

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: Coolbaugh Township State: PA
ZIP: 18466 Country: USA
Latitude: N41 08.262 (dd:mm:ss N/S) Longitude: W75 22.803 (ddd:mm:ss E/W)

Date/Time

Date: 10/09/2012 Local Time: 20:02±
mm/dd/yyyy Time Zone: EST

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: Bell Helicopter Textron Canada Limited

Model: 407

Serial Number: 53783

Registration Number: N108MF

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 5,000 lbs

Weight at Time of Accident/Incident: 4,365 lbs

Location of Center of Gravity at Time of Accident/Incident:
123.2 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: 7

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: 08/03/2012
mm/dd/yyyy

Airframe Total Time: 837 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 Portable Bottle

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☐ No

ELT Manufacturer: Artex

Model/Series: C406-N-HM

ELT Aided in Locating Accident/Incident

☐ Yes ☐ No

Serial Number: 04128

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. <i>mm/dd/yyyy</i>	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	Rolls Royce (Allison)	250-C47B	CAE-848057	04/16/2007	674	837		837
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: ACS Helicopters LLC <hr/> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: ██████ Far Hills, State: NJ ZIP: 07931 Country: USA	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: SEE NOTE # 2 ON PAGE 11 BELOW Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address <input type="checkbox"/> Same As Registered Owner City: _____ 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <hr/> Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi <hr/> Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International <hr/> Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Select all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> 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 <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 <hr/> Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed	Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i> The helicopter descended into a wooded area and was totally destroyed.			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: <u>KMPO</u>		Distance From Airport Center: <u>1</u> SM	
Airport Name: <u>MT POCONO</u>		Direction From Airport: <u>310</u> degrees MAG	
Proximity to Airport <input checked="" type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip		Airport Elevation: <u>1,915</u> ft. MSL	
Approach Segment <i>(Select one)</i> <input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Landing <input type="checkbox"/> Base leg <input checked="" type="checkbox"/> Final <input type="checkbox"/> Go Around <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)			
IFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling		VFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input checked="" type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input checked="" type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown	
Runway Information Runway ID: <u>13</u> (L/R/C) Length: <u>5,001</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation	
Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow			
FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KELM</u> City: <u>Elmira</u> State: <u>NY</u> Country: <u>USA</u>		Time of Departure Time: <u>1845</u> Time Zone: <u>EST</u>	
Destination Airport ID: <u>KSMQ</u> City: <u>Bedminster</u> State: <u>NJ</u> Country: <u>USA</u>		Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of ATC Clearance/Service <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i> <input type="checkbox"/> Class A <input type="checkbox"/> Class E <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Special <input type="checkbox"/> Class B <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Restricted Area <input type="checkbox"/> TRSA <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Demo Area <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> FAR 93 <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Warning Area <input type="checkbox"/> Airport Advisory Area			
Aircraft Load Description <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Towing Glider <input type="checkbox"/> Parachutists <input type="checkbox"/> Livestock <input checked="" type="checkbox"/> Passengers <input type="checkbox"/> Towing Banner <input type="checkbox"/> Water <input type="checkbox"/> Unknown <input type="checkbox"/> Cargo <input type="checkbox"/> Other External <input type="checkbox"/> Chemical/Fertilizer/Seeds			
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff <i>(convert from pounds, as necessary)</i> <u>128</u> Gallons		Fuel Type <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> 100 Low Lead <input checked="" type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5	
Other Services, if Any, Prior to Departure Weather Briefing			

EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <u>Unknown</u> Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) </div> <div> <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Unknown </div> </div>	
Briefing Type/Completeness <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer </div> <div> <input type="checkbox"/> Abbreviated <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent </div> </div>		Light Condition <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Dawn <input type="checkbox"/> Day </div> <div> <input type="checkbox"/> Dusk <input type="checkbox"/> Night </div> <div> <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported </div> </div>	
Visibility _____ 2 miles		Method of Briefing <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Unknown	
Sky/Lowest Cloud Condition <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered </div> <div> <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input checked="" type="checkbox"/> Unknown </div> </div>		Ceiling <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast </div> <div> <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input checked="" type="checkbox"/> Unknown </div> </div>	
Restriction to Visibility <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust </div> <div> <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input checked="" type="checkbox"/> Unknown </div> </div>		Lowest Cloud Condition Height _____ ft AGL	
Ceiling Height _____ ft AGL		Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable	
Wind Speed Velocity: _____ 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 <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Clear Air </div> <div> <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm </div> </div>		Severity of Turbulence <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Extreme <input type="checkbox"/> Severe </div> <div> <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop </div> <div> <input type="checkbox"/> Light </div> </div>	
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident Unknown			
Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast <div style="display: flex; justify-content: space-between;"> <div> Amount <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light </div> <div> Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed </div> </div>	
Icing Actual <div style="display: flex; justify-content: space-between;"> <div> Amount <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light </div> <div> Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed </div> </div>		Type of Precipitation <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower </div> <div> <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle </div> </div>	
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 <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
Pilot "A" Identification <div style="display: flex; justify-content: space-between;"> <div> First Name: <u>Willaim</u> Middle Initial: <u>W.</u> Last Name: <u>Ellsworth</u> </div> <div> City: <u>Califon</u> State: <u>NJ</u> ZIP: <u>07830</u> Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Age at time of Accident/Incident: <u>52</u></div> <div>Date of Birth: [REDACTED] <i>mm/dd/yyyy</i></div> <div>Certificate Number: [REDACTED] +</div> </div>																																																																																																				
Degree of Injury <input type="checkbox"/> None <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			Seat Occupied <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
Pilot Certificate(s) <i>(Check all that apply)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> None</div> <div style="width: 25%;"><input type="checkbox"/> Student</div> <div style="width: 25%;"><input type="checkbox"/> Recreational</div> <div style="width: 25%;"><input type="checkbox"/> Commercial</div> <div style="width: 25%;"><input type="checkbox"/> Flight Engineer</div> <div style="width: 25%;"><input type="checkbox"/> Foreign</div> <div style="width: 25%;"><input type="checkbox"/> Private</div> <div style="width: 25%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 25%;"><input type="checkbox"/> Sport</div> <div style="width: 25%;"><input checked="" type="checkbox"/> Airline Transport</div> <div style="width: 25%;"><input type="checkbox"/> U.S. Military</div> </div>																																																																																																				
Principal Occupation <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			Date of Last Medical <u>06/01/2012</u> <i>mm/dd/yyyy</i>																																																																																												
Medical Certificate Limitations																																																																																																				
Medical Certificate Waivers																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>05/01/2012</u> <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: <u>Bell</u> Model: <u>407</u>																																																																																																
Airplane Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift </div> <div> <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport </div> </div>																																																																																														
Type Ratings						Student Endorsements <i>(Include dates)</i>																																																																																														
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants; complete the following information)																				
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PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)																				
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First Name: <u>Tighe</u> City: <u>Darien</u> Middle Initial: _____ State: <u>CT</u> ZIP: _____ Last Name: <u>Sullivan</u> Country: <u>USA</u>						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: <u>Stephen</u> City: <u>Bernardsville</u> Middle Initial: _____ State: <u>NJ</u> ZIP: <u>07924</u> Last Name: <u>Barral</u> Country: <u>usa</u>						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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.

MR. WILLIAM W. ELLSWORTH and MR. ARTHUR J., GRYMES, IV have been close friends since grammar school. The 2 of them belong to the same golf club as MR. STEPHEN M. BARRAL. Steve Barral is a close friend and fraternity brother of MR. TIGHE SULLIVAN. The 2 of them and MR. MIKE EISNER all went to college together and currently are business associates. All 5 of these gentlemen are avid golfers. A.J. Grymes is a member of the Pine Valley Golf Club in southern New Jersey. William Ellsworth was a helicopter pilot who enjoyed flying this particular Bell 407 helicopter. The 5 of them decided to take a flying golf outing, with Mr. Ellsworth flying the helicopter but not playing golf, as he had just played that course a few days earlier.

Steve Barral is also a business associate of one of the principles of ACS Helicopters LLC. and Will Ellsworth is a friend of that same principle. Through these relationships use of the helicopter was arranged for that day. Each of them had used it from time to time before this, for their personal travel.

The day began at 7:45 AM at KSMQ. Will Ellsworth and AJ Grimes departed in the helicopter for KMMU where they picked up Tighe Sullivan, Mike Eisner and Steve Barral. They all departed KMMU approximately 8:00 AM and arrived at K19N – Camden County Airport – at 9:00 AM. On the way there, Will Ellsworth announced that the weather had deteriorated and, if it got any worse, he would have to cancel the outing for that day.

After arriving, the 5 gentlemen went to the Pine Valley Golf Club and had a light breakfast. The 4 golfers then played the course, without stopping for lunch. After golf, they ate a light lunch which included one or 2 drinks of alcohol for each of them. Approximately 2 hours prior to this time, Will Ellsworth had returned to the airport to prepare for the flight to KSMQ. When the others were finished with lunch, they too left for the airport. On the way there, at Tighe Sullivan's suggestion, they stopped for some beer to drink during the flight.

They departed from Camden County airport at approximately 4:20 PM. Will Ellsworth and Mike Eisner sat in the front seats, while Tighe Sullivan, A.J. Grymes and Steve Barral sat in the rear compartment. They arrived at Somerset Airport to drop off AJ Grimes at approximately 5:10 PM. At this time, Will Ellsworth had the aircraft refueled. While this was being done, Tighe Sullivan arranged to get some more beer for the flight to Elmira.

At approximately 5:30 PM, they departed Somerset Airport for Elmira Airport. Will Ellsworth and Mike Eisner continued to occupy the front seats, while Tighe Sullivan and Steve Barral sat in the rear compartment. They arrived at approximately 6:30 PM to drop off Mike Eisner. Will Ellsworth arranged to have the aircraft refueled and went inside to get a weather briefing.

At approximately 7:10 PM they departed Elmira Airport for Morristown Airport. Tighe Sullivan had moved to the front left seat; he and Will Ellsworth were seated in the front seats, while Steve Barral continued to sit in the rear compartment. It is reported that during the flight Tighe Sullivan asked Will Ellsworth several questions about the controls, the gauges, etc. They had planned to go to White Plains, New York to drop off Tighe Sullivan but decided against that after receiving the weather briefing.

At approximately 8:02 PM Steve Barral sent a text message to his wife, Angela, "we are diverting to Mount Pocono due to weather."

Shortly after that the accident occurred.

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

Operator/Owner Safety Recommendation

Unless this accident is shown to have resulted from equipment failure or malicious action, it will be attributed to human error. Routinely, the catchall category for human error is "Pilot Error". However, in this matter, the achievements and the reputation of the pilot demand that one question this all too convenient conclusion.

Will Ellsworth was a highly experienced professional pilot with 19,000 hours of flight time. He had a reputation of being an extremely careful pilot who did everything by the checklists. He had memorized the Aircraft Operating Manual. He received recurrent flight training 5 times a year. Everyone (at American Airlines and at his home airport) regarded him as an exceptionally safe pilot. At the time of the accident, it has been reported that the meteorological conditions (1¼ miles visibility) permitted VFR helicopter flight in the class G airspace surrounding KMPO. Despite this, Will, when encountering unforecast deteriorating conditions, decided to make a precautionary landing at Mt. Pocono Airport. He announced this to his passengers. Indeed, everything he did that day only confirmed his reputation for being a very careful and safety conscious pilot.

The passenger, Steve Barrell confirms this. He reports that there was no sense of urgency or concern among the persons in the aircraft as they approached Mt. Pocono Airport. He said that they could see the airport, they could see the cars on the highway and that he was sitting there looking at the trees. They were not in the clouds and they had not been in the clouds. He sent a text message to his wife explaining what they were doing. There was no sense of concern or danger at that time.

Located between the pilot in the front right seat and the passenger, Tighe Sullivan, in the front left seat, in the center console, was the collective control lever of the helicopter. Of course, as its name implies, this lever changes the pitch of all the blades in the main rotor collectively. It is known that this passenger, like most passengers, was not familiar with the flight deck of the Bell 407. He was asking the pilot questions about it. It is possible that while this passenger was preparing for the landing at Mt. Pocono – perhaps while fastening his seatbelt or rearranging himself in his seat – he put his weight on that collective without realizing what he was doing. This would cause the aircraft, which was already low on final approach, to descend precipitously.

There is nothing designed into the helicopter to protect against this event. Perhaps it would be better to locate the pilot of single-pilot helicopters in the front left seat. That way when the controls are removed from the passenger seat, the passenger has no access to any controls at all and could not accidentally alter the flight path of the helicopter.

ADDITIONAL INFORMATION *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

Note # 1: Certain information requested in the Form cannot be provided because NTSB is in possession of the most recent Logbooks and maintenance records, which were located in the aircraft at the time of the accident. Other information requested is simply unknown to the undersigned and left blank. Certain information is estimated by the undersigned based on data reported to him.

Note # 2: Respecting the "Operator" at the time of the accident.: NTSB Regulations Part 830, §830.2 defines Operator - "means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft." The 3 gentlemen who were in the aircraft at the time of the accident were the bailees of the aircraft; the pilot had the ultimate authority to determine all matters of the operation of the aircraft at the time of the accident.

Note # 3: The pilot experience Flight Times set forth in Pilot "A" Information on Page 7 above, are current as of September 22, 2011 (taken from an insurance renewal form filed on that date).

Note # 4: This report has been completed by, and is filed by, the undersigned who serves as legal counsel to ACS Helicopters LLC. No employee or representative of ACS Helicopters LLC was present at any of the events that are reported herein. All of the information set forth herein is presented as hearsay which has been collected by the undersigned and is believed to be true by the undersigned.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

11/31/2012

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: _____

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

Signature: _____

Type or Print Name: JOHN J. McNamara

Title: Attorney At Law - ACS Helicopters LLC

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA13FA014

Reviewed by NTSB Regional Office

ASHBURN, VA

Name of Investigator

T. GUNTHER

Date Report Received

1/10/13