

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: MEMPHIS State: TN
 ZIP: 38103 Country: USA
 Latitude: 35:12:02 (dd:mm:ss N/S) Longitude: 090:03:14 (ddd:mm:ss E/W)

Date/Time

Date: 01/29/2014 Local Time: 3:15 pm
 mm/dd/yyyy Time Zone: CENTRAL

Phase of Operation

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

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

ft MSL

AIRCRAFT INFORMATION

Manufacturer: ENSTROM

Model: F28A

Serial Number: 057

Registration Number: N24RB

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2150 lbs

Weight at Time of Accident/Incident: 2042 lbs

Location of Center of Gravity at Time of Accident/Incident:

93.78 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: 2

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: 11/22/2013
 mm/dd/yyyy

Airframe Total Time: 10760.1 hrs

hours measured at (check one)

☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☐ Yes ☒ No ☐ Unknown

Stall Warning System Installed

☐ Yes ☒ No ☐ Unknown

Type of Fire Extinguishing System

☐ None
☐ Specify _____

ELT Installed

☐ Yes ☒ No

ELT Activated

☐ Yes ☐ No

ELT Manufacturer:

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) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	LYCOMING	H10 360 5BR	L-4577-51A	?	205	6953.6	6869.7	118.6
Eng. 2		CIA						
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: HELICOPTERS INCFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: MEMPHIS
State: TN ZIP: 38103
Country: USA**Operator of Aircraft**☒ Same As Registered Owner

Name: _____

Doing Business As: _____

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

Operator Address☒ Same As Registered OwnerCity: _____
State: _____ ZIP: _____
Country: _____**Regulation Flight Conducted Under**

- | | | | |
|--|----------------------------------|---|--|
| <input checked="" type="checkbox"/> FAR 91 | <input type="checkbox"/> FAR 129 | <input type="checkbox"/> FAR 91 Special Flight | <input type="checkbox"/> Public Use (select type) |
| <input type="checkbox"/> FAR 103 | <input type="checkbox"/> FAR 133 | <input type="checkbox"/> Non-US, Commercial | <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local |
| <input type="checkbox"/> FAR 121 | <input type="checkbox"/> FAR 135 | <input type="checkbox"/> Non-US, Non-commercial | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> FAR 125 | <input type="checkbox"/> FAR 137 | <input type="checkbox"/> Armed Forces | |

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: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____**Pilot of Other Aircraft**First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on separate sheet)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 ☒ Substantial
☐ Minor ☐ Destroyed**Aircraft Fire**☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground**Aircraft Explosion**☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

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

LANDING GEAR COLLAPSED
ONE MAIN ROTOR BLADE DELAMINATED
TAIL ROTOR DRIVE SHAFT DISLODGED FROM AIRCRAFT
WRINKLED TAIL BOOM

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

Airport Identifier: M01 Distance From Airport Center: _____ SM
Airport Name: GENERAL ABUITT SPAIN Direction From Airport: _____ degrees MAG
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 225 ft. MSL

Approach Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

Runway Information

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

Runway/Landing Surface (Check all that apply)

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

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: M01
City: MEMPHIS
State: TN
Country: USA

Time of Departure

Time: 1:40 PM
Time Zone: CENTRAL

Destination

Airport ID: M01
City: MEMPHIS
State: TN
Country: USA

Type Flight Plan Filed

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☐ Yes ☐ No

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

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

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

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

Aircraft Load Description (Check all that apply)

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

FUEL & SERVICES INFORMATION

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

EST. 12 Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

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

STUDENT - LEFT DOOR
INSTRUCTOR - RIGHT DOOR

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> National Weather Service | <input type="checkbox"/> Company |
| <input type="checkbox"/> Flight Service Station | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio | <input type="checkbox"/> Internet |
| <input checked="" type="checkbox"/> Automated Report | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Commercial Weather Service (DUATS) | |

Method of Briefing

(Check all that apply)

- | |
|--|
| <input type="checkbox"/> In Person |
| <input type="checkbox"/> Teletype |
| <input checked="" type="checkbox"/> Telephone/Computer |
| <input type="checkbox"/> Aircraft Radio |
| <input type="checkbox"/> TV/Radio |
| <input type="checkbox"/> Unknown |

Briefing Type/Completeness

- | | |
|---|---|
| <input type="checkbox"/> Full | <input type="checkbox"/> Abbreviated |
| <input type="checkbox"/> Partial / Limited By Pilot | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Partial / Limited By Briefer | <input checked="" type="checkbox"/> Not Pertinent |

Light Condition

- | | | |
|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn | <input type="checkbox"/> Dusk | <input type="checkbox"/> Dark Night |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
| | | <input type="checkbox"/> Not Reported |

Visibility

> 10 miles

Sky/Lowest Cloud Condition

- | | |
|--|--|
| <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Thin Broken |
| <input type="checkbox"/> Few | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Scattered | |

Ceiling

- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured |
| <input type="checkbox"/> Broken | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Overcast | <input type="checkbox"/> Unknown |

Restriction to Visibility (Check all that apply)

- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog |
| <input type="checkbox"/> Blowing Dust | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand | <input type="checkbox"/> Haze |
| <input type="checkbox"/> Blowing Snow | <input type="checkbox"/> Ice Fog |
| <input type="checkbox"/> Blowing Spray | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Dust | <input type="checkbox"/> Unknown |

Lowest Cloud Condition Height

ft AGL

Ceiling Height

ft AGL

Wind Direction☒ Indicated:
180 degrees MAG☐ Variable**Wind Speed**

Velocity: 55 KTS

- or-
- | |
|---|
| <input type="checkbox"/> Calm |
| <input type="checkbox"/> Light and Variable |

Wind Gusts

Velocity: _____ KTS

- | |
|--------------------------------------|
| <input type="checkbox"/> Gusting |
| <input type="checkbox"/> Not Gusting |

Type of Turbulence (Check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> In Clouds |
| <input type="checkbox"/> Clear Air | <input type="checkbox"/> Vicinity of Thunderstorm |

Severity of Turbulence

- | | | |
|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate Chop | |

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

AD AIRPORT CLOSED TO ROTORCRAFT TRAINING WITHOUT
WRITTEN PERMISSION 05 NOV 19:19 2013 UNTIL 28 FEB 13:00 2014
(HELICOPTERS, INC HAD A LETTER OF AUTHORIZATION)

Temperature: _____ (C)
or _____ (F)Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (F)**Icing Forecast**

- | | | |
|---------------|--|-----------------------------------|
| Amount | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| | <input type="checkbox"/> Trace | <input type="checkbox"/> Severe |
| | <input type="checkbox"/> Light | |

- | |
|--------------------------------|
| Type |
| <input type="checkbox"/> Rime |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

Icing Actual

- | | | |
|---------------|--|-----------------------------------|
| Amount | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| | <input type="checkbox"/> Trace | <input type="checkbox"/> Severe |
| | <input type="checkbox"/> Light | |

- | |
|--------------------------------|
| Type |
| <input type="checkbox"/> Rime |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

Type of Precipitation (Check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Drizzle |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Ice Pellets |
| <input type="checkbox"/> Snow | <input type="checkbox"/> Snow Pellets |
| <input type="checkbox"/> Hail | <input type="checkbox"/> Snow Grains |
| <input type="checkbox"/> Rain Showers | <input type="checkbox"/> Ice Crystals |
| <input type="checkbox"/> Freezing Rain | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower | <input type="checkbox"/> Freezing Drizzle |

Intensity of Precipitation

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> 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: RICHARD City: GERMANTOWN
 Middle Initial: S State: TN ZIP: 38138
 Last Name: SMITH Country: USA
 Age at time of Accident/Incident: 53 Date of Birth: 1961 Certificate Number: [REDACTED]
mm/dd/yyyy

Degree of Injury

☒ None
 ☐ Fatal
☐ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

☐ Left
 ☐ Front
 ☐ Unknown
☒ Right
 ☐ Rear
☐ Center
 ☐ Single

Seat Belt

Used ☒ Yes ☐ No
 Available ☒ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☒ No
 Available ☐ Yes ☒ No

Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Student
 ☐ Recreational
 ☒ Commercial
 ☐ Flight Engineer
 ☐ Foreign
☐ Private
 ☒ Flight Instructor
 ☐ Sport
 ☐ Airline Transport
 ☐ U.S. Military

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None
 ☐ Class 3
☐ Class 1
 ☐ Driver's License (Sport Pilot only)
☒ Class 2
 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☒ With limitations/waivers
☐ Unknown

Date of Last Medical

01/17/2014
mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES, POSSESS GLASSES
FOR NEAR/INTERMEDIATE VISION

Medical Certificate Waivers

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

08/01/2013
mm/dd/yyyy

Flight Review Aircraft

Make: EUROCOPTER
 Model: AS350 B3

Airplane Rating(s) (Check all that apply)

☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☒ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☒ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None
☒ Airplane
☒ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☐ None
☒ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☒ Instrument Airplane
☐ Instrument Helicopter
☒ Helicopter
☐ Glider
☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	5,260	2000+	1644	35	225	34	69	3590		
Pilot in Command (PIC)	5,005	2000+								
Time as Instructor	1825	500+	1200+							
This Make/Model										
Last 90 Days	52	6	0	0	26	0	0	52		
Last 30 Days	19	5			14			19		
Last 24 Hours	3	1			1			3		

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: TERRY City: JACKSON
 Middle Initial: D State: TN ZIP: 38305
 Last Name: HOPPER Country: MADISON
 Age at time of Accident/Incident: 45 Date of Birth: 1968 Certificate Number: [REDACTED]
mm/dd/yyyy

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☒ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☒ Yes ☐ No
 Available ☒ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☒ No
 Available ☐ Yes ☒ No

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☒ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation

☐ Pilot
☒ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☒ Class 2 ☐ Unknown

Medical Certificate Validity

☒ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

11/20/2013
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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

08/06/2013
mm/dd/yyyy

Flight Review Aircraft

Maker: BELL
 Model: 4762

Airplane Rating(s) (Check all that apply)

☒ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☒ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None
☐ Airplane
☒ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	225	142			23	0	24	225		
Pilot in Command (PIC)	141	53			19			141		
Time as Instructor										
This Make/Model										
Last 90 Days	7	3			10					
Last 30 Days	13	1			1		0	7		
Last 24 Hours	1	1			0			13		
					0			1		

N/A

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

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

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

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

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: _____

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.

ON JANUARY 29, 2014 AT APPROXIMATELY 3:15 PM CST N24RB, AN ENSTROM F-28A, WAS PILOTED BY TERRY HOPPER. PROVIDING INSTRUCTION FROM THE RIGHT SEAT WAS RICHARD SMITH, MR. HOPPER, A PRIVATE PILOT, WAS IN FINAL PREPARATION FOR COMMERCIAL CERTIFICATION. MULTIPLE MANUEVERS HAD BEEN PRACTICED, INCLUDING HOVERING AUTOMATIONS. THE MANUEVER BEING PRACTICED AT THE ACCIDENT TIME WAS A STUCK RIGHT ANTI-TORQUE PEDAL. THIS MANUEVER WAS PREEMPTED BY A VERBAL BRIEFING ON PRECAUTIONS TO MAKING RUNNING LANDINGS, SUCH AS NOT LOWERING THE COLLECTIVE OR APPLYING AFT CYCLIC ON GROUND CONTACT. TWO BASIC RUNNING LANDING/TAKEOFFS WERE COMPLETED WITHOUT DIFFICULTY. THE LANDING AREA WAS THE GRASS ADJACENT TO RUNWAY 17 AT THE GENERAL DEWITT SPAIN AIRPORT (MEM) IN MEMPHIS, TN. THE TERRAIN WAS LEVEL AND DRY. WINDS WERE RELATIVELY CALM, WINDSOCK INDICATING A SOUTH WIND. SEVERAL STUCK NEUTRAL/LEFT/RIGHT PEDAL APPROACHES WERE PRACTICED. SOME COMPLETED BY STUDENT; OTHERS, INSTRUCTOR ~~FOR~~ TOOK CONTROL OF AIRCRAFT, OR DEMONSTRATED THE MANUEVER TO COMPLETION. THE ACCIDENT APPROACH WAS SET UP AS A LOW POWER, STEEP APPROACH.

SEE ATTACHED

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

Operator/Owner Safety Recommendation

INCREASE LEVEL OF PRECAUTION IN MAKING EVALUATION
FOR CONTINUING MANUEVER TO SURFACE

WAYNE BREEDEN
HELICOPTERS, INC

BT: RICHARD SMITH

NARRATIVE HISTORY OF FLIGHT CONTINUED:

THE PROFILE ON FINAL WAS CORRECT, ALIGNMENT STRAIGHT WITH LANDING ZONE, SPEED BEFORE TOUCHDOWN APPROXIMATELY 10 MPH. WHEN THE AIRCRAFT MADE GROUND CONTACT THE LANDING GEAR COLLAPSED. THE HELICOPTER CAME TO AN ABRUPT HALT, PITCHED FORWARD, NOSE LOW, WITH NO SIDEWAYS MOVEMENT. THERE WAS NOTHING IN THE PROFILE, SPEED, ALTITUDE, POWER MANAGEMENT, OR RATE OF CLOSURE THAT WOULD MAKE THE INSTRUCTOR BELIEVE THAT THE MANUEVER WOULD NOT BE COMPLETED SUCCESSFULLY. INSTRUCTOR'S HANDS WERE NOT ON THE COLLECTIVE OR CYCLIC, BUT IN A GUARDED POSITION AROUND THE CONTROLS, SO THE INSTRUCTOR WAS NOT AWARE OF ANY CONTROL INPUT BY THE STUDENT UPON IMPACT. THE MAIN ROTOR BLADES CONTINUED TURNING, ENGINE RUNNING. FUEL, ~~AND~~ IGNITION, AND ELECTRICAL WERE IMMEDIATELY TURNED OFF. SEAT BELTS HELD PASSENGERS IN PLACE. NO INJURIES WERE INCURRED.

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

02/04/2014

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: RICHARD S. SMITH

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.

ERA14CA108

Reviewed by NTSB Regional Office

ERA - Ashburn

Name of Investigator

Stephen Stein

Date Report Received

February 4, 2014

From: Stein Stephen [REDACTED]

To: [REDACTED]

Subject: NTSB Investigation; N24RB

Date: Fri, Jan 31, 2014 3:31 pm

Attachments: 6120_1_fillable_savable.pdf (1076K)

Dear [REDACTED],

The National Transportation Safety Board is investigating the accident of N24RB, a Enstrom F28A, which occurred on January 29, 2014 in Memphis, TN. You have been identified as the pilot-in-command of that aircraft.

Rules pertaining to aircraft accidents contained in Part 830 of the Safety Board Regulations require that the pilot or operator submit a completed Pilot/Operator Aircraft Accident Report, NTSB Form 6120.1 within 10 days of the accident. A copy of the form is enclosed. Please provide all applicable information, including a detailed written statement of the events as they pertain to the accident and return as soon as possible. Please pay particular attention to the narrative section of the form, and explain the facts, conditions, and circumstances surrounding the accident.

You may submit the completed and signed form to this office in any manner that is convenient to you. In the signature line of this e-mail you will find my mailing address and fax number. If you elect to submit the form by electronic mail, please be sure to print, sign (last page), scan and e-mail the form to me at [REDACTED]

Should you have any questions please do not hesitate to contact me.

Stephen Stein

Air Safety Investigator

National Transportation Safety Board

Eastern Region Aviation

45065 Riverside Parkway

Ashburn, VA 20147

[REDACTED]

CONFIDENTIALITY NOTICE - THIS E-MAIL TRANSMISSION MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, PROPRIETARY, SUBJECT TO COPYRIGHT, AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IT IS FOR THE USE OF INTENDED RECIPIENTS ONLY. If you are not an intended recipient of this message, please notify the original sender immediately by forwarding what you received and then delete all copies of the correspondence and attachments from your computer system. Any use, distribution, or disclosure of this message by unintended recipients is not authorized and may be unlawful.