

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
This form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

Location					
Nearest City/Place, State, Zip Code <u>Miami, Fla, 33186</u>		Date of Accident <u>08-02-04</u>	Local Time (24 HOUR CLOCK) <u>0945 EDT</u>	Zone	Elevation At Accident Site _____ Feet MSL _____ Feet MSL
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information					
Proximity To Airport					
1. <input type="checkbox"/> On Approach		3. <input type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile	
2. <input type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles	
				7. <input type="checkbox"/> Within 3 Miles	
				8. <input checked="" type="checkbox"/> Beyond 3 Miles	
Airport Name <u>Kendal-Tamiami Exec Airport</u>		Airport Ident <u>TMB</u>	Runway/Landing Surface Conditions:		
			1. <input type="checkbox"/> Direction:		3. <input type="checkbox"/> Width:
			2. <input type="checkbox"/> Length:		4. <input type="checkbox"/> Surface:
			5. <input type="checkbox"/> Condition:		
Phase Of Operation:					
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input checked="" type="checkbox"/> Cruise	
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent	
				7. <input type="checkbox"/> Approach	
				8. <input type="checkbox"/> Landing	
				9. <input type="checkbox"/> Hover/Maneuver	
				10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL	
Aircraft Information					
Registration Mark <u>N2566W</u>		Aircraft Manufacturer <u>Robinson Helicopter</u>		Aircraft Type/Model <u>R-22</u>	
				Serial Number <u>0616</u>	
				Cert Max Gross WT <u>1,370 Lbs</u>	
Type Of Aircraft			Type Of Airworthiness Certificate		Amateur Built
1. <input type="checkbox"/> Airplane			5. <input type="checkbox"/> Blimp/Dirigible		1. <input type="checkbox"/> Yes
2. <input checked="" type="checkbox"/> Helicopter			6. <input type="checkbox"/> Ultralight		2. <input checked="" type="checkbox"/> No
3. <input type="checkbox"/> Glider			7. <input type="checkbox"/> Gyroplane		
4. <input type="checkbox"/> Balloon			8. <input type="checkbox"/> Specify _____		
5. <input type="checkbox"/> Specify _____			1. <input checked="" type="checkbox"/> Normal		
			2. <input type="checkbox"/> Utility		
			3. <input type="checkbox"/> Acrobatic		
			4. <input type="checkbox"/> Transport		
			5. <input type="checkbox"/> Restricted		
			6. <input type="checkbox"/> Limited		
			7. <input type="checkbox"/> Experimental		
			8. <input type="checkbox"/> Specify _____		
Landing Gear					No. Of Seats
1. <input type="checkbox"/> Tricycle—Fixed					Flight/Cabin
2. <input type="checkbox"/> Tricycle—Retractable					Crew <u>1</u>
3. <input type="checkbox"/> Tailwheel—Fixed					Pax <u>1</u>
4. <input type="checkbox"/> Tailwheel—Retractable					
5. <input type="checkbox"/> Tailwheel—Retractable Mains					
6. <input type="checkbox"/> Amphibian					
7. <input checked="" type="checkbox"/> Skid					
8. <input type="checkbox"/> Limited					
9. <input type="checkbox"/> Specify _____					
Stall Warning System Installed		IFR Equipped		Engine Type	
1. <input checked="" type="checkbox"/> Yes		1. <input type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Reciprocating—Carburetor	
2. <input type="checkbox"/> No		2. <input checked="" type="checkbox"/> No		3. <input type="checkbox"/> Turbo Prop	
				4. <input type="checkbox"/> Turbo Jet	
				5. <input type="checkbox"/> Turbo Fan	
				6. <input type="checkbox"/> Turbo Shaft	
Engine Manufacturer <u>Textron Lycoming</u>		Engine Model/Series <u>0-320-B2C</u>		Engine Rated Power	
				1. <u>1160</u> Horsepower	
				2. _____ Lbs Thrust	
				Type Of Fire Extinguishing System Used	
				1. None	
				2. Specify <u>Halon 2 BC</u>	
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	<u>Dec 1986</u>	<u>L-1441039A</u>	<u>3176.4</u> Hours	<u>65.6 (100)</u> Hours	<u>1,125.4</u> Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours
Type Of Maintenance Program			Type Of Last Inspection		Date Last Inspection Performed
1. <input checked="" type="checkbox"/> Annual			1. <input type="checkbox"/> Annual		<u>04-22-04</u> (M/D/Y)
2. <input checked="" type="checkbox"/> Manufacturer's Inspection Program			2. <input checked="" type="checkbox"/> 100 Hours		Time Since Last Inspection
3. <input type="checkbox"/> Other Approved Inspection Program(AAIP)			3. <input type="checkbox"/> AAIP		<u>65.6</u> Hours
4. <input checked="" type="checkbox"/> Continuous Airworthiness			4. <input type="checkbox"/> Continuous Airworthiness		Airframe Total Time
5. <input type="checkbox"/> Specify _____					<u>3110.8</u> Hours
Emergency Locator Transmitter (ELT) <u>N/A</u>		ELT Manufacturer		Model/Series	Serial Number
		Switch			
		1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed		Operated	
				1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
				Aided In Accident Location	
				1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Registered Aircraft Owner				Address	
Operator Of Aircraft				Address	
1. <input type="checkbox"/> Same As Registered Owner				1. <input type="checkbox"/> Same As Registered Owner	
2. Name <u>XX</u>				2. <u>Helicenter International Corp</u>	
3. DBS:				<u>14005 S.W 127Th St Bldg 120A # 7</u>	

Owner / Operator Information (cont.)																			
Operator (Certificate Number)			Operator Designator (4 Letter Designator)																
Purpose Of Flight And Type Of Operation																			
Regulation Flight Conductor Under				Operator Authority			FAR 121, 125, 127, 129, 135 Revenue Operations												
1. <input checked="" type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137				FAR 121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR 125 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign			1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____												
Purpose of Flight																			
1. <input type="checkbox"/> Personal 2. <input checked="" type="checkbox"/> Business 3. <input type="checkbox"/> Educational 4. <input type="checkbox"/> Executive/Corporate 5. <input type="checkbox"/> Aerial Application				6. <input type="checkbox"/> Aerial Observation 7. <input type="checkbox"/> Other Work Use 8. <input type="checkbox"/> Public Use 9. <input type="checkbox"/> Ferry 10. <input type="checkbox"/> Positioning															
Pilot Information																			
Pilot Name			Pilot Certificate No.		Address			Nationality											
Chikao Takayanagi			[REDACTED] CFI		Miami Fla 33186			US											
Certificate (s)																			
1. <input type="checkbox"/> Student 3. <input checked="" type="checkbox"/> Commercial 5. <input checked="" type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input checked="" type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____																			
Rating (s)				Instrument Rating (s)			Instructor Rating (s)												
1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input checked="" type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea				6. <input checked="" type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane			1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane S.E. 3. <input checked="" type="checkbox"/> Airplane M.E. 4. <input checked="" type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider			6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. <input type="checkbox"/> Specify _____									
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)			BFR Aircraft												
				02-23-04			1. Make <u>Robinson</u> 2. Model <u>R-22</u>												
Medical Certificate			Date Of Last Medical (M/D/Y)		Limitations			Date Of Birth (M/D/Y)											
1. <input type="checkbox"/> None 3. <input checked="" type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3			04-13-04		Must wear corrective lenses			[REDACTED]-60											
Degree Of Injury			Seat Occupied			Person At Controls At Time Of Accident			Seat Belt Available										
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input checked="" type="checkbox"/> Fatal			1. <input type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input checked="" type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center			1. <input checked="" type="checkbox"/> Pilot In Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots			1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No										
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		Source Of Pilot Flight Time Information													
1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		1. <input type="checkbox"/> Pilot Logbook 4. <input checked="" type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify <u>Insured</u> 3. <input type="checkbox"/> FAA Records													
Flight Time		All A/C		This Make & Model		Airplane Single Engine		Airplane Multiengine		Night		Instrument		Rotorcraft		Glider		Lighter Than Air	
Total Time		5621		[REDACTED]		230		100		261		45 46		5291					
Pilot In Command (PIC)		5385		[REDACTED]										5195					
Instructor		4381		[REDACTED]										4831					
This Make & Model		[REDACTED]		[REDACTED]															
Last 90 Days																			
Last 30 Days																			
Last 24 Hours																			
Second Pilot Information																			
Second Pilot Responsibilities At The Time Of Accident																			
1. <input type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input checked="" type="checkbox"/> None (Pilot-Rated Passenger)																			
Pilot Name					Pilot Certificate No.					Address					Nationality				
Certificate (s)																			
1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. None <u>X</u> 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify <u>Potential Student</u>																			

Second Pilot Information (cont.)												
Rating (s)			Instrument Rating (s)			Instructor Rating (s)						
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea			6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane			1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider			
Type Ratings/Student Endorsements			Date Of Biennial Flight Review or Equivalent (M/D/Y)			BFR Aircraft						
						1. Make _____ 2. Model _____						
Medical Certificate		Date Of Last Medical (M/D/Y)		Limitations			Date Of Birth (M/D/Y)					
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3				Waivers _____								
Degree Of Injury			Seat Occupied			Seat Belt Available						
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal			1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear			1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No						
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____						
1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No								
Flight Time		This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air		
		All A/C				Actual Simulated						
Total Time												
Pilot in Command (PIC)												
Instructor												
This Make & Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												
Other Personnel												
Name	Seat	Address (City & State)			Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Minor None		
1.												
2.												
3.												
4.												
5.												
6.												
Flight Itinerary Information												
Last Departure Point			Time Of Departure		Destination			Flight Plan Filed				
1. Airport ID <u>TMB</u> 2. City/Place <u>Miami</u> 3. State <u>Florida</u>			1. Time <u>0925</u> 2. Time Zone <u>EDT</u>		1. Airport ID <u>TMB</u> 2. City/Place <u>Miami</u> 3. State <u>Florida</u>			1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> VFR 3. <input type="checkbox"/> IFR 4. <input checked="" type="checkbox"/> VFR/IFR 5. <input type="checkbox"/> Company (VFR) 6. <input type="checkbox"/> Military (VFR)				
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished ATIS Information												
Fuel On Board At Last Takeoff				Fuel Type								
_____ Gallons or _____ Pounds				1. <input type="checkbox"/> 80/87 2. <input checked="" type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive 7. Specify _____								
Other Services, If Any, Prior to Departure												
Weather Information At The Accident Site												
Source Of Weather Information (Pilot/Operator, Weather Observation)			Light Condition			Visibility			Temp (°F)			
Clear			1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night			_____ Miles						

Weather Information At The Accident Site (cont.)

Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition		4. <input type="checkbox"/> Overcast _____ Feet AGL	
		1. <input checked="" type="checkbox"/> Clear		5. <input type="checkbox"/> Partial Obscuration	
		2. <input type="checkbox"/> Scattered _____ Feet AGL		6. <input type="checkbox"/> Obscured	
		3. <input type="checkbox"/> Broken _____ Feet AGL			

Wind Information 1. Direction <u>250</u> 2. Velocity <u>4</u> Kts 3. Gusts _____ Kts	Restriction To Visibility none	Type Precipitation none	Intensity Of Precipitation 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. Specify _____
-----------------------------------------------------------------------------------------------	---------------------------------------	--------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

Turbulence (Multiple Entry)
 1. None 2. Light 3. Moderate 4. Severe 5. Extreme 6. Clean Air 7. In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Substantial 4. <input checked="" type="checkbox"/> Destroyed	Fire 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> In-Flight 4. <input type="checkbox"/> On Ground
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Description Of Damage To Aircraft And Other Property

Aircraft was almost totally destroyed after fire erupted due to the impact.

Mechanical Malfunction Failure

1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure	Total Time	
	On Part _____ Hours	At Overhaul _____ Hours

Collision Accident

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None
-------------------	-----------------------	---------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Registered Aircraft Owner	Address
---------------------------	---------

Pilot Name	Address	Pilot Certificate No.
------------	---------	-----------------------

Evacuation Of Aircraft

Assistance Received

1. <input type="checkbox"/> Outside Person (s)	3. <input type="checkbox"/> Slide	5. <input type="checkbox"/> Ladder
2. <input type="checkbox"/> Auxiliary Lighting	4. <input type="checkbox"/> Rope	6. <input type="checkbox"/> Specify _____

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)

1. Main Door _____ 2. Auxiliary Door X _____ 3. Emergency Exit _____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

At around 09:25 EDT, a Robinson helicopter, R-22, tail number N2566W, lease by our company, Helicenter International Corp. took off from the TMB Air Sal Fuel Farm to conduct an Introductory Flight to a potential student. Under company policy, this flight consist of a West or East departure, out of the airport traffic area, that is to last about one hour and return to evaluate the response of the pilot candidate to the flight environment.

A few minutes after take-off, the Office Manager received a call from the TMB Control Tower informing her that there had been an accident about 9 miles West of the Airport and that it could be one of our aircraft. The CT asked the Office Manager to go verify that helicopters were operating at the moment. The Office Manager then advised me of the accident, at which I time I took another company helicopter over to the crash site and confirmed that the helicopter was in fact one of Helicenter's fleet. Upon arrival, I observed the Miami-Dade Fire Rescue unit evacuating the pilot and passenger from the site.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

08/18/2004

Signature Of Pilot/Operator

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

For NTSB Use Only

RECEIVED

NTSB Accident No.

MIA04FA115

Reviewed By NTSB Office Located At

MIAMI, FL

Name Of Investigator

Monville

Date Report Received

AUG 20 2004

NTSB MIAMI