## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMA	TION		<b>元思。在</b> 。						1512	Mar :	in the state of
Accident/Incident Loc		_				ccident/Inc					
Nearest City/Place:	01	Denais		State:	<u> </u>	o <sub>ate:</sub> 3-		Lo	cal Time: _	<u>3:28</u>	3
ZIP: 70529 C Latitude: 30.13	Country:		V-0220 101			mm	dd'ງງງງ $y$	т	ma Zona:	881 mg/85 4 (1) like 1 (1)	
Latitude: 30.13	7800	Longitude:	12 1	<u> 3, 75</u>	0			1.	ine zone		
(Enter in decimal degrees or degrees:minutes:seconds)				C	Collision wit	h Other A	ircraft: C	) Midair	OOn-groun	d None	
<b>AIRCRAFT INFO</b>	RMATIO	Newsylvania	Da Pers	SEM				Transport	1446	Mark.	
Registration Number: WX  Manufacturer: Polici Soci					☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft						
Model: \$\frac{1}{2} \left( 6 \left( 0) \)					Maximum Gross Weight:lbs						
Serial Number:					Weight at T					_ lbs	
Year of Manufacture: 2015				]	Number of	Seats:		Flight Cr	ny Seats:		
Amateur-Built: OYes		OKit/Plans Mal	ke:			Cabin Crew S					
ON <sub>0</sub>		Original Design			THE RESERVE OF THE PARTY OF THE	Number of		evinac-18/000-10	_	C 26 - 10	-
Category of Aircraft	Type of A	irworthiness Ce	rtificate		Landing Gea			Engin	e Type (Se	elect one)	
O Airplane	rplane (Check all that apply)			(Check all that apply)			O Reciprocating O Liquid Rocket				
OBalloon OBlimp/Dirigible	Norma	dard Special ormal □Restricted			Retractable		m. it. d 1				id Rocket
O Glider	Aerob.		ic Limited Provisional		☐ Tricycle	E CANADA		OTurk	o Jet	ONone	
O Gyroplane O Helicopter	☐ Balloo				Amphibian			10 <del>10</del> 7710707110	O Turbo Fan		IOWI
O Powered Lift	☐ Transp	ort Experi	□ Special Flight □ Experimental			□Float □Ski					
ORocket OUltralight	☐ Utility	☐ Special	l Light-Spo mental Ligi	rt et Sport	□Hull	Ski/Wheel Fuel System Type (Reciproc			(Reciprocation	ng)	
OUnknown	□Cartificate	of Authorization	10 <del>.00</del> 7.		Other Laun	ther Launch Recovery System OCarburetor OFuel-Inj				Injected	
	None		Unknown	(COA)	☐ None	Г	Unknown				
		122				Date	Rated P		Total		Since:
Engine   Engine Manufa	cturer	Engine Model/Series	Manufacturer's Serial Number			of Mfg.	O lbs	sepower or of Thrust	(hours)	Inspection (hours)	(hours)
Eng. 1 1201/5 R		PR 300	RRT11686			10-11-			419	919	
Eng. 2	11							0. 10.00			
Eng. 3			35 S				53 A				
Eng. 4		100	D		OFixed Pite	Pitch Propeller 2 OFixed Pitch					
Last Inspection Type			1 I topeliet 2			dlable Pitch			O Controllable Pitch		
	inuous Airwe		Marion True			d Adjustable OGround Adjustable					
OAAIP OCon OAnnual OUnk	ditional Inspec	ction	Manufacturer:								
Date Last Inspection:	n2/2	5/2021									
Date Dast Inspection	nm/dd/33	337	120 (200-4)	stalled:	OYes ON	o .		itional Equ ADS-B	ipment (	Check all tha	t apply)
Airframe Total Time:		hrs	If Yes: ELT Manufacturer:					rios-B Airframe Par	achute		
hours measured at (S OLast Inspection		anidant/Innidant	Model or	Part No	:			ingle of Atta	ck Indicato	r	
				: OC91	(121.5 MHz) O	91a (121.5 N		Autopilot Data Recorde	r		
P			OC126	5 (406 MHz)					Handheld De	vice	
( ) ( 'Anditional ( Amataur huit only)				unted in aircraft inected to anteni		``   =-	lectronic Mi lectronic Pr				
O Manufacturer's Inspect		(A AID)	A COUNTY OF THE PARTY OF THE PA		? OYes ON		DF	Iandheld GP	S	888 15	
O Other Approved Inspect O Continuous Airworthin		(AAIP)	If activa					leads Up Dis Inboard Wea			
O Other, specify:			C0004700		ocating Aircraft	OYes O	Vo □ 5	atellite Trac	king Devic	è	
Description of Fire Ex	tinguishing	System	If not ac	tivated:	П			tall Warning Ideo Record			
O None O Specify:			indicate.	WEAPOIL:	☐ Impact Dam ☐ Fire Damage			ther, Specif			
•					☐ Battery Expi						
					Unknown						

OWNER/OPERATOR INFORMA	ATION					
Registered Aircraft Owner	3000 XX 1900	city: Lafayette				
Name: Trinity Paul	Air LLC.	State: <u>LP</u> ZIP: <u>70503</u>				
Fractional Ownership Aircraft: O Yes C	√No	Country:				
	gistered Owner	Same Address as Registered Owner				
Name: Donald Mendo:	<u>a</u>	City:				
Doing Business As:		State: ZIP:				
Air Carrier/Operator Designator (4 Charact	er Code):	Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
□ None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental □ Air Cargo	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR	431 O Non-Scheduled or Air Taxi O International				
☐Foreign Air Carriers (FAR 129) ☐Rotorcraft External Load (FAR 133) ☐Commuter Air Carrier (FAR 135)	OFAR 91 Special Flight ONon-US, Commercial	O Passenger O Cargo O Mail Contract Only				
☐On-Demand Air Taxi (FAR 135) ☐Commercial Air Tour (FAR 136) ☐Agricultural Aircraft (FAR 137)	O Non-US, Non-commercial O Public Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)				
☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	O Armed Forces O Federal O State O Local O Unknown	O Aerial Application O Aerial Observation O Air Drop O Air Pace/Show O Banner Tow O Business O Executive/Corporate O OFfirefighting O Unknown O Glider Tow O Glider Tow O Instructional O Cher Work Use O Personal O Positioning				
Revenue Sightspeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry				
O Yes O No	O Yes O No					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name:		Distance From Airport Center:sm				
Airport Identifier:		Direction From Airport: degrees true				
Proximity to Airport: O Off Airport/Airstri	p OOn Airport/Airstrip ON/A	Airport Elevation: ft. msl				
Runway Information		Condition of Runway/Landing Surface (Check all that apply)				
Runway/Landing Surface (Check all that a Asphalt Grass/Turf Macconcrete Gravel Snow	adam Water al/Wood	□ 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	9					
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Ap	proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown				
IFR Approach (Check all that apply)  □None		VFR Approach (Check all that apply)  □None				
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	☐ Traffic Pattern ☐ Stop and Go☐ Straight-In ☐ Touch and Go☐ Simulated Forced Landing☐ Go Around ☐ Forced Landing☐ Forced Landing☐ Precautionary Landing☐ Unknown☐ ☐ Unknown☐ ☐ Unknown☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
	- Chritowit	- Challenia				

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident  O Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew  "Flight Crewmember 1" was pilot flying							
"Flight Crewmember 1" Identification  First Name: DOYALD City of Residence: Latayette  Middle Initial: J State: LA ZIP: 70503  Last Name: Mendoza Country:  Age at time of Accident/Incident: 51 Date of Birth: mm/dd/yyy  Certificate Number:  Degree of Injury Seat Occupied One O Fatal O Left O Front O Unknown O Minor O Unknown O Restraints  O Sarious O Center O Single O None O None O None O None O Not Installed							
First Name: DONALD  Middle Initial: J  Last Name: Mendoza  Last Name: Mendoza  Certificate Number: State: LA ZIP: 70503  Certificate Number: mun/dd/yyyy  Certificate Number: Inflatable Restraints  O None O Fatal O Left O Front O Unknown O Sarious O None O Sarious O None O Single O None O							
Middle Initial:							
Last Name: Merido Zo  Age at time of Accident/Incident: 5   Date of Birth: mon/dd/yyy  Certificate Number:  Degree of Injury   Seat Occupied   Restraint Type   Inflatable Restraints  O None   O Fatal   O Left   O Front   O Unknown   Available   Used   O None   O None   Not Installed							
Age at time of Accident/Incident: 5 Date of Birth:							
Degree of Injury   Seat Occupied   Restraint Type   Inflatable Restraints							
O None O Fatal O Left O Front O Unknown Available Used O Minor O Unknown O Rear O Sirola O None O None							
O Minor O Unknown							
Pilot Certificate(s) (Check all that apply)  OLap only OLap only OLap only Olap only Olap only O3-point O3-point O3-point O3-point O3-point O3-point							
None							
Principal Occupation Medical Certificate Medical Certificate Validity Date of Last Medical							
O Pilot							
Medical Certificate Limitations							
Active Certificate Edminators							
Medical Certificate Special Issuance							
Date of Last Flight Review Flight Review Aircraft							
or Equivalent, Including							
or Equivalent, Including  FAR 121/135 Checks:  Make: Policison							
or Equivalent, Including FAR 121/135 Checks:    Make: Poherson   Model: Published   Model: Published							
or Equivalent, Including FAR 121/135 Checks:    Make: Policisco   Model: Policisco   Mode							
or Equivalent, Including FAR 121/135 Checks:    Make:   PONCON							
or Equivalent, Including FAR 121/135 Checks:    Make:   PONCOO							
or Equivalent, Including FAR 121/135 Checks:    Make:   PORTSON     Make:   PORTSON							
or Equivalent, Including FAR 121/135 Checks:    Make:   PORTSON     Model:   PORTSON     Model: PORTSON     Model:   PORTSON     Model:   PORTSON     Model:   PORTSON     Model: PORTSON     Model: PORTSON     Model: PORTSON							
or Equivalent, Including FAR 121/135 Checks:    Make:   PORTSON     Make:   PORTSON							
or Equivalent, Including FAR 121/135 Checks:    Make:   PORTSON     Make:   PORTSON     Make:   PORTSON     Make:   PORTSON     Make:   PORTSON     Model:   PORTSON     Model: P							
or Equivalent, Including FAR 121/135 Checks:    mm/dd/yyy   Make:   PORCOO							
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or Equivalent, Including FAR 121/135 Checks:    mm/dd/yyy   Make:   PORCOO							
or Equivalent, Including FAR 121/135 Checks:    Make:   PONE (SOC)							
Make:   DONE (SOC)   Model:   DONE (SOC)							
Make:   POP (SOC)							
Make:   DONE (SOC)   Model:   DONE (SOC)							
Make:   Love (Sor)   Make:   Love (Sor)   Model:   Love (Sor)   Love (Sor)   Model:   Love (Sor)   Lo							
Make: PONCYSON   Make: PONCYSON   Make: PONCYSON   Model: Published   Make: Poncyson   Make: Poncyson   Make: Poncyson   Make: Poncyson   Make: Poncyson   Materials   Make: Poncyson   Materials   Make: Poncyson   Materials   Materia							
Make:   DOVE (SOC)   Model:   Logo							

"FLIGHT CREWME	MBER 2" INFOR	MATION					ASIA 15 mil	Balancia	A TEA
"Flight Crewmember 2" I OPilot OCo-Pilot		Time of Ao OFlight Inst			light Engineer	O Other F	light Crew		
"Flight Crewmember 2" v	vas pilot flying Y	es 🗆 No	0						
"Flight Crewmember 2" I	dentification								
First Name:				City of F	Residence:				
Middle Initial:							IP:		-
Last Name:									
	f Accident/Incident:			Country		/dd6222 ·			
Age at time o	i Accident/incident:					racejjiji			
	0.1011	Centil	ficate Number:	T p			1.		
Degree of Injury O None O Fatal	Seat Occupied OLeft C	DFront	OUnknown	Restraint			1	Inflatable R	estraints
O Minor O Unknown	O Minor O Unknown O Right O Rear			Available Used O None O None			□ Not Inst	allad	
O Serious O Center O Single				O Lap only D Lap only Installe					
Pilot Certificate(s) (Check	all that apply)			O 3-point O 3-point Not Deploy					
	t Instructor	nercial e Transport	☐ US Military ☐ Foreign	O 4-point O 4-point Deploy O 5-point O 5-point Unkno				Unknow	
☐ Private ☐ Recr☐ Student ☐ Spor		e Transport Engineer	☐ Foreign		known	O Unknow	n		
Principal Occupation	Medical Certificate	11 900		Medical C	ertificate Va	lidity		Date of Las	t Medical
O Pilot	O None O Clas	s 3			limitations/wair		nknown		
O Other			e (Sport Pilot only)	O With limitations/waivers O N/A O Special Issuance			mm/dd/\\	77.	
O Unknown	O Class 2 O Unk	nown	<u> </u>	O Special	issuance			mmuawyy	).)
Medical Certificate Limit	ations								
i e									
Medical Certificate Specia	al Issuance								
, , , , , , , , , , , , , , , , , , ,									
Date of Last Flight Review	r	Flight P	teview Aircraft	W.S. 2225 - V.					
or Equivalent, Including	•	- <del> </del>							
FAR 121/135 Checks:		100 May 150 150 150 150 150 150 150 150 150 150			7.5				
W 0 00 101 101 101	mm/dd/yyyy	_			T				
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)		Instrument R (Check all that a		(Check all th				
□ None	□ None		□ None	PP(I)	□ None	iai appiy)		Instrument A	irplane
☐ Single-Engine Land	☐ Airship		☐ Airplane		☐ Airplane	Single-Engin	e 🔲	Instrument H	
Single-Engine Sea	☐ Balloon ☐ Glider		Helicopter	☐ Airplane Multi-Engine ☐ Helicopter					
☐ Multiengine Land ☐ Multiengine Sea	☐ Gitter ☐ Gyroplane		☐ Powered Lift		☐ Gyropiar		20 mars	Sport	
	☐ Helicopter								
Type Ratings	☐ Powered Lift		1		Student F.	ndorsement	s (Include à	loras)	
Type Radings					Student E	ngoi semeni	3 (Include a	ales)	
Flight Time (Enter appropr	iata in Th	. 3 5-1	Airplane		Inst	rument			Lighter
number of hours in each box)	260,777.00	s Make Model	\$255 (150 COM) 0.000	plane liengine Nig	ht Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time									
Pilot in Command (PIC)			5490 5011111 14 14 14						
Time as Instructor									
This Make/Model									
Last 90 Days									
Last 30 Days	13 19 10 1						KGC-W-W		
Last 24 Hours									

First Name	ADDITIONAL FLIC			ICXCIDSIA	A A1 AND 111 A1		dio ionomi	Marine Marine		
Middle Installal	Crew Name and Addi	ress						Seat Occupie	ď	Injury
Middle Initial:			City	y of Reside	nce:					
Pilot Certificate(s) (Check all that apph)   State   Country   Country   Free Name   Fight Instructor   Plight Engineer   Total Flight Time at the Time of this Accident/Incident   Instructor   Country   Free Name   Fight Engineer   Country   Free Name   City   Grant Flight Time at the Time of this Accident/Incident   Instruction   Country   Country   Free Name   City   Grant Flight Time at the Time of this Accident/Incident   Instruction   Country   Country   Free Name   City   Grant Flight Time at the Time of Name   City   Grant Flight Time at the Time   Grant Flight Time   Grant Flight Time   Grant Flight Time   Grant Flight	Middle Initial:	<del></del>				3	79		O Single	O Serious
None   Flight Instructor   Commercial   DS Military   Carporation   Sunder   Daylor   Carporation	Last Name:		Cou	untry:		a w white	-		OUnknown	
State   Country   Countr	Pilot Certificate(s) (C	heck all that apply)	530			The special				
Student								O None	O None	
Type Rating/Endorsement for Accident/Incident Arcraft?	2 <u>000</u> (6) (6.6 (1) (6.4 (6)					eißii				☐ Installed
Crew Name and Address	Type Deting/Endoyse	ment for		Total F	light Time at	t the Time				□ Deployed
First Name:   City of Residence:   ZIP;   Country:   Pilot Certificate(s) (Check all that apply)   Country:   Country:   Pilot Certificate(s) (Check all that apply)   Pilot Certificate(s) (Check all that ap	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				National Control	THE PARTY CO. PARTY.				☐ Unknown
Middle Initial:	Crew Name and Add	ress			T. 1927.		20.300 N 40.55 N 2	Seat Occupie	d	Injury
Middle Initial:   State:   ZIP:   ORight   OSingle OUnknown   OSernous OF relation   OUnknown   OF all ounknown   OT all all purpose   OT all pur	First Name:		City	y of Reside	nce:	57.111				
Pilot Certificate(s) (Check all that apply)	Middle Initial:	_	Stat	te:					O Single	
None	Last Name: Country:						===		OUnknown	
	Pilot Certificate(s) (Check all that apply)								S Million on remove	
Student			(Total   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100						O None	
Type Rating/Endorsement for Accident/Incident Aircraft?										
Accident/Incident Aircraft?							O 4-point	O4-point	☐ Not Deployed	
Name and Address   Seat   Injury   Restraint Type   Restraints   Age	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					hrs				
Name and Address   Seat   Injury   Restraint Type   Restraints   Restraint			<u></u>							
First Name:   City:   OLeft ORight OT OCTEW OPassenger O Other   Other Original Outhnown Original Original Outhnown Original Orig	PASSENGER(S) /	OTHER PERSO	NNEL	(Include d	abin crew; c	ontinue on s	eparate shee	t if necessary)		
Middle Initial:  Last Name:  Country:  OCenter ORight OUnknown OCrew OPassenger OOther  City:  Country:  OCenter ORight OUnknown OCenter ORight OUnknown OFatal OUnknown OCenter ORight OUnknown OFatal ONone OCenter ORight OUnknown OUnknown OUnknown OCenter ORight OCenter ONone OCenter ORight OUnknown OFatal OUnknown OFatal OUnknown OFatal OUnknown OFatal OUnknown OCenter OSerious OFatal OUnknown OFatal OUnknown OCenter OSerious OS-point OLap-Held OUnknown OLap-Held OUnknown OLap-Held OUnknown OLap-Held OUnknown OLap-Held OUnknown OSerious ORight OLap Only OLap	1-1	OTHER PERSO	NNEL	(include d				70.0 100.005		Age
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OCrew OPassenger OOther Row: OUnknown O	Name and Address  First Name:	City:			Seat OLeft	Injury	Restraint T Available ONone	ype Used ONone	Restraints  Not Installed	
OCrew OPassenger OOther   Row:	Name and Address  First Name:  Middle Initial:	City : State:	ZIP:		Seat OLeft OCenter	Injury ONone OMinor	Restraint T Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point	Restraints  ☐ Not Installed ☐ Installed ☐ Not Deployed	☐ Under 5 years  If Under 5,
First Name: City: OLeft OCenter ORight Country: OCenter ORight Country: OCenter ORight OLap Only	Name and Address  First Name:  Middle Initial:  Last Name:	City : State: Country:	ZIP:		Seat  OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point	Restraints  Not Installed Installed Not Deployed Deployed	☐ Under 5 years  If Under 5,  O Child Restraint
Middle Initial: State: ZIP: OCenter ORight OSerious OUnknown OUnkn	Name and Address  First Name:  Middle Initial:  Last Name:	City : State: Country:	ZIP:		Seat  OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Vpe  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown	Restraints  Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held
Country:	Name and Address  First Name:  Middle Initial:  Last Name:  OCrew	City: State: Country: OPassenger	ZIP:	other	Seat  OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Vpe Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used	Restraints  Not Installed Installed Not Deployed Deployed Unknown	Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown
OCrew OPassenger OOther Row: OUnknown OS-point OUnknown ONone ONone ONone OUnknown OS-point ONone ONone ONone OUnknown OUnknown OS-point OS-point OS-point OS-point OS-point OS-point OUnknown O	Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:	City : State: Country: OPassenger City :	ZIP:	ther	Seat  OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Vpe  Used ONone OLap Only O3-point O4-point O5-point OUnknown  Used ONone OLap Only	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed	☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown
First Name: City: OLeft Middle Initial: State: ZIP: OCenter ORight Last Name: Country: Other	Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:	City : State: Country: OPassenger City : State:	ZIP:	other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point	Vpe  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used ONone OLap Only O 3-point	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed	☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,
Middle Initial: State: ZIP: OCenter ORight Last Name: Country: OCenter ORight Corew OPassenger OOther Row: OLap Only OLap Only OJ-point OJ	Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:	City : State: Country:  OPassenger  City : State: Country:	ZIP:	other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point	Vpe  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used ONone OLap Only O 3-point O 4-point O 4-point	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Deployed Deployed	☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held
Last Name: Country: Other	Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew	City:	ZIP:	other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O5-point O4-point O5-point O4-point O5-point OUnknown Available	Vpe  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown
OCrew OPassenger OOther Row: OUnknown O5-point OUnknown OUNcnown O	Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City:	ZIP:	ther Hher	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown	Vpe  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used ONone OLap Only O 1-point O 1-po	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Deployed Unknown  Not Deployed Unknown	☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown
First Name: City: OLeft ONone ONone ONone OLap Only	Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  Middle Initial:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: State:	ZIP:	Wher	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown	Vpe  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used O None OLap Only O 3-point	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Deployed Unknown  Not Deployed Unknown  Not Deployed Unknown	☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown  ☐ Under 5 years
Middle Initial: State: ZIP: OCenter OMone OLap Only OLap Only OSerious OSerious OG-point OS-point OS-p	Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Last Name:  Last Name:  Last Name:  Last Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: City: Country: Country: Country:	ZIP:	wher	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O5-point	Vpe  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used ONone OLap Only O 3-point O 4-point O 5-point	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Deployed Unknown  Not Deployed Unknown  Not Deployed Deployed Unknown	☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown
Last Name: Country: ORight Ounknown OF atal OUNknown OUNknow	Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew	City :     State:     Country:     OPassenger     City :     State:     Country:     State:     Country:     Country:     OPassenger	ZIP:	other	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OCenter ORight OCenter ORight OCenter ORight OCenter ORight OUnknown Row:	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O4-point O5-point OUnknown	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Unchnown  Not Installed Installed Deployed Unknown  Not Installed Deployed Unknown	☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown
OCrew OPassenger OOther Row OUnknown O5-point O5-point Unknown O Lap-Held	Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:	City : State: OPassenger City : State: Country: OPassenger City : State: Country: OPassenger City : State: Country: OPassenger City : Country: City : Country: City :	ZIP:	wher	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point	Vpe  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used O None OLap Only O 3-point O 4-point O 5-point O Unknown  Used O None OLap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown  Used O None OLap Only O 1-point	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Installed Installed Installed Installed Installed Installed	☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown
	Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  OCrew  First Name:  Middle Initial:  Last Name:  Middle Initial:  Last Name:  Middle Initial:	City :     State:     Country:     OPassenger     City :     State:     Country:     OPassenger     City :     State:     Country:     Country:     State:     City :     State:     State:     State:	ZIP:	other	Seat  OLeft OCenter ORight OUnknown Row:	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point	Vpe  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used O None OLap Only O 3-point O 4-point O 5-point O Unknown  Used O None OLap Only O 3-point O 4-point O 5-point O Unknown  Used O None OLap Only O 3-point	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Installed Not Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown

FLIGHT ITINERARY	INFORMATIO	Villa de la	tara 19 KD	1 3 13 50			
Last Departure Point	Tim	e of Departure	Destination	on		Type Fligh	nt Plan Filed
Airport ID:			Airport ID:		O None		O VFR/IFR
City:	Tink	<u> </u>		800 CM C C C C C C C C C C C C C C C C C		O Company O Military	
State:	- 22	Zone:				OVFR	VPK Commonia
Country:	O				27	Activated?	OYes ONo OUnknown
Type of ATC Clearance/S		annly)		W-11-14	<del>-                                    </del>		
☐ None	☐ Special VFR ☐ IFR	☐ Spe	ecial IFR R On Top		☐ VFR Flight Foll ☐ Traffic Advisory		☐ Cruise ☐ Unknown / NA
Class B Class C Class D Class E	□ Class G □ Demo Area □ Warning Area □ Prohibited Area □ Restricted Area	□ Mil □ Aiŋ □ Jet □ TR: □ FAI	itary Operations port Advisory A Training Area SA R 93		☐Air Traffic Cont		Altitude of In-Flight Occurrence: ft msl
WEATHER INFORM		E ACCIDEN	T/INCIDEN				
Source of Pilot Weather I (Check all that apply)  National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Servi	□ Con □ Mili □ Inte	tary net e		Facility ID: Observation T Time Zone: Distance from	ime: Accident Site:		nm
Basic Conditions		Light Conditi	lon			2	
OVMC OIMC OUnknown		ODawn ODay	ODusk ONight		k Night OUr ght Night	ıknown	
Sky/Lowest Cloud Condit  Clear O Few O Partial Obscuration O Scattered Lowest Cloud Condition	O Thin Broken O Thin Overcast O Unknown	Ceiling None (Clear) O Broken O Overcast Ceiling Heigh	0	Obscured Indefinite Unknown		((	
Wind Direction	Wind Speed		Wind Gusts		Visibility		000 <b>*4</b> 20
Variable  -or- Direction:degrees tn	☐ Calm☐ Light and Vari	ablekts	Not Gustin		8 <del>7</del> 10	1,17	miles feet miles ft
Intensity of Precipitation	Type of Precipit	ation (Check all t	hat apply)		Restriction to	Visibility (C	Theck all that apply)
O Light O Moderate O Heavy Ø N/A O Unknown	☐ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers	☐ Drizzle ☐ Ice Pellets ☐ Snow Pellet ☐ Snow Grain ☐ Ice Crystals	s 🔲 Freezin	hower ets Shower	Mone Blowing Do Blowing Sa Blowing Sn Blowing Sp Dust	nd   1 now   1 ray   1	Fog Ground Fog Haze Ice Fog Smoke Unknown
Icing Forecast Amount Type O None O N/A O Trace O Rime O Light O Clear O Moderate O Mixe O Severe O Unkn	d	Icing Actual Amount  None O Trace O Light O Moderate O Severe O Unknown	Type O N/A O Rime O Clean O Mixe O Unkr	e r ed	Turbulence Type (Check a None Clear Air Terrain-Inde	iced	Severity Light Moderate Severe Extreme
NOTAMs (D and FDC)	, AIRMETs, SIGN	METs, PIREP	s in effect at	the time of t	he accident/inci	dent:	

## DAMAGE TO AIRCRAFT AND OTHER PROPERTY Aircraft Explosion Aircraft Damage Aircraft Fire 8 None O Substantial O Destroyed None O None O Both Ground and In-Flight O Both Ground and In-Flight O In-Flight O In-Flight O Minor O Fire at Unknown Time O Explosion at Unknown Time O On-Ground O Unknown O Unknown O On-Ground O Unknown

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

Hellicopter blades destroyed, tail broke off, damage to hub

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

Left LA airport about 3:00, landed back at 1809 denais road at about 3:45. Went to land on concrete driveway, came to a hover, felt some wind when I was pushing down power and lost control

Very little damage done to concrete

Piece of metal hit sheds roof

RECOMMENDATION (How could this	accident/incident have i	been prevented?)			
Operator/Owner Safety Recommendation					
By not losing a	control wh	en the	wind	blew	
					8
		Service Well purificulate source	oill se may be		ariost-territoria
MECHANICAL MALFUNCTION/		pace is needed, con	tinue on separ	ate sheet)	
Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, par		be the failure.)			Total Time/Cycles On Part
					Hours
					Cycles
					Time Since This Part
					Inspected/Overhauled
				羅	Hours
			4. 227		
FUEL & SERVICES INFORMATI					
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)	Fuel Type O 80/87	D 115/145	O Jet B	O Other, specify	
Gallons	O 100 Low Lead	) Jet A	О лрз	<u> </u>	=
Other Services, if Any, Prior to Departure		) Jet A-1 (	O Automotive		
***************************************				*	
EVACUATION OF AIRCRAFT			1 4-7 9-57		
Was an emergency evacuation of the aircr	at naufarmad?	Yes No	BCW Har works	NET TO THE SECOND STATE OF THE SECOND	Service of the servic
Method of Exit – Describe how the occupan			each location	<u>#</u>	
Through the door		occupants orneumes	Chem Iocultor.		
Through the aut					
OTHER AIRCRAFT - COLLISIO	N (If air or ground coll	ision occurred, com	niete this sect	ion for other aircraf	n water the second
	urer:				age to Other Aircraft
					Destroyed  Minor  ubstantial  None
Registered Owner of Other Aircraft			ther Aircraft		nostanuai 🗀 None
Name:		Name:			
City:	130 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City:		_ZIP:	
State: ZIP: Country:		_ State: Country: _		_ZIP:	

ADDITIONAL INFORMATION	ON (Please type or print in ink)		
Use this space if additional space			
- Model Colored			
y)			
30			
34 34			
			•
THEREBY CERTIFY THAT TO	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE BE	ST OF MY KNOWLEDGE
	Pilot/Operator: Bandlow		
	e:		
7 T T T T T T T T T T T T T T T T T T T	Check here to electronically sign this	document	
If a Person Other than Pilot/Op			
02020			
DATE OF THE PARTY			
- or ☐ Check here to	o electronically sign this document	4	
		USE ONLY	
NTSB Accident/Incident No. CEN21LA154	Reviewed by NTSB Regional Office Central	Name of Investigator Folkerts	Date Report Received 3/24/2021