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: Twin Falls State: ID
ZIP: 83301 Country: U.S.A.
Latitude: 42 28 91 (dd:mm:ss N/S) Longitude: 114 29 27 (ddd:mm:ss E/W)

Date/Time
Date: 03/27/2013 (mm/dd/yyyy) Local Time: 11:40 am
Time Zone:

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
_____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: Eastern
Model: F28F
Serial Number: 255
Registration Number: N9180K Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2600 lbs
Weight at Time of Accident/Incident: 2110 lbs
Location of Center of Gravity at Time of Accident/Incident:
94.56 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
☒ Normal
☐ Utility
☐ Acrobatic
☐ Transport
Special
☐ Restricted
☐ Limited
☐ Provisional
☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: 3
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: 02/19/2013 (mm/dd/yyyy)

Airframe Total Time: 5496.6 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 Aided in Locating Accident/Incident ☐ Yes ☐ No

ELT Manufacturer: _____
Model/Series: _____
Serial Number: _____
Battery Type: _____ Battery Exp. Date: _____

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. (mm/dd/yyyy)	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng 1	Lycoming	HIO-360-F1AD	L-24729-51A	08/11/1992	225		8.4	11802
Eng 2								
Eng 3								
Eng 4								

[redacted]

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Steve C Wybenga

Fractional Ownership Aircraft: ☐ Yes ☒ No

Owner Address

City: Twin Falls

State: IDAHO ZIP: 83301

Country: U.S.A.

Operator of Aircraft ☒ Same As Registered Owner

Name: ______

Doing Business As: ______

Air Carrier/Operator Designator (4 Character Code): ______

Operator Address ☒ Same As Registered Owner

City: ______

State: ______ ZIP: ______

Country: ______

Regulation Flight Conducted Under

☒ FAR 91 ☐ FAR 103 ☐ FAR 121 ☐ FAR 125

☐ FAR 129 ☐ FAR 133 ☐ FAR 135 ☐ FAR 137

☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Armed Forces

☐ Public Use (select type) ☐ *Federal* ☐ *State* ☐ *Local* ☐ Unknown

Revenue Sightseeing Flight

☐ Yes ☒ No

Air Medical Flight

☐ Yes ☒ No

Purpose of Flight
for FAR 91, 103, 133, 137 *(Select one)*

☐ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☒ Instructional
☐ Ferry
☐ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

Revenue Operation
for FAR 121, 125, 129, 135 *(Select one)*

☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International

☐ Domestic ☐ International

Cargo Operation

☐ Passenger/Cargo
☐ Passenger ______ How many?
☐ Cargo ______ lbs
☐ Mail

Type of Commercial Operating Certificate Held
(Check all that apply)

☒ 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)
☐ Rotorcraft External Load (133)
- or -
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number ______

Manufacturer: ______

Model: ______

Damage to Other Aircraft

☐ Destroyed ☐ Minor ☐ Substantial ☐ None

Registered Owner of Other Aircraft

First Name: ______
Middle Initial: ______
Last Name: ______

City: ______
State: ______ ZIP: ______
Country: ______

Pilot of Other Aircraft

First Name: ______
Middle Initial: ______
Last Name: ______

City: ______
State: ______ ZIP: ______
Country: ______

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

Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☒ Unknown

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part

______ Hours

______ Cycles

Time Since This Part Inspected/Overhauled

______ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

☐ None ☐ Minor ☒ Substantial ☐ Destroyed

Aircraft Fire

☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Unknown Origin

Aircraft Explosion

☒ None ☐ In-Flight ☐ On-Ground ☐ Both Ground and In-Flight ☐ Unknown Origin

[redacted]

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

Aircraft Rolled onto Its side. Main Rotor blades, Tail Boom Bent, LH Horizontal Bent, Landing gear damaged, Pilots Door, Damaged, Main Rotor Head Damaged.

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

Airport Identifier: KTWF

Airport Name: Magic Valley Regional

Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip

Distance From Airport Center: 3/4 SM

Direction From Airport: 300 degrees MAG

Airport Elevation: 4153 ft. MSL

Approach Segment *(Select one)*

☐ On Instrument Approach ☐ Crosswind ☐ Landing ☐ Downwind ☐ Base leg ☐ Low Approach ☒ Final ☐ Aborted Landing (after touchdown) ☐ Go Around

IFR Approach *(Check all that apply)*

☒ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Practice ☐ GPS ☐ Loran ☐ Unknown

VFR Approach *(Check all that apply)*

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

Runway Information

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

Runway/Landing Surface *(Check all that apply)*

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

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KTWF

City: Twin Falls

State: Idaho

Country: U.S.A

Time of Departure

Time: 10:50

Time Zone: Mountain

Destination

Airport ID: KTWF

City: Twin Falls

State: Idaho

Country: U.S.A

Type Flight Plan Filed

☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown

Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service *(Check all that apply)*

☐ None ☒ VFR ☐ Special VFR ☐ IFR ☐ Special IFR ☐ VFR On Top ☐ VFR Flight Following ☐ Traffic Advisory ☐ Cruise ☐ Unknown / NA

Airspace where the accident/incident occurred *(Check all that apply)*

☐ Class A ☐ Class B ☐ Class C ☒ Class D ☐ Class E ☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☐ Unknown

Aircraft Load Description *(Check all that apply)*

☒ None ☐ Passengers ☐ Cargo ☐ Towing Glider ☐ Towing Banner ☐ Other External ☐ Parachutists ☐ Water ☐ Chemical/Fertilizer/Seeds ☐ Livestock ☐ Unknown

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff *(convert from pounds, as necessary)*

36 Gallons

Fuel Type

☐ 80/87 ☒ 100 Low Lead ☐ 100/130 ☐ 115/145 ☐ Jet A ☐ Automotive ☐ JP3 ☐ JP4 ☐ JP5 ☐ Other, specify ________

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: KTWF
Observation Time: 10:50
Time Zone: Mountain
Distance from Accident Site: 1 NM
Direction from Accident Site: 300 degrees MAG

Source of Weather Information *(Check all that apply)*
☒ National Weather Service
☐ Flight Service Station
☐ TV/Radio
☐ Automated Report
☐ Commercial Weather Service (DUATS)
☐ Company
☐ Military
☐ Internet
☐ Unknown

Method of Briefing *(Check all that apply)*
☐ In Person
☐ Teletype
☒ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness
☐ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
☐ Abbreviated
☐ Unknown
☒ Not Pertinent

Light Condition
☐ Dawn
☒ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility
10 miles

Sky/Lowest Cloud Condition
☒ Clear
☐ Few
☐ Partial Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling
☒ None (clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility *(Check all that apply)*
☒ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Lowest Cloud Condition Height
_____ ft AGL

Ceiling Height
_____ ft AGL

Wind Direction
☐ Indicated: 270 degrees MAG
☐ Variable

Wind Speed
Velocity: 5 KTS
-or-
☐ Calm
☐ Light and Variable

Wind Gusts
Velocity: ____ KTS
☐ Gusting
☒ Not Gusting

Type of Turbulence *(Check all that apply)*
☒ None
☐ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence
☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

none

Temperature: _____ (C) or _____ (F)

Altimeter Setting: _____ in. HG or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C) or _____ (F)

Icing Forecast
Amount
☐ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
Type
☐ Rime
☐ Clear
☐ Mixed

Icing Actual
Amount
☐ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
Type
☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation *(Check all that apply)*
☐ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets Shower
☐ Freezing Drizzle

Intensity of Precipitation
☐ Light ☐ Moderate ☐ Heavy

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: Steve
Middle Initial: C
Last Name: Wyberg 4

City: Twin Falls
State: ID ZIP: 83301
Country: U.S.A.

Age at time of Accident/Incident: 57 Date of Birth: [redacted] Certificate Number: [redacted]

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Used ☒ Yes ☐ No Available ☐ Yes ☐ No	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	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☐ Pilot ☒ Other ☐ Unknown	☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	☒ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown	10/24/2012 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
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings

Student Endorsements *(Include dates)*
Solo - 03/27/2013

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	44	44			.5			44		
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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: _____ (mm/dd/yyyy) Certificate Number: _____

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
☐ 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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
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

First Name: ______________________ City: ______________________
Middle Initial: ________ State: ________ ZIP: ________
Last Name: ______________________ Country: ______________________

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

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

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ________ hrs

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Pilot Name and Address

First Name: ______________________ City: ______________________
Middle Initial: ________ State: ________ ZIP: ________
Last Name: ______________________ Country: ______________________

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

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

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ________ hrs

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Pilot Name and Address

First Name: ______________________ City: ______________________
Middle Initial: ________ State: ________ ZIP: ________
Last Name: ______________________ Country: ______________________

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

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

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ 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: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

[redacted]

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.

I did 3 Patterns at the airport. Going for the 4th when north of the Airport the Engine Started Sputtering. Started loosing Engine RPM. I lowered Collective and rolled on more throttle to bring RPMS back up. They Stabilized and I brought back Collective and the Engine would decay again. Told Tower I was loosing Power, They cleared me to runway 12 which was closer. I banked for it and lost all Power. was only up about 200 ft. Speed was only 50 mph. went Into autorotation, Tried to get speed back - Flared at about 75 ft. Landed and skid caught in soft Dirt and the helicopter Rolled onto Its left side. I got out of the Right side passenger door and the fire trucks arrived shortly after

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	Signature and [redacted]
04/02/2013	Signature:
mm/dd/yyyy	Type or Print Name: Steve Wybenga

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
WPR13CA167	WPR - SEA	S. LINK	4/3/2013