

# 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

<b>Accident/Incident Location</b> Nearest City/Place: <u>Avion Woods Condos</u> State: <u>Fla</u> ZIP: _____ Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>06-19-2009</u> Local Time: <u>10:34AM</u> <i>mm/dd/yyyy</i> Time Zone: <u>Eastern</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input checked="" type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input 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		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input type="checkbox"/> None	
		<b>Altitude of In-Flight Occurrence</b> <div style="text-align: right;">300 ft MSL</div>	

### AIRCRAFT INFORMATION

Manufacturer: <u>Schweizer</u> Model: <u>300CB1</u> Serial Number: _____ Registration Number: <u>9421k</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Max Gross Weight: <u>1,750</u> lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
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<b>Category of Aircraft</b> <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	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <b>Standard</b>  <input type="checkbox"/> Normal  <input type="checkbox"/> Utility  <input type="checkbox"/> Acrobatic  <input type="checkbox"/> Transport           </div> <div> <b>Special</b>  <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           </div> </div>	<b>Number of Seats:</b> <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	<b>Landing Gear</b> <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Tricycle  <input type="checkbox"/> Amphibian  <input type="checkbox"/> Emergency Float  <input type="checkbox"/> Float  <input type="checkbox"/> Hull  <input type="checkbox"/> Unknown           </div> <div> <input type="checkbox"/> Tailwheel  <input type="checkbox"/> High Skid  <input checked="" type="checkbox"/> Skid  <input type="checkbox"/> Ski  <input type="checkbox"/> Ski/Wheel           </div> </div>
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<b>Type of Maintenance Program</b> <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	<b>Last Inspection Type</b> <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	<b>Date Last Inspection:</b> _____ <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> _____ hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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<b>IFR Equipped</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None <input type="checkbox"/> Specify: _____
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<b>ELT Installed</b> <b>ELT Activated</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ELT Manufacturer:</b> _____ <b>Model/Series:</b> _____ <b>Serial Number:</b> _____ <b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____	
<b>ELT Aided in Locating Accident/Incident</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Engine Type</b> <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____
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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 type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

*[Signature]* 7/2/09

OWNER/OPERATOR INFORMATION		
<b>Registered Aircraft Owner</b> Name: <u>Ocean Helicopters</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Owner Address</b> City: _____ State: _____ ZIP: _____ Country: _____
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
<b>Regulation Flight Conducted Under</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> FAR 91    <input type="checkbox"/> FAR 129    <input type="checkbox"/> FAR 91 Special Flight  <input type="checkbox"/> FAR 103    <input type="checkbox"/> FAR 133    <input type="checkbox"/> Non-US, Commercial  <input type="checkbox"/> FAR 121    <input type="checkbox"/> FAR 135    <input type="checkbox"/> Non-US, Non-commercial  <input type="checkbox"/> FAR 125    <input type="checkbox"/> FAR 137    <input type="checkbox"/> Armed Forces             </div> <div style="width: 50%;"> <input type="checkbox"/> Public Use (select type)  <input type="checkbox"/> Federal    <input type="checkbox"/> State    <input type="checkbox"/> Local  <input type="checkbox"/> Unknown             </div> </div>		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Purpose of Flight</b> for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held</b> (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 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)		
<b>Aircraft Registration Number</b> _____	<b>Manufacturer:</b> _____ <b>Model:</b> _____	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
<b>Pilot of Other Aircraft</b> 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.)		<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
<b>Aircraft Damage</b> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <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	<b>Aircraft Explosion</b> <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)

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

Airport Identifier: KAPF Distance From Airport Center: SM  
 Airport Name: Naples Muni Direction From Airport: 140 degrees MAG  
 Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: 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: KAPF  
 City: Naples  
 State: Florida  
 Country: USA

**Time of Departure**

Time: 10:34AM  
 Time Zone: Eastern

**Destination**

Airport ID: KIMM  
 City: Immokalee  
 State: Florida  
 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)

           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**

*[Handwritten signature]* 7/2/09

**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

Medical Emergency team was able to get me out of the aircraft.

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**

Facility ID: \_\_\_\_\_

Observation Time: \_\_\_\_\_

Time Zone: \_\_\_\_\_

Distance from Accident Site: \_\_\_\_\_ NM

Direction from Accident Site: \_\_\_\_\_ degrees MAG

**Source of Weather Information**

(Check all that apply)

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> National Weather Service           | <input type="checkbox"/> Company  |
| <input type="checkbox"/> Flight Service Station             | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio                           | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Automated Report                   | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> Commercial Weather Service (DUATS) |                                   |

**Method of Briefing**

(Check all that apply)

- |   |
|---|
| <input type="checkbox"/> In Person          |
| <input type="checkbox"/> Teletype           |
| <input type="checkbox"/> Telephone/Computer |
| <input type="checkbox"/> Aircraft Radio     |
| <input type="checkbox"/> TV/Radio           |
| <input type="checkbox"/> Unknown            |

**Briefing Type/Completeness**

- |  |  |
|--|--|
| <input type="checkbox"/> Full                                  | <input type="checkbox"/> Abbreviated   |
| <input checked="" type="checkbox"/> Partial / Limited By Pilot | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Partial / Limited By Briefer          | <input type="checkbox"/> Not Pertinent |

**Light Condition**

- |   |                                |                                       |
|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn           | <input type="checkbox"/> Dusk  | <input type="checkbox"/> Dark Night   |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
|   |                                | <input type="checkbox"/> Not Reported |

**Visibility**

\_\_\_\_\_ miles

**Sky/Lowest Cloud Condition**

- |   |  |
|---|--|
| <input type="checkbox"/> Clear                | <input type="checkbox"/> Thin Broken   |
| <input type="checkbox"/> Few                  | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration  | <input type="checkbox"/> Unknown       |
| <input checked="" type="checkbox"/> Scattered |  |

**Ceiling**

- |  |                                     |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured   |
| <input type="checkbox"/> Broken                  | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Overcast                | <input type="checkbox"/> Unknown    |

**Restriction to Visibility (Check all that apply)**

- |  |                                     |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog        |
| <input type="checkbox"/> Blowing Dust    | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand    | <input type="checkbox"/> Haze       |
| <input type="checkbox"/> Blowing Snow    | <input type="checkbox"/> Ice Fog    |
| <input type="checkbox"/> Blowing Spray   | <input type="checkbox"/> Smoke      |
| <input type="checkbox"/> Dust            | <input type="checkbox"/> Unknown    |

**Lowest Cloud Condition Height**

ft AGL

**Ceiling Height**

ft AGL

**Wind Direction**

- |                                     |
|-------------------------------------|
| <input type="checkbox"/> Indicated: |
| _____ degrees MAG                   |
| <input type="checkbox"/> Variable   |

**Wind Speed**

- |   |
|---|
| Velocity: _____ KTS                         |
| -or-  |
| <input type="checkbox"/> Calm               |
| <input type="checkbox"/> Light and Variable |

**Wind Gusts**

- |                                      |
|--------------------------------------|
| Velocity: _____ KTS                  |
| <input type="checkbox"/> Gusting     |
| <input type="checkbox"/> Not Gusting |

**Type of Turbulence (Check all that apply)**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> None      | <input type="checkbox"/> In Clouds                |
| <input type="checkbox"/> Clear Air | <input type="checkbox"/> Vicinity of Thunderstorm |

**Severity of Turbulence**

- |                                  |  |                                |
|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate      | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe  | <input type="checkbox"/> Moderate Chop |                                |

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

Temperature: \_\_\_\_\_ (C)  
or \_\_\_\_\_ (F)Altimeter Setting: \_\_\_\_\_ in. HG  
or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ ft

Dew Point: \_\_\_\_\_ (C)  
or \_\_\_\_\_ (F)**Icing Forecast**

- | Amount                            | Type                           |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> None     | <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Trace    | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Light    | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Moderate |                                |
| <input type="checkbox"/> Severe   |                                |

**Icing Actual**

- | Amount                            | Type                           |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> None     | <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Trace    | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Light    | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Moderate |                                |
| <input type="checkbox"/> Severe   |                                |

**Type of Precipitation (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> None          | <input type="checkbox"/> Drizzle            |
| <input type="checkbox"/> Rain          | <input type="checkbox"/> Ice Pellets        |
| <input type="checkbox"/> Snow          | <input type="checkbox"/> Snow Pellets       |
| <input type="checkbox"/> Hail          | <input type="checkbox"/> Snow Grains        |
| <input type="checkbox"/> Rain Showers  | <input type="checkbox"/> Ice Crystals       |
| <input type="checkbox"/> Freezing Rain | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower   | <input type="checkbox"/> Freezing Drizzle   |

**Intensity of Precipitation**

- |                                |                                   |                                |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

9/8/02/09

<b>PILOT "A" INFORMATION</b>																																																																																																				
<b>Pilot "A" Responsibilities at the Time of Accident/Incident</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input checked="" type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
<b>Pilot "A" Identification</b> <div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>Edward</u>            Middle Initial: <u>S</u>            Last Name: <u>Jackson</u> </div> <div>           City: <u>Bonita Springs</u>            State: <u>Florida</u>    ZIP: <u>34134</u>            Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">           Age at time of Accident/Incident: <u>56</u>    Date of Birth: <span style="background-color: black; color: black;">mm/dd/yyyy</span>    Certificate Number: <span style="background-color: black; color: black;">mm/dd/yyyy</span> </div>																																																																																																				
<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Serious			<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			<b>Seat Belt</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Shoulder Harness</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown				<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<b>Date of Last Medical</b> <u>05/19/2009</u> <small>mm/dd/yyyy</small>																																																																																											
<b>Medical Certificate Limitations</b> Must Have Available Glasses for near vision																																																																																																				
<b>Medical Certificate Waivers</b>																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>06/09/2009</u> <small>mm/dd/yyyy</small>				<b>Flight Review Aircraft</b> Make: <u>Diamond</u> Model: <u>DA-42</u>																																																																																																
<b>Airplane Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<b>Other Aircraft Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Instrument Airplane  <input type="checkbox"/> Instrument Helicopter  <input type="checkbox"/> Helicopter  <input type="checkbox"/> Glider  <input type="checkbox"/> Sport           </div>																																																																																														
<b>Type Ratings</b>						<b>Student Endorsements (Include dates)</b>																																																																																														
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<b>PILOT "B" INFORMATION</b>																																																																																																				
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<b>ADDITIONAL FLIGHT CREW MEMBERS</b> (Exclusive of cabin attendants, complete the following information)																	
<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____							<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious										
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military							<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown										
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<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs													
<b>PASSENGER(S) / OTHER PERSONNEL</b> (Include flight attendants; continue on separate sheet if necessary)							Seat	Crew	Non- Revenue	Revenue	Non- Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____							_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____							_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
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12/1/01

**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.

On the day of the accident I had planned a solo cross-country flight meant to meet some minimum requirements for helicopter certification including the requirement to have a cross-country of at least 75 miles with 3 takeoffs and landings at a controlled airport. My intention was to fly to Immokalee, make one landing, fly to Labelle, make a second landing, and fly back to Naples airport and make 3 takeoffs and landings to a full stop in a controlled environment. The helicopter had been flown in the morning by another student, so when I got to the airport I immediately asked Ruth to have a gas truck top off the fuel tank, which they did. Prior to my departure I went through an external preflight of the helicopter, as I typically do, using the preflight list. I also recall checking the gas cap to make sure the gas cap was tight. I found nothing out of the ordinary during the preflight inspection. Once I had completed it, I took my seat in the helicopter and went through the internal preflight checklist, and once again found nothing unusual. It should be noted that it has been my experience that there is typically one magneto that runs rougher than the other, but both were within the 125 rpm maximum drop in 5 seconds tolerance window. I don't recall anything unusual about the rest of the pre-departure process.

I received clearance to depart Naples to the south-east, from the tower, after which time I achieved a very controlled, successful initial hover of approximately 5 to 7 feet, and immediately thereafter initiated my takeoff. The takeoff was typical of my takeoffs to the southeast, or to the south. I initiated a takeoff that consisted of paralleling runway 14, east of the runway, approximately overtop of taxiway bravo. I did not notice during my takeoff, as I began my climb, at between 55 and 60 knots indicated, I had almost 28 inches of manifold pressure indicated on my manifold pressure gauge and my engine rpm's were near the bottom of the green arc. My desire was for the manifold pressure to be closer to 27 inches and for the engine rpm's to be between the middle and top of the arc.

I have learned through experience and my instructor that I can adjust the collective down slightly and the manifold pressure gage will fall and engine rpm's will rise and this will usually correct the aforementioned situation, so this is what I did. I recall noticing that, although I did have the effect of bringing the manifold pressure down, I didn't have the effect of bringing the engine rpm's up. I recall increasing the throttle and getting very little or no throttle response. I think it was at about this time that I began hearing an intermittent beeping from the low-rotor-rpm warning horn. I also recall that the audible sound of the engine was not typical and the helicopter felt a bit sluggish.

I remember having an immediate concern and initiating a turn to the left, calling the tower to inform them what I was doing and that my intention was to return to the field. As I came out of the turn in a direction that I think was toward the field I was applying what I recall was full or nearly full throttle to the engine and yet as the turn ended I heard the low-rotor-rpm horn go to a steady tone. I was also clearly descending at a rapid rate. I remember having a sense that I wasn't going to make the airport so I immediately started looking for a neutral landing spot where I could land without hurting myself or anyone else on the ground.

I recall seeing a swimming pool right in front and below me, and my descent angle seemed to be such that I thought I could reach the pool and I could clearly see there was no one in it. I remember thinking that I needed to maintain as much rpm in the rotor as possible to get any autorotation effect. Just after choosing the pool as my landing spot, I closed the throttle and dropped the collective. As I reached my target landing spot I could see I was going to miss the pool, but I could see a wood trellis and a small building near the pool that seemed pretty obvious I was going to hit.

Just prior to landing on the wood trellis, I pulled the collective to its upper most position. I remember collapsing the trellis and possibly the section of the small building and I remember being conscious for at least some time there after and being concerned about the possibility of fire, though I wasn't able to exit the helicopter due to my broken leg. I have little memory beyond this point. The whole experience from realizing what I believe was a power problem to landing on or around the pool trellis seems to be no more than 10-20 seconds in my memory. It all happened very fast.

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

Operator/Owner Safety Recommendation

Not sure yet. We will have to see what the NTSB determines



**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**

<b>Date of this Report</b> 07/02/2009 mm/dd/yyyy	<b>Signature and Name of Pilot/Operator</b> Signature: _____ Type or Print Name: Edward Scott Jackson		
<b>Signature and Name of Person Filing Report if Other than Pilot/Operator</b> Signature: _____ Type or Print Name: _____ Title: _____			
<b>FOR NTSB USE ONLY</b>			
<b>NTSB Accident/Incident No.</b> ERA 09FA355	<b>Reviewed by NTSB Regional Office</b> DORAL, FL	<b>Name of Investigator</b> Monville	<b>Date Report Received</b> 7/3/09 7/12/09