NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location
Nearest City/Place: CARTHAGE State: NY
ZIP: 13619 Country: JEFFERSON
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
Date: 02/01/2015 *mm/dd/yyyy* Local Time: 3:05 P.M
Time Zone: EASTERN

Collision with Other Aircraft: ○ Midair ○ On-ground ☒ None

Registration Number: N20059
Manufacturer: SCHWEIZER
Model: 269C-1
Serial Number: 0053
Year of Manufacture: 1997
Amateur-Built: ○ Yes ☒ No *If Yes:* ○ Kit/Plans ○ Original Design Make: _____

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 1600 lbs
Weight at Time of Accident/Incident: 1452 lbs
Number of Seats: 2 Flight Crew Seats: _____
Cabin Crew Seats: _____ Passenger Seats: _____
Number of Engines: 1

Category of Aircraft
○ Airplane
○ Balloon
○ Blimp/Dirigible
○ Glider
○ Gyroplane
● Helicopter
○ Powered Lift
○ Rocket
○ Ultralight
○ Unknown

Type of Airworthiness Certificate *(Check all that apply)*

Standard	Special
☒ Normal	☐ Restricted
☐ Aerobatic	☐ Limited
☐ Balloon	☐ Provisional
☐ Commuter	☐ Special Flight
☐ Transport	☐ Experimental
☐ Utility	☐ Special Light-Sport
	☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear *(Check all that apply)*
☐ Retractable
☐ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☒ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System
☐ None ☐ Unknown

Engine Type *(Select one)*
☒ Reciprocating ○ Liquid Rocket
○ Turbo Shaft ○ Solid Rocket
○ Turbo Prop ○ Hybrid Rocket
○ Turbo Jet ○ None
○ Turbo Fan ○ Unknown
○ Electric

Fuel System Type *(Reciprocating)*
☒ Carburetor ○ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. *mm/dd/yyyy*	Rated Power ☒ Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	LYCOMING	HO-360-C1A	RL35393-36A	01/01/04	180	649	10	614
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
☒ 100-Hour ○ Continuous Airworthiness
○ AAIP ○ Conditional Inspection
☒ Annual ○ Unknown

Date Last Inspection: 06/07/2014 *mm/dd/yyyy*
Airframe Total Time: 2599.2 hrs
hours measured at *(Select one)*
☒ Last Inspection ○ Time of Accident/Incident

Type of Maintenance Program *(Select one)*
☒ Annual
○ Conditional (Amateur-built only)
○ Manufacturer's Inspection Program
○ Other Approved Inspection Program (AAIP)
○ Continuous Airworthiness
○ Other, specify: _____

Description of Fire Extinguishing System
☒ None
○ Specify:

Propeller 1 ○ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer: N/A
Model: _____

Propeller 2 ○ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer: N/A
Model: _____

ELT Installed: ○ Yes ☒ No
If Yes:
ELT Manufacturer: _____
Model or Part No.: _____
TSO No.: ○ C91 (121.5 MHz) ○ C91a (121.5 MHz) ○ C126 (406 MHz)
Was ELT still mounted in aircraft? ○ Yes ○ No
Was ELT still connected to antenna? ○ Yes ○ No
Did ELT Activate? ○ Yes ○ No
If activated:
Did ELT Aid in Locating Aircraft: ○ Yes ○ No
If not activated:
Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown

Additional Equipment *(Check all that apply)*
☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Other, Specify:

Registered Aircraft Owner

Name: FLY NORTH INC

Fractional Ownership Aircraft: ○ Yes ☒ No

City: [redacted]

State: NY ZIP: 13619

Country: US

Operator of Aircraft ☒ *Same As Registered Owner* ☒ *Same Address as Registered Owner*

Name:

Doing Business As:

Air Carrier/Operator Designator (4 Character Code):

City:

State: ZIP:

Country:

Operating Certificates Held *(Check all that apply)*

- ☐ None
- ☐ Flag Carrier Operating Certificate (FAR 121)
- ☐ Supplemental
- ☐ Air Cargo
- ☐ Foreign Air Carriers (FAR 129)
- ☐ Rotorcraft External Load (FAR 133)
- ☐ Commuter Air Carrier (FAR 135)
- ☐ On-Demand Air Taxi (FAR 135)
- ☐ Commercial Air Tour (FAR 136)
- ☐ Agricultural Aircraft (FAR 137)
- ☐ Pilot School (FAR 141)
- ☐ Certificate of Authorization or Waiver (COA)
- ☐ Commercial Space Transportation Experimental Permit
- ☐ Commercial Space Transportation License
- ☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☒ FAR 91 ○ FAR 129 ○ FAR 415
- ○ FAR 103 ○ FAR 133 ○ FAR 431
- ○ FAR 121 ○ FAR 135 ○ FAR 435
- ○ FAR 125 ○ FAR 137 ○ FAR 437

- ○ FAR 91 Special Flight
- ○ Non-US, Commercial
- ○ Non-US, Non-commercial

- ○ Public Aircraft *(Select one)*
  - ○ Armed Forces
  - ○ Federal
  - ○ State
  - ○ Local
- ○ Unknown

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

- ○ Scheduled or Commuter ○ Domestic
- ○ Non-Scheduled or Air Taxi ○ International

- ○ Passenger
- ○ Cargo
- ○ Mail Contract Only

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

- ○ Aerial Application ○ Firefighting ○ Unknown
- ○ Aerial Observation ○ Flight Test
- ○ Air Drop ○ Glider Tow
- ○ Air Race/Show ○ Instructional
- ○ Banner Tow ○ Other Work Use
- ○ Business ☒ Personal
- ○ Executive/Corporate ○ Positioning
- ○ External Load ○ Skydiving
- ○ Ferry

Revenue Sightseeing Flight

○ Yes ☒ No

Air Medical Flight

○ Yes ○ No

Airport Name:

Airport Identifier:

Proximity to Airport: ○ Off Airport/Airstrip ○ On Airport/Airstrip ○ N/A

Distance From Airport Center: sm

Direction From Airport: degrees true

Airport Elevation: ft. msl

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
- ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

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
- ☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment *(Select one)*

- ○ Taxi
- ○ Takeoff
- ○ Initial Climb
- ○ VFR Departure
- ○ IFR Departure Procedure/Clearance
- ○ On Instrument Approach
- ○ Landing
- ○ Downwind
- ○ Base
- ○ Final
- ○ Crosswind
- ○ Low Approach
- ○ Go Around
- ○ Aborted Landing (after touchdown)
- ○ Unknown

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
- ☐ 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

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident
(●) Pilot ( ) Co-Pilot ( ) Student Pilot ( ) Flight Instructor ( ) Check Pilot ( ) Flight Engineer ( ) Other Flight Crew

"Flight Crewmember 1" was pilot flying ☐ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: GARY
Middle Initial: R
Last Name: JOHNSON

City of Residence: [redacted]
State: NY ZIP: 13619
Country: US

Age at time of Accident/Incident: 56 Date of Birth: [redacted]1958 mm/dd/yyyy
Certificate Number:

Degree of Injury
(●) None ( ) Fatal
( ) Minor ( ) Unknown
( ) Serious

Seat Occupied
( ) Left ( ) Front ( ) Unknown
(●) Right ( ) Rear
( ) Center ( ) Single

Restraint Type

Available	Used
( ) None	( ) None
( ) Lap only	( ) Lap only
(●) 3-point	(●) 3-point
( ) 4-point	( ) 4-point
( ) 5-point	( ) 5-point
( ) Unknown	( ) Unknown

Inflatable Restraints
(●) Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

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

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 ( ) Unknown
( ) With limitations/waivers ( ) N/A
( ) Special Issuance

Date of Last Medical
01/17/2011 mm/dd/yyyy LAST FOUND

Medical Certificate Limitations
CORRECTIVE LENSES

Medical Certificate Special Issuance
—

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: UNKNOWN
mm/dd/yyyy

Flight Review Aircraft
Make: SWH WEICAR
Model: 269C-1

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 ☐ 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	UNKNOWN									
Last 90 Days										
Last 30 Days										

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

○ Pilot ○ Co-Pilot ○ Student Pilot ○ Flight Instructor ○ Check Pilot ○ Flight Engineer ○ Other Flight Crew

"Flight Crewmember 2" was pilot flying ☐ Yes ☒ No NONE

"Flight Crewmember 2" Identification

First Name: N/A

Middle Initial: _____

Last Name: _____

City of Residence: _____

State: _____ ZIP: _____

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

Restraint Type

Available	Used
○ None	○ None
○ Lap only	○ Lap only
☒ 3-point	● 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Inflatable Restraints
- ☒ Not Installed
- ☐ Installed
- ☐ Not Deployed
- ☐ Deployed
- ☐ Unknown

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

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
- ○ Unknown
- ○ With limitations/waivers
- ○ N/A
- ○ Special Issuance

Date of Last Medical _____ *mm/dd/yyyy*

Medical Certificate Limitations

Medical Certificate Special Issuance

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
- ☐ 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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

[redacted]

Crew Name and Address

First Name: ____ City of Residence: ____
Middle Initial: ____ State: ____ ZIP: ____
Last Name: ____ Country: ____

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

Injury
O None O Minor O Serious O Fatal O Unknown

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign

Restraint Type:

Available	Used
O None	O None
O Lap Only	O Lap Only
O 3-point	O 3-point
O 4-point	O 4-point
O 5-point	O 5-point
O Unknown	O Unknown

Inflatable Restraints
☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ 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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Crew Name and Address

First Name: ____ City of Residence: ____
Middle Initial: ____ State: ____ ZIP: ____
Last Name: ____ Country: ____

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

Injury
O None O Minor O Serious O Fatal O Unknown

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☒ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign

Restraint Type:

Available	Used
O None	O None
O Lap Only	O Lap Only
O 3-point	O 3-point
O 4-point	O 4-point
O 5-point	O 5-point
O Unknown	O Unknown

Inflatable Restraints
☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ 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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Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: Mike City: Carthage Middle Initial: ____ State: NY ZIP: 13619 Last Name: Rona Country: US O Crew ● Passenger O Other	● Left O Center O Right O Unknown Row: ____	● None O Minor O Serious O Fatal O Unknown	Available: O None, O Lap Only, ● 3-point, O 4-point, O 5-point, O Unknown Used: O None, O Lap Only, ● 3-point, O 4-point, O 5-point, O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	Available: O None, O Lap Only, O 3-point, O 4-point, O 5-point, O Unknown Used: O None, O Lap Only, O 3-point, O 4-point, O 5-point, O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	Available: O None, O Lap Only, O 3-point, O 4-point, O 5-point, O Unknown Used: O None, O Lap Only, O 3-point, O 4-point, O 5-point, O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	Available: O None, O Lap Only, O 3-point, O 4-point, O 5-point, O Unknown Used: O None, O Lap Only, O 3-point, O 4-point, O 5-point, O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: _____
City: _____
State: _____
Country: _____

Time of Departure
Time: _____
Time Zone: _____

Destination
Airport ID: _____
City: _____
State: _____
Country: _____

Type Flight Plan Filed
○ None ○ VFR/IFR
○ Company VFR ○ IFR
○ Military VFR ○ Unknown
○ VFR
Activated? ○ Yes ○ No ○ Unknown

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

Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT SITE

Source of Pilot Weather Information *(Check all that apply)*
☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☒ Internet
☐ Automated Report ☐ None
☐ Commercial Weather Service (DUATS) ☐ Unknown
☐ On-Board Weather

Weather Observation Facility
Facility ID: _____
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ nm
Direction from Accident Site: _____ degrees true

Basic Conditions
○ VMC
○ IMC
○ Unknown

Light Condition
○ Dawn ○ Dusk ○ Dark Night ○ Unknown
☒ Day ○ Night ○ Bright Night

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

Lowest Cloud Condition Height
_____ ft agl

Ceiling
☒ None (Clear) ○ Obscured
○ Broken ○ Indefinite
○ Overcast ○ Unknown

Ceiling Height
_____ ft agl

Temperature: _____ (C) or 20 (F)
Dew Point: _____ (C) or _____ (F)
Altimeter Setting: _____ in. Hg
or _____ MB

Wind Direction
☐ Variable
-or-
Direction: _____ degrees true

Wind Speed
☒ Calm
☐ Light and Variable
-or-
Speed: _____ kts

Wind Gusts
☐ Not Gusting
-or-
Speed: _____ kts

Visibility 20 miles
RVR: _____ feet
RVV: _____ miles
Density Altitude: _____ ft

Intensity of Precipitation
○ Light
○ Moderate
○ Heavy
○ N/A
☒ Unknown

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

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

Icing Forecast

Amount	Type
☒ None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Icing Actual

Amount	Type
☒ None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Turbulence

Type *(Check all that apply)*	Severity
☒ None	☐ Light
☐ Clear Air	☐ Moderate
☐ Terrain-Induced	☐ Severe
☐ Convective Turbulence	☐ Extreme

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

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
○ None	● Substantial	● None	○ Both Ground and In-Flight	● None	○ Both Ground and In-Flight
○ Minor	○ Destroyed	○ In-Flight	○ Fire at Unknown Time	○ In-Flight	○ Explosion at Unknown Time
	○ Unknown	○ On-Ground	○ Unknown	○ On-Ground	○ Unknown

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

BLADES - CABIN

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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

Appox 600' AGL. TURN UP - MIS judged Height - w/ - hitting ICE on River.

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

(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

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

14 Gallons

Fuel Type

○ 80/87	○ 115/145	○ Jet B	○ Other, specify _____
● 100 Low Lead	○ Jet A	○ JP8	
○ 100/130	○ Jet A-1	○ Automotive	

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

—

OTHER AIRCRAFT

Aircraft Registration Number

_____

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed ☐ Minor ☐ Substantial ☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

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

Date of this Report
01/15/2015
mm/dd/yyyy

Name of Pilot/Operator: GARY JOHNSON

Signature: [redacted]

-- or -- ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ **Title:** _____

Signature: _____

-- or -- ☐ Check here to electronically sign this document

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
ERA15CA127	ERA	Etcher	March 3, 2015