FORM APPROVED FOR USE THROUGH 7/31/96 BY OMB NO.3147-0001.

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT
This form To Be Used For Reporting Civil Aircraft Accidents Involving Commercial and General Aviation Aircraft

Location

Nearest City/Place, State, Zip Code	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
LaBelle, FL 33935	04/26/2002	0905	+4	60 Feet MSL

If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information

Proximity To Airport

1.☐ On Approach 3.☐ Within 1/2 Mile 5.☐ Within 1 Mile 7.☐ Within 3 Miles
2.☐ Within 1/4 Mile 4.☐ Within 3/4 Mile 6.☐ Within 2 Miles 8.☑ Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface Conditions:
		1.☐ Direction: 3.☐ Width: 5.☐ Condition: 2.☐ Length: 4.☐ Surface:

Phase Of Operation:

1.☐ Standing 3.☐ Takeoff 5.☐ Cruise 7.☐ Approach 9.☑ Hover/Maneuver
2.☐ Taxi 4.☐ Climb 6.☐ Descent 8.☐ Landing 10.☐ Altitude Of In-Flight Occurrence 75 Feet MSL

Aircraft Information

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Certificated Max Gross WT
N14838	Bell	47G5A	25088	2800 lb.

Type Of Aircraft

1.☐ Airplane 5.☐ Blimp/Dirigible
2.☑ Helicopter 6.☐ Ultralight
3.☐ Glider 7.☐ Gyroplane
4.☐ Balloon 8.☐ Specify

Type Of Airworthiness Certificate

1.☐ Normal 5.☑ Restricted
2.☐ Utility 6.☐ Limited
3.☐ Acrobatic 7.☐ Experimental
4.☐ Transport 8.☐ Specify

Amateur Built

1.☐ Yes
2.☑ No

Landing Gear

1.☐ Tricycle—Fixed 4.☐ Tailwheel—Retractable 7.☑ Skid
2.☐ Tricycle—Retractable 5.☐ Tailwheel—Retractable Mains 8.☐ Limited
3.☐ Tailwheel—Fixed 6.☐ Amphibian 9.☐ Specify

No. Of Seats

Flight/Cabin Crew 1
Pax

Stall Warning System Installed	IFR Equipped	Engine Type
1.☐ Yes 2.☑ No	1.☐ Yes 2.☑ No	1.☑ Reciprocating—Carburetor 2.☐ Reciprocating—Fuel injected 3.☐ Turbo Prop 4.☐ Turbo Jet 5.☐ Turbo Fan 6.☐ Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
Lycoming	VO 435	1. 260 Horsepower 2. Lbs Thrust	(1. None) 2. Specify

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	6-25-1991	L-3358-31	4352 Hours	28 Hours	1121 Hours
~~Engine No. 2~~			Hours	Hours	Hours
~~Engine No. 3~~			Hours	Hours	Hours
~~Engine No. 4~~			Hours	Hours	Hours

Type Of Maintenance Program

1.☐ Annual
2.☐ Manufacturer's Inspection Program
3.☐ Other Approved Inspection Program(AAIP)
4.☐ Continuous Airworthiness
5.☑ Specify 100 hr.

Type Of Last Inspection

1.☐ Annual
2.☑ 100 Hours
3.☐ AAIP
4.☐ Continuous Airworthiness

Date Last Inspection Performed 10-26-2001 (M/D/Y)
Time Since Last Inspection 28 Hours
Airframe Total Time 8062 Hours

Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)
NA	Switch 1.☐ On 2.☐ Off 3.☐ Armed	Operated 1.☐ Yes 2.☐ No	Aided In Accident Location 1.☐ Yes 2.☐ No	

Registered Aircraft Owner
Airwork Enterprises of FL

Address P.O. Box 5100
Immokalee, FL 34143

Operator Of Aircraft

1.☑ Same As Registered Owner
2. Name
3. DBS:

Address

1.☑ Same As Registered Owner
2.

NTSB Form 6120.1/2 (11/87) This Form replaces NTSB Forms 6120.1 (Rev. 10/77) and 6120.2 (Rev.10/77)

Owner / Operator Information (cont.)

Operator (Certificate Number): WOBG269S

Operator Designator (4 Letter Designator):

Purpose Of Flight And Type Of Operation

Regulation Flight Conductor Under
1. ☐ FAR91 (only) 4. ☐ FAR 121 7. ☐ FAR 133
2. ☐ FAR91D 5. ☐ FAR 125 8. ☐ FAR 135
3. ☐ FAR 103 6. ☐ FAR 129 9. ☑ FAR 137

Purpose of Flight
1. ☐ Personal 6. ☐ Aerial Observation
2. ☐ Business 7. ☐ Other Work Use
3. ☐ Educational 8. ☐ Public Use
4. ☐ Executive/Corporate 9. ☐ Ferry
5. ☑ Aerial Application 10. ☐ Positioning

Operator Authority
FAR121
1. ☐ Domestic
2. ☐ Flag
3. ☐ Supplemental

FAR 135
4. ☐ On Demand
5. ☐ Commuter

✓ FAR 137

FAR 133
6. ☐ Rotorcraft External Load

FAR125
7. ☐ Large Aircraft

FAR 129
8. ☐ Foreign

FAR 121, 125, 127, 129, 135 Revenue Operations NA
1. ☐ Scheduled
2. ☐ Non Scheduled
3. ☐ Domestic
4. ☐ International
5. ☐ Passenger
6. ☐ Cargo
7. Specify

Pilot Information

Pilot Name	Pilot Certificate No.	Address	Nationality
William Horace SHERROD Jr	[redacted]	[redacted]	USA

Certificate (s)
1. ☐ Student 3. ☑ Commercial 5. ☑ Flight Instructor 7. ☐ Military 9. ☐ None
2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify

Rating (s)
1. ☐ None 6. ☑ Helicopter
2. ☑ Single Engine Land 7. ☐ Glider
3. ☑ Single Engine Sea 8. ☐ Free Balloon
4. ☑ Multiengine Land 9. ☐ Airship
5. ☐ Multiengine Sea 10. ☐ Gyroplane

Instrument Rating (s)
1. ☐ None
2. ☑ Airplane
3. ☑ Helicopter

Instructor Rating (s)
1. ☐ None
2. ☑ Airplane S.E.
3. ☑ Airplane M.E.
4. ☑ Helicopter
5. ☐ Glider
6. ☑ Instrument Airplane
7. ☐ Instrument Helicopter
8. ☐ Ground Instructor
9. ☐ Specify

Type Ratings/Student Endorsements: None

Date Of Biennial Flight Review or Equivalent (M/D/Y): 05-19-2000

BFR Aircraft
1. Make: Cessna
2. Model: 150

Medical Certificate
1. ☐ None 3. ☑ Class 2
2. ☐ Class 1 4. ☐ Class 3

Date Of Last Medical (M/D/Y): 01/09/2002

Limitations: Corrective lenses (near/distant)

Waivers:

Date Of Birth (M/D/Y): [redacted]

Degree Of Injury
1. ☑ None
2. ☐ Minor
3. ☐ Serious
4. ☐ Fatal

Seat Occupied
1. ☑ Left 4. ☐ Front
2. ☐ Right 5. ☐ Rear
3. ☐ Center

Person At Controls At Time Of Accident
1. ☑ Pilot In Control 4. ☐ Non-Pilot
2. ☐ Second Pilot 5. ☐ No One
3. ☐ Both Pilots

Seat Belt Available
1. ☑ Yes
2. ☐ No

Seat Belt Used
1. ☑ Yes
2. ☐ No

Shoulder Harness Available
1. ☑ Yes
2. ☐ No

Shoulder Harness Used
1. ☑ Yes
2. ☐ No

Source Of Pilot Flight Time Information
1. ☑ Pilot Logbook 4. ☐ Company
2. ☐ Operators Estimate 5. ☐ Specify
3. ☐ FAA Records

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	5018	518	1935	342	565	80	166	2750	1	0
Pilot In Command (PIC)	4620	490	1620	302	NA	NA	-	2300	0	0
Instructor	1032	52	835	25	NA	NA		172	0	0
This Make & Model	[redacted]	[redacted]	[redacted]	[redacted]	5	NA		[redacted]	[redacted]	[redacted]
Last 90 Days	65	65	0	0	0	0	0	65	0	0
Last 30 Days	54	54	0	0	0	0	0	54	0	0
Last 24 Hours	1.5	1.5	0	0	0	0	0	1.5	0	0

Second Pilot Information NA

Second Pilot Responsibilities At The Time Of Accident
1. ☐ Co-Pilot 2. ☐ Dual Student 3. ☐ Safety Pilot 4. ☐ Check Pilot 5. ☐ None (Pilot-Rated Passenger)

Pilot Name	Pilot Certificate No.	Address	Nationality

Certificate (s)
1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. None
2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify

Second Pilot Information (cont.)

Rating (s)
1. ☐ None
2. ☐ Single Engine Land
3. ☐ Single Engine Sea
4. ☐ Multiengine Land
5. ☐ Multiengine Sea
6. ☐ Helicopter
7. ☐ Glider
8. ☐ Free Balloon
9. ☐ Airship
10. ☐ Gyroplane

Instrument Rating (s)
1. ☐ None
2. ☐ Airplane
3. ☐ Helicopter

Instructor Rating (s)
1. ☐ None
2. ☐ Airplane S.E.
3. ☐ Airplane M.E.
4. ☐ Helicopter
5. ☐ Glider
6. ☐ Instrument Airplane
7. ☐ Instrument Helicopter
8. ☐ Ground Instructor
9. ☐ Specify

Type Ratings/Student Endorsements

Date Of Biennial Flight Review or Equivalent (M/D/Y)

BFR Aircraft
1. Make
2. Model

Medical Certificate
1. ☐ None
2. ☐ Class 1
3. ☐ Class 2
4. ☐ Class 3

Date Of Last Medical (M/D/Y)

Limitations

Waivers

Date Of Birth (M/D/Y)

Degree Of Injury
1. ☐ None
2. ☐ Minor
3. ☐ Serious
4. ☐ Fatal

Seat Occupied
1. ☐ Left
2. ☐ Right
3. ☐ Center
4. ☐ Front
5. ☐ Rear

Seat Belt Available
1. ☐ Yes
2. ☐ No

Seat Belt Used
1. ☐ Yes
2. ☐ No

Shoulder Harness Available
1. ☐ Yes
2. ☐ No

Shoulder Harness Used
1. ☐ Yes
2. ☐ No

1. ☐ Pilot Logbook
2. ☐ Operators Estimate
3. ☐ FAA Records
4. ☐ Company
5. ☐ Specify

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot In Command (PIC)										
Instructor										
This Make & Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Other Personnel

Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Minor None
1.								
2.								
3.								
4.								
5.								
6.								

Flight Itinerary Information

Last Departure Point
1. Airport ID
2. City/Place
3. State

Time Of Departure
1. Time
2. Time Zone

Destination
1. Airport ID
2. City/Place
3. State

Flight Plan Filed
1. ☐ None
2. ☐ VFR
3. ☐ IFR
4. ☐ VFR/IFR
5. ☐ Company (VFR)
6. ☐ Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished

Not a factor

Fuel On Board At Last Takeoff
28 Gallons
or
Pounds

Fuel Type
1. ☐ 80/87
2. ☑ 100 Low Lead
3. ☐ 100/130
4. ☐ 115/145
5. ☐ Jet A
6. ☐ Automotive
7. Specify

Other Services, If Any, Prior to Departure

Normal preflight

Weather Information At The Accident Site

Source Of Weather Information (Pilot/Operator, Weather Observation)

Pilot/Observation

Light Condition
1. ☐ Dawn
2. ☑ Daylight
3. ☐ Dusk
4. ☐ Bright Night
5. ☐ Dark Night

Visibility
10 Miles

Temp (°F)
80

Weather Information At The Accident Site (cont.)

Dew Point	Altimeter Setting	Sky/Lowest Cloud Condition
NA (°F)	NA "Hg	1.☑ Clear; 2.☐ Scattered ____ Feet AGL; 3.☐ Broken ____ Feet AGL; 4.☐ Overcast ____ Feet AGL; 5.☐ Partial Obscuration; 6.☐ Obscured

Wind Information	Restriction To Visibility	Type Precipitation	Intensity Of Precipitation
1.Direction 180° 2. Velocity 5 Kts 3. Gusts 0 Kts	None	None	1.☐ Light 2.☐ Moderate 3.☐ Heavy 4.Specify ____

Turbulence (Multiple Entry)
1.☑ None 2.☐ Light 3.☐ Moderate 4.☐ Severe 5.☐ Extreme 6.☐ Clean Air 7.☐ In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage	Fire
1.☐ None 2.☐ Minor 3.☑ Substantial 4.☐ Destroyed	1.☐ Yes 2.☑ No 3.☐ In-Flight 4.☐ On Ground

Description Of Damage To Aircraft And Other Property

Main Rotor Blades (2)
Tail Rotor Assembly (blade, yoke, gear box)
Tail Boom
Center Section
Canopy
Engine mounts
Sprag mounts

Mechanical Malfunction Failure

1.☑ No
2.☐ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure

Total Time	
On Part ____ Hours	At Overhaul ____ Hours

Collision Accident NA

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage
			1.☐ Destroyed 2.☐ Substantial 3.☐ Minor 4.☐ None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Evacuation Of Aircraft

Assistance Received No

1.☐ Outside Person (s) 3.☐ Slide 5.☐ Ladder
2.☐ Auxiliary Lighting 4.☐ Rope 6.☐ Specify ____

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)
1. Main Door 1 2. Auxiliary Door ____ 3. Emergency Exit ____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

Additional Flight Crew Members NA

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

Name	**FAA Certificate No.**	**Address**	**Title**

Certificate(s)
1.☐ Student 2.☐ Private 3.☐ Commercial 4.☐ Airline Transport 5.☐ Flight Instructor 6.☐ Flight Engineer 7.☐ Foreign 8.Specify ____

Ratings/Endorsements	**Total Flight Time**	**Flight Time This Accident**

Name	**FAA Certificate No.**	**Address**	**Title**

Certificate(s)
1.☐ Student 2.☐ Private 3.☐ Commercial 4.☐ Airline Transport 5.☐ Flight Instructor 6.☐ Flight Engineer 7.☐ Foreign 8.Specify ____

Ratings/Endorsements	**Total Flight Time**	**Flight Time This Accident**

Name	**FAA Certificate No.**	**Address**	**Title**

Certificate(s)
1.☐ Student 2.☐ Private 3.☐ Commercial 4.☐ Airline Transport 5.☐ Flight Instructor 6.☐ Flight Engineer 7.☐ Foreign 8.Specify ____

Ratings/Endorsements	**Total Flight Time**	**Flight Time This Accident**

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report	Signature Of Pilot/Operator
05-01-2002	[redacted]

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature _____
2. Type Or Print Name _____
3. Title _____

For NTSB Use Only

NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received
ATL02LA094	ATLANTA, GA	ERIC ALLEYNE	1 MAY 2002

FORM APPROVED FOR USE THROUGH 7/31/96 BY OMB NO.3147-0001.

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT
This form To Be Used For Reporting Civil Aircraft Accidents Involving Commercial and General Aviation Aircraft

Location

Nearest City/Place, State, Zip Code	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
LaBelle, FL 33935	04/26/2002	0905	+4	60 Feet MSL

If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information

Proximity To Airport

1.☐ On Approach 3.☐ Within 1/2 Mile 5.☐ Within 1 Mile 7.☐ Within 3 Miles
2.☐ Within 1/4 Mile 4.☐ Within 3/4 Mile 6.☐ Within 2 Miles 8.☑ Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface Conditions:
		1.☐ Direction: 3.☐ Width: 5.☐ Condition: 2.☐ Length: 4.☐ Surface:

Phase Of Operation:

1.☐ Standing 3.☐ Takeoff 5.☐ Cruise 7.☐ Approach 9.☑ Hover/Maneuver
2.☐ Taxi 4.☐ Climb 6.☐ Descent 8.☐ Landing 10.☐ Altitude Of In-Flight Occurrence 75 Feet MSL

Aircraft Information

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Certificated Max Gross WT
N14838	Bell	47G5A	25088	2800 lb.

Type Of Aircraft

1.☐ Airplane 5.☐ Blimp/Dirigible
2.☑ Helicopter 6.☐ Ultralight
3.☐ Glider 7.☐ Gyroplane
4.☐ Balloon 8.☐ Specify

Type Of Airworthiness Certificate

1.☐ Normal 5.☑ Restricted
2.☐ Utility 6.☐ Limited
3.☐ Acrobatic 7.☐ Experimental
4.☐ Transport 8.☐ Specify

Amateur Built

1.☐ Yes
2.☑ No

Landing Gear

1.☐ Tricycle—Fixed 4.☐ Tailwheel—Retractable 7.☑ Skid
2.☐ Tricycle—Retractable 5.☐ Tailwheel—Retractable Mains 8.☐ Limited
3.☐ Tailwheel—Fixed 6.☐ Amphibian 9.☐ Specify

No. Of Seats

Flight/Cabin Crew 1
Pax

Stall Warning System Installed	IFR Equipped	Engine Type
1.☐ Yes 2.☑ No	1.☐ Yes 2.☑ No	1.☑ Reciprocating—Carburetor 2.☐ Reciprocating—Fuel Injected 3.☐ Turbo Prop 4.☐ Turbo Jet 5.☐ Turbo Fan 6.☐ Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
Lycoming	VO 435	1. 260 Horsepower 2. ____ Lbs Thrust	(1. None) 2. Specify

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	6-25-1991	L-3358-31	4352 Hours	28 Hours	1121 Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program

1.☐ Annual
2.☐ Manufacturer's Inspection Program
3.☐ Other Approved Inspection Program(AAIP)
4.☐ Continuous Airworthiness
5.☑ Specify 100 hr.

Type Of Last Inspection

1.☐ Annual
2.☑ 100 Hours
3.☐ AAIP
4.☐ Continuous Airworthiness

Date Last Inspection Performed 10-26-2001 (M/D/Y)
Time Since Last Inspection 28 Hours
Airframe Total Time 8062 Hours

Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)
NA				

Switch 1.☐ On 2.☐ Off 3.☐ Armed
Operated 1.☐ Yes 2.☐ No
Aided In Accident Location 1.☐ Yes 2.☐ No

Registered Aircraft Owner
Airwork Enterprises of FL
Address P.O. Box 5100
Immokalee, FL 34143

Operator Of Aircraft
1.☑ Same As Registered Owner
2. Name
3. DBS:

Address
1.☑ Same As Registered Owner
2.

Owner / Operator Information (cont.)

Operator (Certificate Number): WOBG269S

Operator Designator (4 Letter Designator):

Purpose Of Flight And Type Of Operation

Regulation Flight Conducted Under
1. ☐ FAR91 (only) 4. ☐ FAR 121 7. ☐ FAR 133
2. ☐ FAR91D 5. ☐ FAR 125 8. ☐ FAR 135
3. ☐ FAR 103 6. ☐ FAR 129 9. ☒ FAR 137

Purpose of Flight
1. ☐ Personal 6. ☐ Aerial Observation
2. ☐ Business 7. ☐ Other Work Use
3. ☐ Educational 8. ☐ Public Use
4. ☐ Executive/Corporate 9. ☐ Ferry
5. ☒ Aerial Application 10. ☐ Positioning

Operator Authority
FAR121
1. ☐ Domestic
2. ☐ Flag
3. ☐ Supplemental

FAR 135
4. ☐ On Demand
5. ☐ Commuter

✓ FAR 137

FAR 133
6. ☐ Rotorcraft External Load

FAR125
7. ☐ Large Aircraft

FAR 129
8. ☐ Foreign

FAR 121, 125, 127, 129, 135 Revenue Operations NA
1. ☐ Scheduled
2. ☐ Non Scheduled
3. ☐ Domestic
4. ☐ International
5. ☐ Passenger
6. ☐ Cargo
7. Specify

Pilot Information

Pilot Name	Pilot Certificate No.	Address	Nationality
William Horace SHERROD Jr	[redacted]	[redacted]	USA

Certificate (s)
1. ☐ Student
2. ☐ Private
3. ☒ Commercial
4. ☐ Airline Transport
5. ☒ Flight Instructor
6. ☐ Flight Engineer
7. ☐ Military
8. ☐ Foreign
9. ☐ None
10. Specify

Rating (s)
1. ☐ None
2. ☒ Single Engine Land
3. ☒ Single Engine Sea
4. ☒ Multiengine Land
5. ☐ Multiengine Sea
6. ☒ Helicopter
7. ☐ Glider
8. ☐ Free Balloon
9. ☐ Airship
10. ☐ Gyroplane

Instrument Rating (s)
1. ☐ None
2. ☒ Airplane
3. ☒ Helicopter

Instructor Rating (s)
1. ☐ None
2. ☒ Airplane S.E.
3. ☒ Airplane M.E.
4. ☒ Helicopter
5. ☐ Glider
6. ☒ Instrument Airplane
7. ☐ Instrument Helicopter
8. ☐ Ground Instructor
9. ☐ Specify

Type Ratings/Student Endorsements: None

Date Of Biennial Flight Review or Equivalent (M/D/Y): 05-19-2000

BFR Aircraft
1. Make: Cessna
2. Model: 150

Medical Certificate
1. ☐ None
2. ☐ Class 1
3. ☒ Class 2
4. ☐ Class 3

Date Of Last Medical (M/D/Y): 01/07/2002

Limitations: Corrective lenses (near/distant)

Waivers:

Date Of Birth (M/D/Y): [redacted]

Degree Of Injury
1. ☒ None
2. ☐ Minor
3. ☐ Serious
4. ☐ Fatal

Seat Occupied
1. ☒ Left
2. ☐ Right
3. ☐ Center
4. ☐ Front
5. ☐ Rear

Person At Controls At Time Of Accident
1. ☒ Pilot In Control
2. ☐ Second Pilot
3. ☐ Both Pilots
4. ☐ Non-Pilot
5. ☐ No One

Seat Belt Available
1. ☒ Yes
2. ☐ No

Seat Belt Used
1. ☒ Yes
2. ☐ No

Shoulder Harness Available
1. ☒ Yes
2. ☐ No

Shoulder Harness Used
1. ☒ Yes
2. ☐ No

Source Of Pilot Flight Time Information
1. ☒ Pilot Logbook
2. ☐ Operators Estimate
3. ☐ FAA Records
4. ☐ Company
5. ☐ Specify

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	5018	518	1935	342	565	80	166	2750	1	0
Pilot In Command (PIC)	4620	490	1620	302	NA	NA	-	2300	0	0
Instructor	1032	52	835	25	NA	NA		172	0	0
This Make & Model	[redacted]	[redacted]	[redacted]	[redacted]	5	NA		[redacted]	[redacted]	[redacted]
Last 90 Days	65	65	0	0	0	0	0	65	0	0
Last 30 Days	54	54	0	0	0	0	0	54	0	0
Last 24 Hours	1.5	1.5	0	0	0	0	0	1.5	0	0

Second Pilot Information NA

Second Pilot Responsibilities At The Time Of Accident
1. ☐ Co-Pilot
2. ☐ Dual Student
3. ☐ Safety Pilot
4. ☐ Check Pilot
5. ☐ None (Pilot-Rated Passenger)

Pilot Name	Pilot Certificate No.	Address	Nationality

Certificate (s)
1. ☐ Student
2. ☐ Private
3. ☐ Commercial
4. ☐ Airline Transport
5. ☐ Flight Instructor
6. ☐ Flight Engineer
7. ☐ Military
8. ☐ Foreign
9. None
10. Specify

Second Pilot Information (cont.)

Rating (s)
1. ☐ None
2. ☐ Single Engine Land
3. ☐ Single Engine Sea
4. ☐ Multiengine Land
5. ☐ Multiengine Sea
6. ☐ Helicopter
7. ☐ Glider
8. ☐ Free Balloon
9. ☐ Airship
10. ☐ Gyroplane

Instrument Rating (s)
1. ☐ None
2. ☐ Airplane
3. ☐ Helicopter

Instructor Rating (s)
1. ☐ None
2. ☐ Airplane S.E.
3. ☐ Airplane M.E.
4. ☐ Helicopter
5. ☐ Glider
6. ☐ Instrument Airplane
7. ☐ Instrument Helicopter
8. ☐ Ground Instructor
9. ☐ Specify

Type Ratings/Student Endorsements

Date Of Biennial Flight Review or Equivalent (M/D/Y)

BFR Aircraft
1. Make
2. Model

Medical Certificate
1. ☐ None
2. ☐ Class 1
3. ☐ Class 2
4. ☐ Class 3

Date Of Last Medical (M/D/Y)

Limitations

Waivers

Date Of Birth (M/D/Y)

Degree Of Injury
1. ☐ None
2. ☐ Minor
3. ☐ Serious
4. ☐ Fatal

Seat Occupied
1. ☐ Left
2. ☐ Right
3. ☐ Center
4. ☐ Front
5. ☐ Rear

Seat Belt Available
1. ☐ Yes
2. ☐ No

Seat Belt Used
1. ☐ Yes
2. ☐ No

Shoulder Harness Available
1. ☐ Yes
2. ☐ No

Shoulder Harness Used
1. ☐ Yes
2. ☐ No

1. ☐ Pilot Logbook
2. ☐ Operators Estimate
3. ☐ FAA Records
4. ☐ Company
5. ☐ Specify

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot In Command (PIC)										
Instructor										
This Make & Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Other Personnel

Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Minor None
1.								
2.								
3.								
4.								
5.								
6.								

Flight Itinerary Information

Last Departure Point
1. Airport ID
2. City/Place
3. State

Time Of Departure
1. Time
2. Time Zone

Destination
1. Airport ID
2. City/Place
3. State

Flight Plan Filed
1. ☐ None
2. ☐ VFR
3. ☐ IFR
4. ☐ VFR/IFR
5. ☐ Company (VFR)
6. ☐ Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished

Not a factor

Fuel On Board At Last Takeoff
28 Gallons
or
Pounds

Fuel Type
1. ☐ 80/87
2. ☑ 100 Low Lead
3. ☐ 100/130
4. ☐ 115/145
5. ☐ Jet A
6. ☐ Automotive
7. Specify

Other Services, If Any, Prior to Departure

Normal preflight

Weather Information At The Accident Site

Source Of Weather Information (Pilot/Operator, Weather Observation)

Pilot/observation

Light Condition
1. ☐ Dawn
2. ☑ Daylight
3. ☐ Dusk
4. ☐ Bright Night
5. ☐ Dark Night

Visibility
10 Miles

Temp (°F)
80

Weather Information At The Accident Site (cont.)

Dew Point	Altimeter Setting	Sky/Lowest Cloud Condition
NA (°F)	NA "Hg	1.☑ Clear; 2.☐ Scattered ____ Feet AGL; 3.☐ Broken ____ Feet AGL; 4.☐ Overcast ____ Feet AGL; 5.☐ Partial Obscuration; 6.☐ Obscured

Wind Information	Restriction To Visibility	Type Precipitation	Intensity Of Precipitation
1. Direction 180° 2. Velocity 5 Kts 3. Gusts 0 Kts	None	None	1.☐ Light 2.☐ Moderate 3.☐ Heavy 4. Specify ____

Turbulence (Multiple Entry)
1.☑ None 2.☐ Light 3.☐ Moderate 4.☐ Severe 5.☐ Extreme 6.☐ Clean Air 7.☐ In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage	Fire
1.☐ None 2.☐ Minor 3.☑ Substantial 4.☐ Destroyed	1.☐ Yes 2.☑ No 3.☐ In-Flight 4.☐ On Ground

Description Of Damage To Aircraft And Other Property

Main Rotor Blades (2)
Tail Rotor Assembly (blade, yoke, gear box)
Tail Boom
Center Section
Canopy
Engine mounts
Sprag mounts

Mechanical Malfunction Failure

1.☑ No
2.☐ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure

Total Time	
On Part ____ Hours	At Overhaul ____ Hours

Collision Accident NA

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage
			1.☐ Destroyed 2.☐ Substantial 3.☐ Minor 4.☐ None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Evacuation Of Aircraft

Assistance Received No

1.☐ Outside Person (s) 2.☐ Auxiliary Lighting 3.☐ Slide 4.☐ Rope 5.☐ Ladder 6.☐ Specify ____

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)
1. Main Door 1 2. Auxiliary Door ____ 3. Emergency Exit ____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

Additional Flight Crew Members NA

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

Name	**FAA Certificate No.**	**Address**	**Title**

Certificate(s)
1. ☐ Student
2. ☐ Private
3. ☐ Commercial
4. ☐ Airline Transport
5. ☐ Flight Instructor
6. ☐ Flight Engineer
7. ☐ Foreign
8. Specify ______

Ratings/Endorsements	**Total Flight Time**	**Flight Time This Accident**

Name	**FAA Certificate No.**	**Address**	**Title**

Certificate(s)
1. ☐ Student
2. ☐ Private
3. ☐ Commercial
4. ☐ Airline Transport
5. ☐ Flight Instructor
6. ☐ Flight Engineer
7. ☐ Foreign
8. Specify ______

Ratings/Endorsements	**Total Flight Time**	**Flight Time This Accident**

Name	**FAA Certificate No.**	**Address**	**Title**

Certificate(s)
1. ☐ Student
2. ☐ Private
3. ☐ Commercial
4. ☐ Airline Transport
5. ☐ Flight Instructor
6. ☐ Flight Engineer
7. ☐ Foreign
8. Specify ______

Ratings/Endorsements	**Total Flight Time**	**Flight Time This Accident**

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report	Signature Of Pilot/Operator
05-01-2002	[redacted]

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature _____
2. Type Or Print Name _____
3. Title _____

For NTSB Use Only

NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received
ATL02LA094	ATLANTA, GA	ERIC ALLEYNE	1 MAY 2002

Pilot's Statement of Aircraft Accident

Date:	Friday, April 26, 2002
Time:	9:05am EDT (13:05 GMT)
Location:	Berry Citrus/Payson Division Citrus Grove; Charlotte County, Florida
Purpose of flight:	Aquatic weed control in drainage ditches through herbicide application
Flight Conditions:	Clear skies, temperature and winds estimated at 80°F and Southerly at 4-6mph.
Aircraft:	Bell 47G5A; N14838
Pilot:	William H. Sherrod, Jr., Commercial Pilot [redacted] Class II Medical dated 01/09/2002
Address:	[redacted]

Flight operations commenced at 7:15am with clear skies and light winds from the south. The purpose of the flight was to apply herbicide solutions to weed plants in drainage ditches. The accident occurred near the end of the sixth load (60 gallons each) in which the aircraft was applying a mixture of various chemicals through microfoil nozzles. The aircraft was being flown approximately six feet above the target area (the ditch) in a northerly direction at 25-30 mph. Located on the east bank of the ditch being treated was a large oak tree. The pilot failed to accomplish adequate clearance from the tree by either climbing or moving laterally to the left. The main rotor blades became entangled in the tree approximately 25-30 feet above ground level causing very rapid rpm decay and abrupt loss of altitude. The aircraft fell suddenly into the ditch against an earthen plug in the ditch and all motion ceased upon impact. Prior to impact there was no mechanical malfunction of the aircraft. The pilot was not injured and there was no damage to property.

[redacted]

05-01-2002