Activated?	VFR/IFR VFR IFR VFR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt Ice Snow FLIGHT ITINERARY INFORMA Last Departure Point Airport ID:	TION Time of Departure Time: Time Zone: Ull that apply) Special VFR Control Rest Militity Airp Airp Apply) The Control Proh Rest Militity Airp	Destination Airport ID:	Slush Covered VFR F Traffic S Area (MOA)	light Followin Advisory Jet Training ATRSA FAR 93	Type Fligh None Company Military VFR Activated?	VFR/IFR VFR IFR VFR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt	TION Time of Departure Time:	Destination Airport ID: City: State: Country: al IFR On Top ply) nibited Area tricted Area tricted Area trary Operations out Advisory A	Slush Covered VFR F Traffic S Area (MOA)	light Followin Advisory Jet Training ATRSA FAR 93	Type Fligh None Company Military VFR Activated?	VFR/IFR VFR IFR VFR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt	TION Time of Departure Time: Time Zone: Special VFR Control Curred (Check all that app. Prosh Airp Airp apply) The Control Parale Check all that app. Ch	Destination Airport ID:	Slush Covered VFR F Traffic S Area (MOA)	light Followin Advisory Jet Training ATRSA FAR 93	Type Fligh None Company Military VFR Activated?	VFR/IFR VFR IFR VFR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt	TION Time of Departure Time:	Destination Airport ID:	Slush Covered VFR F Traffic S Area (MOA)	light Followin Advisory Jet Training A TRSA FAR 93 Livestock Unknown	Type Fligh None Company Military VFR Activated?	VFR/IFR VFR IFR VFR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt	TION Time of Departure Time: Time Zone: Ill that apply) Special VFR (Courred (Check all that apply) Rest Militimal Airp apply) Transply Parager Water Water Cher TION Fuel Type 80/87 100 Low Lead	Destination Airport ID: City: State: Country: al IFR On Top ply) nibited Area tricted Area tricted Area trary Operations out Advisory A achutists er mical/Fertilizer. 115/145 Jet A	Slush Covered VFR F. Traffic S Area (MOA)	light Followin Advisory Jet Training A TRSA FAR 93 Livestock Unknown	Type Fligh None Company Military VFR Activated?	VFR/IFR VFR IFR VFR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt Ice Snow	TION Time of Departure Time: Time Zone: Special VFR Control Curred (Check all that apply) Rest	Destination Airport ID: City: State: Country: al IFR On Top ply) nibited Area tricted Area tricted Area stary Operations oort Advisory A achutists er mical/Fertilizer.	Slush Covered VFR F. Traffic S Area (MOA)	light Followin Advisory Jet Training A TRSA FAR 93 Livestock Unknown	Type Fligh None Company Military VFR Activated?	VFR/IFR VFR IFR VFR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt	TION Time of Departure Time: Time Zone: Special VFR Control Curred (Check all that apply) Rest	Destination Airport ID: City: State: Country: al IFR On Top ply) nibited Area tricted Area tricted Area trary Operations out Advisory A achutists er mical/Fertilizer. 115/145 Jet A	Slush Covered VFR F. Traffic S Area (MOA)	light Followin Advisory Jet Training A TRSA FAR 93 Livestock Unknown	Type Fligh None Company Military VFR Activated?	VFR/IFR VFR IFR VFR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area
Dirt	TION Time of Departure Time: Time Zone: Special VFR Control Curred (Check all that apply) Rest	Destination Airport ID: City: State: Country: al IFR On Top ply) nibited Area tricted Area tricted Area trary Operations out Advisory A achutists er mical/Fertilizer. 115/145 Jet A	Slush Covered VFR F. Traffic S Area (MOA)	light Followin Advisory Jet Training A TRSA FAR 93 Livestock Unknown	Type Fligh None Company Military VFR Activated?	VFR/IFR VFR IFR VFR Unknown Yes No Cruise Unknown / NA Special Air Traffic Control Area

EVACUATION OF AIRCRAFT								
Was an emergency evacuation of the aircraft performed?								
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location								
	t was							
·····	TION AT THE	ACCI	SENI	TANCIDEN:	T CITE			
WEATHER INFORMA		ACCIL					1	Maked of Duisling
Weather Observation Facility				ce of Weather k all that apply)	· Information			Method of Briefing (Check all that apply)
Facility ID:			□N	ational Weather S			Company	☑ In Person
Observation Time:		-		ight Service Stat V/Radio	ion		☐ Military ☐ Internet	☐ Teletype ☐ Telephone/Computer
Time Zone: Distance from Accident Site:			☐ A	utomated Report		A CONTRACT	Unknown	Aircraft Radio
Direction from Accident Site:		es MAG	ПС	ommercial Weath	ner Service (DUAT	TS)		☐ TV/Radio ☐ Unknown
Briefing Type/Completeness	" " " " " " " " " " " " " " " " " " "	203 1412 1.03	Ligh	t Condition				Visibility
Full Partial / Limited By Pilot Partial / Limited By Briefer	Abbreviated Dawn Dusk Unknown Day Night				□В	oark Night Fright Night Fot Reported	miles	
Sky/Lowest Cloud Condition		Ceiling		The second second		Res	triction to Visibility	(Check all that apply)
☐ Clear ☐ Thin Broken ☐ Broket ☐ Broket ☐ Partial Obscuration ☐ Unknown ☐ Overcast ☐ Scattered ☐ Control			n Indefinite			None Blowing Dust Blowing Sand Blowing Snow	☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog	
Lowest Cloud Condition Hei	ght _ft AGL	Ceiling	Height ft AGL			Blowing Spray	☐ Smoke ☐ Unknown	
Wind Direction	Wind Speed			Wind Gusts		Тур	e of Turbulence (Ch	neck all that apply)
☐ Indicated: degrees MAG	Velocity:	KTS		Velocity:	KTS		None In Clo	ouds ity of Thunderstorm
☐ Variable	Calm Light and Varia		Gusting Not Gusting				rate Light rate Chop	
NOTAMs (D, L and FDC)	, AIRMETs, SI	GMETs,	PIR	EPs in effect	at the time of	the a	accident/incident	
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident								
Temperature:(C)	n. HG	ing Forec: Amoun None Trace Light	t	Moderate evere	Type Rime Clear Mixed			m (Check all that apply) Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals
Density Altitude:(C) or(F)		ing Actua Amoun None Trace	t 🗆 N	Moderate evere	Type ☐ Rime ☐ Clear		Freezing Rain	Ice Pellets Shower Freezing Drizzle
		Light			Mixed	- 1	Light Mo	

PILOT "A" INFORMA"	TION									
Pilot "A" Responsibilities at	the Time of Accide	ent/Incident			1/02/14/					
Pilot Co-Pilot	Student Pilot] Flight Instru	ctor [Check Pilot	☐ Flig	ht Engineer	Other	Flight Crew		
Pilot "A" Identification										
First Name: James				Ci	ty: 6 v	CANDL	new.			
Middle Initial:								1036		
Last Name: Hopper	M 1984			CHARLES OF	ountry:	U	SA			
Age at time of Accident/Incide	ent: <u>64</u> Da	ate of Birth:	mm/dd/y	the state of the s	ertificate	Number: _				
Degree of Injury	Seat Occupied			Sea	at Belt			Shoulder l		
☐ None ☑ Fatal ☐ Minor ☐ Unknown	Left Z		Unkno				□ No	Used	Yes	□ No
☐ Minor ☐ Unknown ☐ Serious		Single		Ava	ailable	☐ Yes	□ No	Available	Yes	□ No
Pilot Certificate(s) (Check all	that apply)		· · · · · · · · · · · · · · · · · · ·	American						
☐ None ☐ Stude	nt	Recreation	ial	Commerc			Flight Engi		☐ Foreign	ı
☐ Private ☐ Flight	Instructor	☐ Sport		Airline T			U.S. Milita			
	ledical Certificate	42				rtificate Va		Date of L	ast Medic	cal
	None Class 1 Driv	ss 3 ver's License (Sport Pilo	1		mitations/wa ations/waive				
	Class 2 Unk		_p		Unknown			mm/da	Vyyyy	
Medical Certificate Limitation	ne					*****				
				E						
must	Warne 1	Porred	Line	100	1100	1_				
rease	voeav (work Co	1000	120	2001	J				
Linear management					,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A				
Medical Certificate Waivers										
inducal Columnate Walvers										
Data of Lact Flight Review		Flight Rev	view Aire	eraft		w/00 share shares				
Date of Last Flight Review or Equivalent, Including		Flight Rev							-	
or Equivalent, Including	5-12-2012	Make: ME) Helicop							
or Equivalent, Including FAR 121/135 Checks: 05	mm/dd/yyyy	Make: ME Model: M	Helicop D600N	oters			- D.: - ()			
or Equivalent, Including FAR 121/135 Checks: 05 Airplane Rating(s)	mm/dd/yyyy Other Aircraft Ra	Make: ME Model: MI	Helicop D600N Instrum	oters ent Rating(s)		r Rating(s)			
or Equivalent, Including FAR 121/135 Checks: 05	mm/dd/yyyy	Make: ME Model: MI	Helicop D600N Instrum	oters	(i)	Instructo (Check all			Instrument	t Airplane
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land	mm/dd/yyyy Other Aircraft Ra (Check all that apply) None Airship	Make: ME Model: MI	D600N Instrum (Check all None Airpla	nent Rating(s Il that apply))	(Check all None Airplan	that apply) e Single-Eng	ine	Instrument	Helicopter
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land	mm/dd/yyyy Other Aircraft Ra (Check all that apply) None Airship Free Balloon	Make: ME Model: MI	D Helicop D600N Instrum (Check al None Airpla Helico	nent Rating(s that apply) ane opter	9)	(Check all None Airplan Airplan	that apply) e Single-Eng e Multi-Engi	ine	Instrument Helicopter Glider	Helicopter
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane	Make: ME Model: MI	D600N Instrum (Check all None Airpla	nent Rating(s that apply) ane opter	(i)	(Check all None Airplan	that apply) e Single-Eng e Multi-Engi ane	ine		Helicopter
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider	Make: ME Model: MI	D Helicop D600N Instrum (Check al None Airpla Helico	nent Rating(s that apply) ane opter)	(Check all None Airplan Airplan Gyropla	that apply) e Single-Eng e Multi-Engi ane	ine	Instrument Helicopter Glider	Helicopter
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or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter	Make: ME Model: MI	D Helicop D600N Instrum (Check al None Airpla Helico	nent Rating(s that apply) ane opter	s)	(Check all None Airplan Airplan Gyropl: Powere	that apply) e Single-Engi e Multi-Engi ane d Lift	ine	Instrument Helicopter Glider Sport	Helicopter
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or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (enter appropriate mumber of hours in each box)	mm/dd/yyyy Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift All Aircraft This	Make: ME Model: MI sting(s)	D Helicop D600N Instrum (Check al None Airpla Helico Power	nent Rating(s Il that apply) ane opter ed Lift Airplane	Night	Check all None Airplan Airplan Gyropla Powere	that apply) e Single-Enge e Multi-Engi ane d Lift Endorsement Simulated	ine	Instrument Helicopter Glider Sport	Helicopter
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (enter appropriate number of hours in each box) Total Time	mm/dd/yyyy Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift All Aircraft This	Make: ME Model: MI ting(s)	D Helicop D600N Instrum (Check al None Airpla Helico Power	nent Rating(s Il that apply) ane opter ed Lift Airplane	Night	Check all None Airplan Airplan Gyropla Powere	that apply) e Single-Enge e Multi-Engi ane d Lift Endorsement Simulated	ine	Instrument Helicopter Glider Sport	Helicopter
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or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Sea Multiengine Sea Type Ratings Flight Time (enter appropriate mumber of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	mm/dd/yyyy Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift All Aircraft This	Make: ME Model: MI ting(s)	D Helicop D600N Instrum (Check al None Airpla Helico Power	nent Rating(s Il that apply) ane opter ed Lift Airplane	Night	Check all None Airplan Airplan Gyropla Powere	that apply) e Single-Enge e Multi-Engi ane d Lift Endorsement Simulated	ine	Instrument Helicopter Glider Sport	Helicopter

PILOT "B" INFORMA										
Pilot "B" Responsibilities a				los inde		To linear	□ Othor	TILLA Cana		
Pilot Co-Pilot	Student Pilot] Flight Instr	ructor	Check Pilot	L] Fingi	ht Engineer	☐ Otner	Flight Crew		
Pilot "B" Identification										
First Name:				Cit	ty:	-	71D.			
Middle Initial: Last Name:			(400	Co	untry:		ar.			
Age at time of Accident/Incident										
			mm/dd/y	עעע						
Degree of Injury	Seat Occupied	r	¬		t Belt		٦	Shoulder I		Elst.
☐ None ☐ Fatal ☐ Minor ☐ Unknown	- Leavest - Leavest	Front [Rear	Unknow		d iilable		□ No □ No	Used Available	☐ Yes ☐ Yes	□ No
Serious		Single						1 T 1 T		
Pilot Certificate(s) (Check a			122							
□ None □ Stud	dent	Recreation	onal	Commerc			Flight Engi U.S. Milita		Foreign	
<u> </u>		Sport		Airline T					ast Medica	.I
	Medical Certificate ☐ None ☐ Class	2				rtificate Va mitations/wai		Date of L	Mat Michies	u
Other	Class 1 Driv	ver's License	(Sport Pilot	only)	With limita	ations/waiver				
Unknown	Class 2 Unk	nown			Unknown			mm/dd	לעעע	
Medical Certificate Limitat	tions						Committee Accordance			
TA I' I C. 4'8'-oto Wairon						*****			w	
Medical Certificate Waiver	S									
Date of Last Flight Review		Flight Ro	eview Airc	raft						
or Equivalent, Including										
FAR 121/135 Checks: _	mm/dd/yyyy	Model:								
Ai-l Dating(e)	Other Aircraft Rat		1	ent Rating(s	<u>. </u>	Instructor	Dating(c)			
Airplane Rating(s) (Check all that apply)	(Check all that apply)	01,	The second secon	ent Kating(s I that apply)		(Check all th				
None	None		☐ None	** 54		☐ None			Instrument A	
☐ Single-Engine Land☐ Single-Engine Sea	☐ Airship ☐ Free Balloon		Airpla	ne		☐ Airplane ☐ Airplane			Instrument H Helicopter	Ielicopter
☐ Single-Engine Sea ☐ Multiengine Land	Glider		Helico Power	pter ed Lift		☐ Gyroplan	ie	e 📙	Glider	
Multiengine Sea	☐ Gyroplane					Powered	Lift		Sport	
	☐ Helicopter ☐ Powered Lift									
Type Ratings			<u> </u>			Student E	ndorsemen	ts (Include de	ates)	
			Airplane			T .		Т	г	Γ
Flight Time (enter appropriate number of hours in each box)		s Make Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Retercraft	Glider	Lighter Than Air
Total Time	Jan									
Pilot in Command (PIC)										
Time as Instructor				20						
This Make/Model										
Last 90 Days					I					
Last 30 Days										
Last 24 Hours					1					

ADDITIONAL FLIGHT CREW MEMBERS	(Exclusive of cabin	attendants, complete the	following info	rmatio	on)	
Pilot Name and Address					Degree of I	10000
First Name:	City:				None	Fatal
Middle Initial:	State:	ZIP:			☐ Minor ☐ Serious	Unknown
Last Name:	Country:					
Pilot Certificate(s) (Check all that apply)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- 1	Seat Occup	
None Student Recreational	Commercial	Flight Engineer	☐ Foreign	1	☐ Left ☐ Right	☐ Front ☐ Rear
Private Flight Instructor Sport	Airline Transport	U.S. Military			Center	☐ Single
Type Rating/Endorsement for Accident/Incident Aircraft?		nt/Incident:	hrs			Unknown
				-	D of I	
Pilot Name and Address					Degree of I	njury □ Fatal
First Name:	City:	715			Minor	Unknown
Middle Initial: Last Name:		ZIP:			☐ Serious	
Pilot Certificate(s) (Check all that apply)					Seat Occup	oied
None Student Recreational	Commercial	Flight Engineer	Foreign		Left	☐ Front
Private Flight Instructor Sport	Airline Transport	U.S. Military	_		Right	Rear
Type Rating/Endorsement for		ime at the Time	-		☐ Center	☐ Single ☐ Unknown
Accident/Incident Aircraft? Yes No	of this Accide	nt/Incident:	hrs			
Pilot Name and Address					Degree of I	njury
	City:	/			☐ None	☐ Fatal
First Name: Middle Initial:	State:	ZIP:			☐ Minor ☐ Serious	Unknown
Last Name:	Country:				L Serious	
Pilot Certificate(s) (Check all that apply)					Seat Occup	
☐ None ☐ Student ☐ Recreational	Commercial	Flight Engineer	☐ Foreign		☐ Left ☐ Right	☐ Front ☐ Rear
Private Flight Instructor Sport	Airline Transport	U.S. Military			☐ Center	☐ Rear
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		ime at the Time nt/Incident:	hrs		_	Unknown
		the recognition of the second		- 1		
PASSENGER(S) / OTHER PERSONNEL	(Include flight attend			essar	v)	
PASSENGER(S) / OTHER PERSONNEL	(Include flight attend					ıry
PASSENGER(S) / OTHER PERSONNEL	(Include flight attend		nte sheet if nec			ral ury nor ury Injury known
PASSENGER(S) / OTHER PERSONNEL Name and Address	(Include flight attend				Revenue Sonor Non- Occupant	Fatal Serious Injury Minor Injury No Injury Unknown
Name and Address	City:	ants; continue on separa	nte sheet if nec	Crew Non-	Revenue Non- Occupant FAA	
Name and Address First Name:	City:State:	ants; continue on separa	te sheet if nec	Crew Non-	Revenue Non- Occupant FAA	Fatal Serious Injury No Injury Unknown
Name and Address First Name:	City:State:	ants; continue on separa	te sheet if nec	Crew Non-	Revenue Non- Occupant FAA	
Name and Address First Name: Middle Initial: Last Name: First Name:	City:State:Country:	ants; continue on separa	te sheet if nec	Crew	Revenue Revenue Non- Occupant FAA	00000
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Name and Address First Name: Middle Initial: Last Name: First Name:	City: State: Country: City: State:	ants; continue on separa	te sheet if nec	Crew	Revenue Revenue Non- Occupant FAA	00000
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Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name:	City: State: Country: City: State: Country: State: Country:	ZIP:	te sheet if nec	Crew	Kevenue Cocupant Cocupant	
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Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name:	City: State: Country: City:	ZIP: ZIP: ZIP: ZIP: ZIP:	te sheet if nec			
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: State: Country:	ZIP: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP:	te sheet if nec			
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Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: State: Country: City: State: Country:	ZIP:	te sheet if nec	Crew	Non-	

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 wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination,	and services obtained.
Pilot landed on a remote helicopter pad, let two passengers off. Another passenger was about to load the helicopter, he was waiting the OK to load. Then the aircraft rocked backwards and rolled down into some trees.	for the pilot to give him
RECOMMENDATION (How could this accident/incident have been prevented?)	
Operator/Owner Safety Recommendation	

		TION (Please type or print in ink) is needed for any answers.			
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I HEREBY CERTIF	Y THAT TH	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE	TO THE BEST OF I	WY KNOWLEDGE
Date of this Report	Signature	and Name of Pilot/Operator			
8-14-12	Signature:				
mm/dd/yyyy Signature and Name	Type or Pri	Filing Report if Other than Pilot/Operato	or		
Signature:	" / .	_			
Type or Print Name: Ke	eith Warren	<u> </u>			
	T V J	FOR NTSB	USE ONLY		
NTSB Accident/Incid ANC12FA084	lent No.	Reviewed by NTSB Regional Office Anchorage	Name of Investigator Banning		Date Report Received 8/15/2012