

**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 <i>May 25 2002</i>	Local Time (24 HOUR CLOCK) <i>12:40</i>	Zone <i>EST</i>	Elevation At Accident Site <i>250</i> Feet MSL ____ Feet MSL
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information					
Proximity To Airport					
1. <input type="checkbox"/> On Approach		3. <input type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile	
2. <input type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles	
				7. <input type="checkbox"/> Within 3 Miles	
				8. <input checked="" type="checkbox"/> Beyond 3 Miles	
Airport Name <i>MERCEDITA</i>		Airport Ident <i>PCE</i>		Runway/Landing Surface Conditions:	
		1. <input type="checkbox"/> Direction:		3. <input type="checkbox"/> Width:	
		2. <input type="checkbox"/> Length:		4. <input type="checkbox"/> Surface:	
				5. <input type="checkbox"/> Condition:	
Phase Of Operation:					
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input checked="" type="checkbox"/> Cruise	
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent	
				7. <input type="checkbox"/> Approach	
				8. <input type="checkbox"/> Landing	
				9. <input type="checkbox"/> Hover/Maneuver	
				10. <input type="checkbox"/> Altitude Of In-Flight Occurrence <i>500</i> Feet MSL	
Aircraft Information					
Registration Mark <i>N65R</i>		Aircraft Manufacturer <i>BELL</i>		Aircraft Type/Model <i>47-G4</i>	
				Serial Number	
				Cert Max Gross WT <i>2950</i>	
Type Of Aircraft		Type Of Airworthiness Certificate			Amateur Built
1. <input type="checkbox"/> Airplane		5. <input type="checkbox"/> Blimp/Dirigible			1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No
2. <input checked="" type="checkbox"/> Helicopter		6. <input type="checkbox"/> Ultralight			
3. <input type="checkbox"/> Glider		7. <input type="checkbox"/> Gyroplane			
4. <input type="checkbox"/> Balloon		8. <input type="checkbox"/> Specify _____			
1. <input type="checkbox"/> Normal		5. <input type="checkbox"/> Restricted			
2. <input type="checkbox"/> Utility		6. <input type="checkbox"/> Limited			
3. <input type="checkbox"/> Acrobatic		7. <input type="checkbox"/> Experimental			
4. <input type="checkbox"/> Transport		8. <input type="checkbox"/> Specify _____			
Landing Gear					
1. <input type="checkbox"/> Tricycle—Fixed		4. <input type="checkbox"/> Tailwheel—Retractable		7. <input checked="" type="checkbox"/> Skid	
2. <input type="checkbox"/> Tricycle—Retractable		5. <input type="checkbox"/> Tailwheel—Retractable Mains		8. <input type="checkbox"/> Limited	
3. <input type="checkbox"/> Tailwheel—Fixed		6. <input type="checkbox"/> Amphibian		9. <input type="checkbox"/> Specify _____	
				No. Of Seats Flight/Cabin Crew <i>1</i> Pax <i>2</i>	
Stall Warning System Installed		IFR Equipped		Engine Type	
1. <input type="checkbox"/> Yes		1. <input type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Reciprocating—Carburetor	
2. <input checked="" type="checkbox"/> No		2. <input checked="" type="checkbox"/> No		2. <input type="checkbox"/> Reciprocating—Fuel Injected	
				3. <input type="checkbox"/> Turbo Prop	
				4. <input type="checkbox"/> Turbo Jet	
				5. <input type="checkbox"/> Turbo Fan	
				6. <input type="checkbox"/> Turbo Shaft	
Engine Manufacturer <i>Lycoming</i>		Engine Model/Series <i>VO-435</i>		Engine Rated Power	
				1. _____ Horsepower	
				2. _____ Lbs Thrust	
				Type Of Fire Extinguishing System Used	
				1. None	
				2. Specify <i>YES</i>	
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1			Hours	Hours	Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours
Type Of Maintenance Program		Type Of Last Inspection		Date Last Inspection Performed	
1. <input checked="" type="checkbox"/> Annual		1. <input checked="" type="checkbox"/> Annual		<i>January 2002</i> (M/D/Y)	
2. <input type="checkbox"/> Manufacturer's Inspection Program		2. <input type="checkbox"/> 100 Hours		Time Since Last Inspection	
3. <input type="checkbox"/> Other Approved Inspection Program(AAIP)		3. <input type="checkbox"/> AAIP		Hours	
4. <input type="checkbox"/> Continuous Airworthiness		4. <input type="checkbox"/> Continuous Airworthiness		Airframe Total Time	
5. <input type="checkbox"/> Specify _____				Hours	
Emergency Locator Transmitter (ELT)	ELT Manufacturer <i>1/4</i>	Model/Series		Serial Number	Battery Date (M/D/Y)
	Switch 1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed	Operated 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Aided In Accident Location 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Registered Aircraft Owner <i>Ismael Nieves Valle</i>		Address <i>99abel 9, P.R.</i>			
Operator Of Aircraft		Address			
1. <input checked="" type="checkbox"/> Same As Registered Owner		1. <input checked="" type="checkbox"/> Same As Registered Owner			
2. Name		2. _____			
3. DBS:					

Owner / Operator Information (cont.)												
Operator (Certificate Number)			Operator Designator (4 Letter Designator)									
Purpose Of Flight And Type Of Operation												
Regulation Flight Conductor Under <input checked="" type="checkbox"/> FAR91 (only) <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 133 <input type="checkbox"/> FAR91D <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 137				Operator Authority FAR121 <input type="checkbox"/> Domestic <input type="checkbox"/> Flag <input type="checkbox"/> Supplemental FAR 133 <input type="checkbox"/> On Demand <input type="checkbox"/> Commuter			FAR 133 <input type="checkbox"/> Rotorcraft External Load FAR125 <input type="checkbox"/> Large Aircraft FAR 129 <input type="checkbox"/> Foreign			FAR 121, 125, 127, 129, 135 Revenue Operations <input type="checkbox"/> Scheduled <input type="checkbox"/> Non Scheduled <input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo 7. Specify _____		
Purpose of Flight <input type="checkbox"/> Personal <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Business <input type="checkbox"/> Other Work Use <input type="checkbox"/> Educational <input type="checkbox"/> Public Use <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Ferry <input type="checkbox"/> Aerial Application <input type="checkbox"/> Positioning												
Pilot Information												
Pilot Name <i>Eddie Gorden Gortche</i>		Pilot Certificate No. [REDACTED]		Address <i>MORE, P.R.</i>			Nationality <i>USA</i>					
Certificate (s) <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Military <input type="checkbox"/> None <input checked="" type="checkbox"/> Private <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign 10. Specify _____												
Rating (s) <input type="checkbox"/> None <input type="checkbox"/> Helicopter <input checked="" type="checkbox"/> Single Engine Land <input type="checkbox"/> Glider <input type="checkbox"/> Single Engine Sea <input type="checkbox"/> Free Balloon <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Airship <input type="checkbox"/> Multiengine Sea <input type="checkbox"/> Gyroplane				Instrument Rating (s) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter		Instructor Rating (s) <input checked="" type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane S.E. <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane M.E. <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Helicopter <input type="checkbox"/> Specify _____ <input type="checkbox"/> Glider						
Type Ratings/Student Endorsements <i>N/A</i>				Date Of Biennial Flight Review or Equivalent (M/D/Y) <i>12-2001</i>		BFR Aircraft 1. Make <i>C-172</i> 2. Model _____						
Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 1 <input checked="" type="checkbox"/> Class 3		Date Of Last Medical (M/D/Y) <i>04-01-02</i>		Limitations <i>ASSES</i>			Date Of Birth (M/D/Y) [REDACTED] <i>46</i>					
Degree Of Injury <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal		Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center		Person At Controls At Time Of Accident <input checked="" type="checkbox"/> Pilot In Control <input type="checkbox"/> Non-Pilot <input type="checkbox"/> Second Pilot <input type="checkbox"/> No One <input type="checkbox"/> Both Pilots				Seat Belt Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Available <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shoulder Harness Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>N/A</i>		Source Of Pilot Flight Time Information <input checked="" type="checkbox"/> Pilot Logbook <input type="checkbox"/> Company <input type="checkbox"/> Operators Estimate <input type="checkbox"/> Specify _____ <input type="checkbox"/> FAA Records						
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	141.6 Night	Instrument		Lighter Than Air			
Total Time		<i>2289.2</i>	<i>2255</i>	<i>1993.8</i>	<i>55.4</i>	<i>141.6</i>	Actual	Simulated				
Pilot In Command (PIC)		<i>2235</i>	<i>266</i>	<i>1993.8</i>	<i>45</i>	<i>156.6</i>	<i>73</i>					
Instructor												
This Make & Model						<i>17</i>	<i>0</i>					
Last 90 Days						<i>6</i>	<i>0</i>	<i>26</i>				
Last 30 Days						<i>0 2:1</i>	<i>0</i>	<i>12</i>				
Last 24 Hours												
Second Pilot Information												
Second Pilot Responsibilities At The Time Of Accident <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Dual Student <input type="checkbox"/> Safety Pilot <input type="checkbox"/> Check Pilot <input type="checkbox"/> None (Pilot-Rated Passenger)												
Pilot Name		Pilot Certificate No.		Address			Nationality					
Certificate (s) <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Military <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign 10. Specify _____												

Second Pilot Information (cont.)															
Rating (s)				Instrument Rating (s)				Instructor Rating (s)							
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea				6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane				1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter				1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider			
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)				BFR Aircraft 1. Make _____ 2. Model _____							
Medical Certificate				Date Of Last Medical (M/D/Y)				Limitations				Date Of Birth (M/D/Y)			
<input type="checkbox"/> None <input type="checkbox"/> Class 1				3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3				Waivers							
Degree Of Injury				Seat Occupied				Seat Belt Available							
<input type="checkbox"/> None <input type="checkbox"/> Minor				3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal				1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right				3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front			
								5. <input type="checkbox"/> Rear				1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records		4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____							
<input type="checkbox"/> Yes <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No											
Flight Time		All A/C		This Make & Model		Airplane Single Engine		Airplane Multiengine		Night		Instrument Actual Simulated			
Total Time												Rotorcraft			
Pilot In Command (PIC)												Glider			
Instructor												Lighter Than Air			
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. <u>Ismael Nieves</u>	<u>R-5</u>	<u>954619</u>													
2. <u>GRISLELOPEZ</u>	<u>C-5</u>	<u>954619</u>													
3.															
4.															
5.															
6.															
Flight Itinerary Information															
Last Departure Point				Time Of Departure		Destination		Flight Plan Filed							
1. Airport ID <u>Pvt. Helipad</u>				1. Time <u>11:00</u>		1. Airport ID _____		1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> VFR 3. <input type="checkbox"/> IFR							
2. City/Place <u>954619</u>				2. Time Zone <u>EST</u>		2. City/Place <u>Salinas</u>		4. <input type="checkbox"/> VFR/IFR 5. <input type="checkbox"/> Company (VFR) 6. <input type="checkbox"/> Military (VFR)							
3. State <u>P.R.</u>						3. State <u>P.R.</u>									
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished															
<u>none</u>															
Fuel On Board At Last Takeoff				Fuel Type											
<u>56</u> Gallons or Pounds				1. <input type="checkbox"/> 80/87 2. <input type="checkbox"/> 100 Low Lead 3. <input checked="" type="checkbox"/> 100/130											
				4. <input type="checkbox"/> 115/145 5. <input type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive											
				7. Specify _____											
Other Services, If Any, Prior to Departure															
Weather Information At The Accident Site															
Source Of Weather Information (Pilot/Operator, Weather Observation)				Light Condition				Visibility				Temp (°F)			
<u>none</u>				1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight				3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night				5. <input type="checkbox"/> Dark Night <u>25</u> Miles			
												<u>95°</u> <u>APR.</u>			

Weather Information At The Accident Site (cont.)					
Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL </div> <div> 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured </div> </div>			
Wind Information 1. Direction _____ 2. Velocity _____ Kts 3. Gusts _____ Kts		Restriction To Visibility	Type Precipitation	Intensity Of Precipitation 1. <input type="checkbox"/> Light 3. <input type="checkbox"/> Heavy 2. <input type="checkbox"/> Moderate 4. Specify _____	
Turbulence (Multiple Entry) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clean Air 7. <input type="checkbox"/> In Clouds					
Damage To Aircraft And Other Property					
Degree Of Aircraft Damage 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> Destroyed				Fire 1. <input type="checkbox"/> Yes 3. <input type="checkbox"/> In-Flight 2. <input type="checkbox"/> No 4. <input type="checkbox"/> On Ground	
Description Of Damage To Aircraft And Other Property					
Mechanical Malfunction Failure					
1. <input type="checkbox"/> No 2. <input checked="" type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure <div style="font-family: cursive; font-size: 1.2em;">Partial Loss of Eng. Power</div>			<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">Total Time</div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> On Part _____ Hours </div> <div style="text-align: center;"> At Overhaul _____ Hours </div> </div>		
Collision Accident					
If Collision Accident Occurred, Complete The Information For Other Aircraft					
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None		
Registered Aircraft Owner			Address		
Pilot Name		Address		Pilot Certificate No.	
Evacuation Of Aircraft					
Assistance Received <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Outside Person (s) 2. <input type="checkbox"/> Auxiliary Lighting </div> <div> 3. <input type="checkbox"/> Slide 4. <input type="checkbox"/> Rope </div> <div> 5. <input type="checkbox"/> Ladder 6. <input type="checkbox"/> Specify _____ </div> </div>					
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following 1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____					
Recommendation (How Could This Accident Have Been Prevented)					
Operator/Owner Safety Recommendation (Optional Entry)					

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

Name	FAA Certificate No.	Address	Title
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Certificate(s)			
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Foreign
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. Specify

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Name	FAA Certificate No.	Address	Title
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Certificate(s)			
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Foreign
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. Specify

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Name	FAA Certificate No.	Address	Title
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Certificate(s)			
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Foreign
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. Specify

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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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.

See attached statement

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

Date Of This Report

05-27-2002

Signature Of Pilot/Operator

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

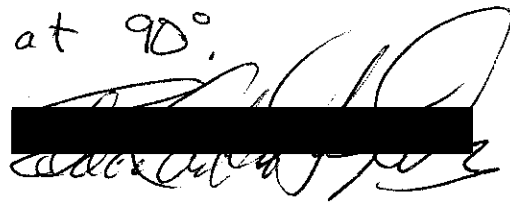
Date Report Received

En route from the Municipality of Isabela to the city of Ponce, in the vicinity of Yauco, I noticed the oil pressure was reading "low." I also noticed about a 50% power loss.

I looked for a place to do a precautionary landing and spotted a parking lot where I chose to land. I touched down on the parking lot and after approximately 5 seconds the helicopter started sliding to the right and hit a parked vehicle with the fuselage. Immediately the helicopter veered to the right and turned sideways.

I immediately jumped out of the helicopter as ~~it~~ a fire started. I reached for the fire extinguisher and discharged the bottle without success. The fire continued to destroy the helicopter.

At the time of the accident the outside temperature was estimated at 90°.


[Redacted signature]