

**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: <u>105 Tower Road, Houma</u> State: <u>LA</u> ZIP: <u>70363</u> Country: <u>USA</u> Latitude: <u>29.57 N</u> (dd:mm:ss N/S) Longitude: <u>90.66 W</u> (ddd:mm:ss E/W) | | Date/Time Date: <u>10/22/2012</u> Local Time: <u>06:00 AM</u> <i>mm/dd/yyyy</i> Time Zone: <u>Central</u> | |
| Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input checked="" type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown | | Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None | Altitude of In-Flight Occurrence _____ <u>0</u> ft MSL |

AIRCRAFT INFORMATION

| | |
|--|--|
| Manufacturer: <u>Agusta SPA</u> Model: <u>AW139</u> Serial Number: <u>41013</u> Registration Number: <u>N385RH</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Max Gross Weight: _____ <u>14,994</u> lbs Weight at Time of Accident/Incident: _____ <u>11,275</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ <u>213</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC) |
|--|--|

| | | | |
|---|---|---|---|
| Category of Aircraft <input type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown | Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport | Number of Seats: _____ If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____ | Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown |
|---|---|---|---|

| | | |
|---|--|--|
| Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input checked="" type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____ | Last Inspection Type <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown | Date Last Inspection: _____ <u>10/14/2012</u> <i>mm/dd/yyyy</i> Airframe Total Time: _____ <u>2,063</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident |
|---|--|--|

| | | |
|---|--|--|
| IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Stall Warning System Installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Pacific Scientific</u> |
|---|--|--|

| | |
|--|--|
| ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | ELT Manufacturer: <u>Techtest</u> Model/Series: <u>503 Series (503-16)</u> Serial Number: <u>2009</u> Battery Type: <u>"D cell" Lithium-sulphur dioxide</u> Battery Exp. Date: <u>12-31-2015</u> |
|--|--|

| | | |
|---|--|---|
| Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input checked="" type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected | Propeller <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: <u>NA</u> Model: <u>NA</u> |
|---|--|---|

| 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 | Pratt & Whitney Canada | PT6C-67C | PCE-X80496 | 01/31/2009 | 2000 | 1,016 | 50 | 0 |
| Eng. 2 | Pratt & Whitney Canada | PT6C-67C | PCE-KBo320 | 02/05/3008 | 2000 | 2,063 | 50 | 0 |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

OWNER/OPERATOR INFORMATION

| | |
|---|--|
| Registered Aircraft Owner Name: <u>Era Helicopters Inc LLC.</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Owner Address City: <u>Lake Charles</u> State: <u>LA</u> ZIP: <u>70605</u> Country: <u>USA</u> |
|---|--|

| | |
|--|--|
| Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____ | Operator Address <input checked="" 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 Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|

| | | |
|---|--|---|
| Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input 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 checked="" 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 Domestic or International <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International 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 (Check all that apply) <input 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 checked="" 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.) Under Investigation | Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours |
|--|--|

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

| | | |
|--|---|--|
| Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input 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 (use additional sheet if necessary)

Landing gear damage
Nose bulk head damage
Sponson damage

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

Airport Identifier: KHUM **Distance From Airport Center:** 1 SM
Airport Name: Houma -Terrebonne **Direction From Airport:** 240 degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** 9 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/TVOR 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: KHUM
City: Houma
State: LA
Country: USA

Time of Departure

Time: 06:00 AM
Time Zone: Central

Destination

Airport ID: KHUM
City: Houma
State: LA
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)
129 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

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

| | | |
|-------------------------------|-------------------------|---|
| Pilot Name and Address | | Degree of Injury |
| First Name: _____ | City: _____ | <input type="checkbox"/> None <input type="checkbox"/> Fatal |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____ | Country: _____ | <input type="checkbox"/> Serious |

| | | |
|--|--|---|
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied |
| <input type="checkbox"/> None | <input type="checkbox"/> Student | <input type="checkbox"/> Left <input type="checkbox"/> Front |
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Commercial | <input type="checkbox"/> Right <input type="checkbox"/> Rear |
| <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Flight Engineer | <input type="checkbox"/> Center <input type="checkbox"/> Single |
| <input type="checkbox"/> Sport | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> U.S. Military |
| <input type="checkbox"/> Private | <input type="checkbox"/> Foreign | <input type="checkbox"/> Unknown |

| | |
|---|---|
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | Total Flight Time at the Time of this Accident/Incident: _____ hrs |
|---|---|

| | | |
|-------------------------------|-------------------------|---|
| Pilot Name and Address | | Degree of Injury |
| First Name: _____ | City: _____ | <input type="checkbox"/> None <input type="checkbox"/> Fatal |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____ | Country: _____ | <input type="checkbox"/> Serious |

| | | |
|--|--|---|
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied |
| <input type="checkbox"/> None | <input type="checkbox"/> Student | <input type="checkbox"/> Left <input type="checkbox"/> Front |
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Commercial | <input type="checkbox"/> Right <input type="checkbox"/> Rear |
| <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Flight Engineer | <input type="checkbox"/> Center <input type="checkbox"/> Single |
| <input type="checkbox"/> Sport | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> U.S. Military |
| <input type="checkbox"/> Private | <input type="checkbox"/> Foreign | <input type="checkbox"/> Unknown |

| | |
|---|---|
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | Total Flight Time at the Time of this Accident/Incident: _____ hrs |
|---|---|

| | | |
|-------------------------------|-------------------------|---|
| Pilot Name and Address | | Degree of Injury |
| First Name: _____ | City: _____ | <input type="checkbox"/> None <input type="checkbox"/> Fatal |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____ | Country: _____ | <input type="checkbox"/> Serious |

| | | |
|--|--|---|
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied |
| <input type="checkbox"/> None | <input type="checkbox"/> Student | <input type="checkbox"/> Left <input type="checkbox"/> Front |
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Commercial | <input type="checkbox"/> Right <input type="checkbox"/> Rear |
| <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Flight Engineer | <input type="checkbox"/> Center <input type="checkbox"/> Single |
| <input type="checkbox"/> Sport | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> U.S. Military |
| <input type="checkbox"/> Private | <input type="checkbox"/> Foreign | <input type="checkbox"/> Unknown |

| | |
|---|---|
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ | <input type="checkbox"/> |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="checkbox"/> |
| Last Name: _____ | Country: _____ | <input type="checkbox"/> |

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. Please see attached

The helicopter was being relocated from one landing pad to another, about 20 feet away, when the accident occurred. When the wheels touched the ground during the landing, a vertical vibration was noted. The pilot increased the collective in an attempt to load the main rotor system; however, the vibration worsened and the helicopter began to shake violently. The pilot was able to move the helicopter away from the pad, as there was another helicopter being fueled next to it. The pilot then made a left pedal turn and was able to set the helicopter down on the grass. He stated that the helicopter impacted the ground very hard while moving laterally to the left

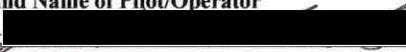
RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation
Still under investigation for root cause.

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 11/02/2012 <i>mm/dd/yyyy</i> | Signature and Name of Pilot/Operator Signature:  Type or Print Name: Jonathan T. Conrad |
|---|---|

| |
|--|
| Signature and Name of Person Filing Report if Other than Pilot/Operator Signature:  Type or Print Name: Jonathan T. Conrad Title: Flight Safety Coordinator |
|--|

FOR NTSB USE ONLY

| | | | |
|-----------------------------------|---|-----------------------------|-----------------------------|
| NTSB Accident/Incident No. | Reviewed by NTSB Regional Office | Name of Investigator | Date Report Received |
|-----------------------------------|---|-----------------------------|-----------------------------|

ERA HELICOPTER - N385RH ACCIDENT - HOUMA, LA - OCTOBER 22, 2012
Statement of Incident - Michael D. Northcutt

To Whom It May Concern:

At approximately 0510, Dustin Pugh (the PIC) and myself (Michael Northcutt - the SIC) reviewed the maintenance logbook and headed to the aircraft for preflight. I stopped to get the fuel sample jar and pale while Dustin continued to the aircraft located in the hangar. When I arrived at the aircraft, Dustin had begun to pre-flight the right side. I plugged in the power cart, turned the external power switch on, and started taking the fuel sample. Dustin completed the right side and continued to the left side to finish the lower and upper areas. We finished the preflight and maintenance assisted us in moving the aircraft to A-5 pad.

We both did a final walk-a-round and 'strapped in' for our run-up checks. After completing our run-up and power/trend checks, Dustin (in the right seat) lifted the aircraft off the ground and hovered laterally to center it on the pad and then shut it down.

After the shutdown, maintenance came to the aircraft and asked if we could re-start and move it to A-4 Pad. We agreed and started the aircraft normally. Dustin passed the controls to me (in the left seat) for the short hover flight. I lifted the aircraft normally, hovered backwards for about 20+ feet and started a right pedal turn and hover taxied towards the pad.

When abeam, I left pedal turned to line up with the center of the pad and began to hover forward. Once the main wheels were over the edge of the pad I started to descend while continuing to move forward. After the main wheels touched down, I started to lower the nose to the ground to finish the taxi forward and shutdown. I'm not sure if the nose wheel was fully down, but almost immediately the aircraft began to oscillate violently. I continued to lower the collective but the vibrations and violent oscillations got progressively worse. Initially thinking that somehow we had gotten into ground resonance, my reaction was to reverse what I was doing increase the collective to get the aircraft off the ground, or at least see if increasing power would reduce the oscillations.

We became airborne but the aircraft continued to oscillate and vibrate violently. I didn't want to try and set it back down on the pad since there was another AW139 refueling next to us on A-3. However, I was able to move left and rearward away from the other aircraft and when clear, initiated a pedal turn towards the left. By now the vibrations and oscillations were severe enough that my headset came off and all I could think of was to keep the aircraft level. I don't remember spinning but do remember when setting the aircraft down on the grass, we hit the ground very hard while it was moving laterally to the left.

After the impact I reached over and shut down both engines and heard Dustin yelling to shut off the fuel, which I did. Our rotor brake was MEL'd so I waited momentarily to shut off the electrical systems since the rotors were still turning.

Once everything was shut down I asked Dustin how he was doing and attempted to open my door...it was stuck. A moment later someone from the outside opened my door and I was able to exit the aircraft and inspect myself that I was not injured.

Michael D. Northcutt
Era Helicopters LLC
AW139 SIC, BH212/412 Check Airman, IFR Captain

Cognevich III, Andrew

From: Pugh, Dustin
Sent: Monday, October 22, 2012 12:39 PM
To: Dardar, Randy
Cc: Gayle, Frank; Cognevich III, Andrew

Mike N. and myself was moving the aircraft after doing our powercheck on A5 to A4. We had a possitive exchange of controls, to Mike. We lifted to a hove and it was very smooth we moved over to A4 and had a very smooth decent and the rear wheels touched the ground at a smooth rate, he proceeded to lower the colective and the aircraft started to shake , mike reduced collective it did not slow down the shake and it got worse so we added power and the helicopter lifted and the shake became violent so we were able to pedal turn the aircraft out of the way of the other aircraft, the shaking got even worse and we lost our headsets and could not read the displays. Then the aircraft hit the ground, we turned engines off and fuel.

Added: I remember someone saying from the ops check flight that it had a small bump to it, but they figured it wasnt anything to worry about? I do not remember who it was that told me this.

Helicopter Pilot
Dustin Pugh

