FORM APPROVED FOR USE THROUGH 7/31/96 BY OMB NO.3147-0001.

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	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
BATTLE MOUNTAIN, NV. 89820	21 AUG. 2004	23:58	PST	8700' 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.☐ On Approach 2.☐ Within 1/4 Mile 3.☐ Within 1/2 Mile 4.☐ Within 3/4 Mile 5.☐ Within 1 Mile 6.☐ Within 2 Miles 7.☐ Within 3 Miles 8.☑ Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface Conditions:
BATTLE MOUNTAIN	KBAM	1.☐ Direction: 2.☐ Length: 3.☐ Width: 4.☐ Surface: N/A 5.☐ Condition:

Phase Of Operation:

1.☐ Standing 2.☐ Taxi 3.☐ Takeoff 4.☐ Climb 5.☑ Cruise 6.☐ Descent 7.☐ Approach 8.☐ Landing 9.☐ Hover/Maneuver 10.☐ Altitude Of In-Flight Occurrence _____ Feet MSL

Aircraft Information

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Cert Max Gross WT
N2YN	Bell Helicopter	B-407	53239	5250

Type Of Aircraft

1.☐ Airplane 2.☑ Helicopter 3.☐ Glider 4.☐ Balloon 5.☐ Blimp/Dirigible 6.☐ Ultralight 7.☐ Gyroplane 8.☐ Specify _____

Type Of Airworthiness Certificate

1.☑ Normal 2.☐ Utility 3.☐ Acrobatic 4.☐ Transport 5.☐ Restricted 6.☐ Limited 7.☐ Experimental 8.☐ Specify _____

Amateur Built

1.☐ Yes 2.☑ No

Landing Gear

1.☐ Tricycle—Fixed 2.☐ Tricycle—Retractable 3.☐ Tailwheel—Fixed 4.☐ Tailwheel—Retractable 5.☐ Tailwheel—Retractable Mains 6.☐ Amphibian 7.☑ Skid 8.☐ Limited 9.☐ Specify _____

No. Of Seats

Flight/Cabin Crew 1 Pax 3

Stall Warning System Installed	IFR Equipped	Engine Type
1.☐ Yes 2.☑ No	1.☐ Yes 2.☑ No	1.☐ Reciprocating—Carburetor 2.☐ Reciprocating—Fuel Injected 3.☐ Turbo Prop 4.☐ Turbo Jet 5.☐ Turbo Fan 6.☑ Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
Rolls Royce (ALLISON)	250-C47B	1. 630 Horsepower 2. N/A Lbs Thrust	1.None 2.Specify _____

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	10-21-97	CAE-847259	2270.1 Hours	(150 HR) 2248.6 Hours	N/A Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program

1.☑ Annual 2.☑ Manufacturer's Inspection Program 3.☐ Other Approved Inspection Program(AAIP) 4.☐ Continuous Airworthiness 5.☐ Specify _____

Type Of Last Inspection

1.☐ Annual 2.☑ 100 Hours 3.☐ AAIP 4.☐ Continuous Airworthiness

Date Last Inspection Performed 05 AUG. 2004 (M/D/Y)

Time Since Last Inspection 2329.6 Hours

Airframe Total Time 2357.2 Hours

Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)
	POINTER	4000-10	UNKNOWN	10-15-03

Switch 1.☐ On 2.☐ Off 3.☑ Armed

Operated 1.☐ Yes 2.☑ No

Aided In Accident Location 1.☐ Yes 2.☑ No

Registered Aircraft Owner CRESENT LEASING, LLC.

Address 100 N. 9th STREET Suite 200, Boise, ID. 83702

Operator Of Aircraft

1.☐ Same As Registered Owner
2. Name
3. DBS: JEFLYN AVIATION, INC.

Address

1.☐ Same As Registered Owner
2. 4546 AERONCA STREET, Boise, ID. 83705

Owner / Operator Information (cont.)

Operator (Certificate Number)	Operator Designator (4 Letter Designator)
[redacted]	JL9A

Purpose Of Flight And Type Of Operation

Regulation Flight Conductor Under
1.☐ FAR91 (only) 4.☐ FAR 121 7.☐ FAR 133
2.☐ FAR91D 5.☐ FAR 125 8.☑ FAR 135
3.☐ FAR 103 6.☐ FAR 129 9.☐ FAR 137

Purpose of Flight
1.☐ Personal 6.☑ Aerial Observation
2.☐ Business 7.☑ Other Work Use (EMS)
3.☐ Educational 8.☐ Public Use
4.☐ Executive/Corporate 9.☐ Ferry
5.☐ Aerial Application 10.☐ Positioning

Operator Authority
FAR121
1.☐ Domestic
2.☐ Flag
3.☐ Supplemental

FAR 135
4.☑ On Demand
5.☐ Commuter

FAR 133
6.☐ Rotorcraft External Load

FAR125
7.☐ Large Aircraft

FAR 129
8.☐ Foreign

FAR 121, 125, 127, 129, 135 Revenue Operations
1.☐ Scheduled
2.☑ Non Scheduled
3.☐ Domestic
4.☐ International
5.☑ Passenger
6.☐ Cargo
7. Specify EMS

Pilot Information

Pilot Name	Pilot Certificate No.	Address	Nationality
ROGER ELDON MORRISON	[redacted]	[redacted] SPRING CREEK, NV. 89815	US

Certificate (s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Military 9.☐ None
2.☐ Private 4.☑ Airline Transport 6.☐ Flight Engineer 8.☐ Foreign 10.Specify

Rating (s)
1.☐ None 6.☑ Helicopter
2.☑ Single Engine Land 7.☐ Glider
3.☐ Single Engine Sea 8.☐ Free Balloon
4.☑ Multiengine Land 9.☐ Airship
5.☐ Multiengine Sea 10.☐ Gyroplane

Instrument Rating (s)
1.☐ None
2.☑ Airplane
3.☑ Helicopter

Instructor Rating (s)
1.☐ None 6.☑ Instrument Airplane
2.☑ Airplane S.E. 7.☐ Instrument Helicopter
3.☑ Airplane M.E. 8.☐ Ground Instructor
4.☐ Helicopter 9.☐ Specify
5.☐ Glider

Type Ratings/Student Endorsements
LR-JET

Date Of Biennial Flight Review or Equivalent (M/D/Y)
14 APRIL 2004

BFR Aircraft
1. Make Bell Helicopter
2. Model B206L3

Medical Certificate
1.☐ None 3.☑ Class 2
2.☐ Class 1 4.☐ Class 3

Date Of Last Medical (M/D/Y)
02-02-2004

Limitations
CORRECTIVE LENSES

Waivers

Date Of Birth (M/D/Y)
[redacted]

Degree Of Injury
1.☐ None
2.☐ Minor
3.☐ Serious
4.☑ Fatal

Seat Occupied
1.☐ Left 4.☐ Front
2.☑ Right 5.☐ Rear
3.☐ Center

Person At Controls At Time Of Accident
1.☑ Pilot In Control 4.☐ Non-Pilot
2.☐ Second Pilot 5.☐ No One
3.☐ Both Pilots

Seat Belt Available
1.☑ Yes
2.☐ No

Seat Belt Used
1.☑ Yes
2.☐ No

Shoulder Harness Available
1.☑ Yes
2.☐ No

Shoulder Harness Used
1.☑ Yes
2.☐ No

Source Of Pilot Flight Time Information
1.☐ Pilot Logbook 4.☑ Company
2.☐ Operators Estimate 5.☐ Specify
3.☐ FAA Records

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	9024	92	1094	73	934	2208		7765	—	—
Pilot In Command (PIC)	7744	92	UNKNOWN	UNKNOWN	58	—		6000+	—	—
Instructor	UNKNOWN	—	UNKNOWN	UNKNOWN	—	—		—	—	—
This Make & Model					58	—				
Last 90 Days	31.9	31.9	0.0	0.0	5.2	—		31.9	—	—
Last 30 Days	8.6	8.6	0.0	0.0	1.7	—		8.6	—	—
Last 24 Hours	0.0	0.0	0.0	0.0	0.0	—		0.0	—	—

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident
1.☐ Co-Pilot 2.☐ Dual Student 3.☐ Safety Pilot 4.☐ Check Pilot 5.☐ None (Pilot-Rated Passenger)

Pilot Name	Pilot Certificate No.	Address	Nationality
N/A			

Certificate (s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Military 9.None
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.☐ Foreign 10.Specify

Second Pilot Information (cont.)

Rating (s)
1.☐ None 6.☐ Helicopter
2.☐ Single Engine Land 7.☐ Glider
3.☐ Single Engine Sea 8.☐ Free Balloon
4.☐ Multiengine Land 9.☐ Airship
5.☐ Multiengine Sea 10.☐ Gyroplane
N/A

Instrument Rating (s)
1.☐ None
2.☐ Airplane
3.☐ Helicopter

Instructor Rating (s)
1.☐ None 6.☐ Instrument Airplane
2.☐ Airplane S.E. 7.☐ Instrument Helicopter
3.☐ Airplane M.E. 8.☐ Ground Instructor
4.☐ Helicopter 9.☐ Specify_____
5.☐ Glider

Type Ratings/Student Endorsements

Date Of Biennial Flight Review or Equivalent (M/D/Y)

BFR Aircraft
1. Make_____
2. Model_____

Medical Certificate
1.☐ None 3.☐ Class 2
2.☐ Class 1 4.☐ Class 3

Date Of Last Medical (M/D/Y)

Limitations

Waivers

Date Of Birth (M/D/Y)

Degree Of Injury
1.☐ None 3.☐ Serious
2.☐ Minor 4.☐ Fatal

Seat Occupied
1.☐ Left 3.☐ Center 5.☐ Rear
2.☐ Right 4.☐ Front

Seat Belt Available
1.☐ Yes
2.☐ No

Seat Belt Used
1.☐ Yes
2.☐ No

Shoulder Harness Available
1.☐ Yes
2.☐ No

Shoulder Harness Used
1.☐ Yes
2.☐ No

1.☐ Pilot Logbook 4.☐ Company
2.☐ Operators Estimate 5.☐ Specify_____
3.☐ FAA Records

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
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
1. Airport ID KBAM
2. City/Place BATTLE MOUTAIN
3. State NEVADA

Time Of Departure
1. Time 23.38 PST
2. Time Zone PST

Destination
1. Airport ID KRNO
2. City/Place RENO
3. State NEVADA

Flight Plan Filed
1.☑ None 4.☐ VFR/IFR
2.☐ VFR 5.☐ Company (VFR)
3.☐ IFR 6.☐ Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished
N/A

Fuel On Board At Last Takeoff
_____Gallons
or
600 Pounds

Fuel Type
1.☐ 80/87 4.☐ 115/145 7.Specify_____
2.☐ 100 Low Lead 5.☑ Jet A
3.☐ 100/130 6.☐ Automotive

Other Services, If Any, Prior to Departure
N/A

Weather Information At The Accident Site

Source Of Weather Information (Pilot/Operator, Weather Observation)

Light Condition
1.☐ Dawn 3.☐ Dusk 5.☑ Dark Night
2.☐ Daylight 4.☐ Bright Night

Visibility
Unlimited Miles

Temp (°F)
Appx -60°F

Weather Information At The Accident Site (cont.)

Dew Point: / (°F)

Altimeter Setting: UNKNOWN "Hg

Sky/Lowest Cloud Condition
1. ☑ Clear
2. ☐ Scattered _____ Feet AGL
3. ☐ Broken _____ Feet AGL
4. ☐ Overcast _____ Feet AGL
5. ☐ Partial Obscuration
6. ☐ Obscured

Wind Information
1. Direction SW
2. Velocity 15 Kts
3. Gusts NONE Kts

Restriction To Visibility: NONE

Type Precipitation: NONE

Intensity Of Precipitation
1. ☐ Light
2. ☐ Moderate
3. ☐ 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. ☐ None 2. ☐ Minor 3. ☐ Substantial 4. ☑ Destroyed

Fire
1. ☑ Yes
2. ☐ No
3. ☐ In-Flight
4. ☑ On Ground

Description Of Damage To Aircraft And Other Property

AIRCRAFT DESTROYED

Mechanical Malfunction Failure

1. ☑ No
2. ☐ 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

N/A

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage
			1. ☐ Destroyed 2. ☐ Substantial 3. ☐ Minor 4. ☐ None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Evacuation Of Aircraft

Assistance Received
1. ☐ Outside Person (s)
2. ☐ Auxiliary Lighting
3. ☐ Slide
4. ☐ Rope
5. ☐ Ladder
6. ☐ Specify _____

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following
1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

Additional Flight Crew Members

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

N/A

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

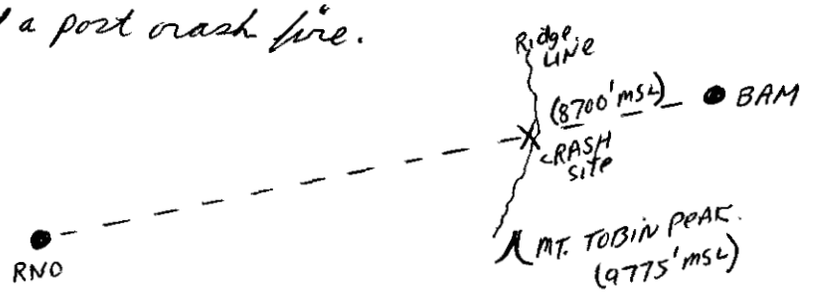
Certificate(s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

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.

Saturday, 21 August 2004, at approximately 22:30 PST, the EMS helicopter, N2YN (Bell 407) was toned out by ELKO dispatch from the home base of ELKO, Nevada. The helicopter traveled to Battle Mountain, NV. hospital for patient pick up with pilot, Roger Morrison, flight nurse Lisa Landers, and paramedic Todd Hellman on board as the crew. The helicopter landed on the hospital helipad and received a 11-day old child with the child's mother to be transported to Reno, NV. hospital. The aircraft departed @ 23:38 PST enroute direct to Reno, Nevada. The weather was VFR and appeared to not be a factor in the flight. At approximately 23:38, twenty minutes into the flight, the helicopter impacted the ground approximately 100' below the ridge summit they were to cross enroute (3) to (4) miles north of Mount Tobin peak (9775' MSL). The aircraft was destroyed on impact, all (5) souls on board were killed and the aircraft sustained a post crash fire.



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

Date Of This Report	Signature Of Pilot/Operator
27 AUGUST 2004	

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature [redacted]
2. Type Or Print Name G. HOWARD PICK
3. Title DIRECTOR OF OPERATIONS - JEFLYN AVIATION, INC.
   ACCESS AIR AMBULANCE

For NTSB Use Only

NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received
SEA04MA167	Seattle, WA	G. Strohsaker	8/30/04