

**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 INFORMATION

| | | | |
|---|--|---|--|
| Accident/Incident Location Nearest City/Place: <u>Idabel</u> State: <u>OK</u> ZIP: <u>74745</u> Country: <u>USA</u> Latitude: <u>33-54-33.70 N</u> Longitude: <u>094-51-33.70 W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i> | | Accident/Incident Date/Time Date: <u>06/30/2022</u> Local Time: <u>0845</u> <i>mm/dd/yyyy</i> Time Zone: <u>CST</u> | |
| Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None | | | |

AIRCRAFT INFORMATION

| | | | |
|---|--|---|--|
| Registration Number: <u>N378JC</u> Manufacturer: <u>Bell Helicopter</u> Model: <u>206L4</u> Serial Number: <u>52448</u> Year of Manufacture: <u>2013</u> Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If Yes:</i> <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____ | | <input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>4450</u> lbs Weight at Time of Accident/Incident: <u>3511</u> lbs Number of Seats: <u>7</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: <u>5</u> Number of Engines: <u>1</u> | |
|---|--|---|--|

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|--|--|-----------------|----------------|--|-------------------------------------|------------------------------------|----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---|------------------------------------|---------------------------------------|----------------------------------|--|--|---|--|---|
| Category of Aircraft <input type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input checked="" type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown | Type of Airworthiness Certificate <i>(Check all that apply)</i> <table border="0"> <tr> <td>Standard</td> <td>Special</td> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown | Standard | Special | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted | <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited | <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional | <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight | <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental | <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport | | <input type="checkbox"/> Experimental Light-Sport | Landing Gear <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input checked="" type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown | Engine Type (Select one) <input type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input checked="" type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type (Reciprocating) <input type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |
| Standard | Special | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Experimental Light-Sport | | | | | | | | | | | | | | | | | | |

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|--|--------------------|--------------------------------|------------------|
| Eng. 1 | Rolls Royce | 250-C30P | CAE-896163 | 01/08/2013 | 650 | 900.8 | 15 | |
| Eng. 2 | | | | | | | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

| | |
|--|--|
| Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>04/04/2022</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>900.8</u> hrs hours measured at <i>(Select one)</i> <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident | Propeller 1 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____ Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____ |
| Type of Maintenance Program (Select one) <input type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input checked="" type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____ | ELT Installed: <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If Yes:</i> ELT Manufacturer: <u>Kannad</u> Model or Part No.: <u>120503</u> TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input type="radio"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If activated:</i> Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If not activated:</i> Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input checked="" type="checkbox"/> Unknown |
| Description of Fire Extinguishing System <input checked="" type="radio"/> None <input type="radio"/> Specify: _____ | Additional Equipment (Check all that apply) <input checked="" type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input checked="" type="checkbox"/> Electronic Multifunction Display <input checked="" type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____ |

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: Giles A. Hill City: Idabel
 State: OK ZIP: 74745
 Fractional Ownership Aircraft: Yes No Country: USA

Operator of Aircraft Same As Registered Owner Same Address as Registered Owner
 Name: _____ City: _____
 Doing Business As: _____ State: _____ ZIP: _____
 Air Carrier/Operator Designator (4 Character Code): _____ Country: _____

| | | |
|--|--|--|
| Operating Certificates Held <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft | Regulation Flight Conducted Under <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown | Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only |
| | Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No | Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No |

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: Mc Curtain County Regional Airport **Distance From Airport Center:** .5 sm
Airport Identifier: 4O4 **Direction From Airport:** 020 degrees true
Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A **Airport Elevation:** 471 ft. msl

| | |
|--|---|
| Runway Information Runway ID: <u>02</u> (L/R/C) Length: <u>5002</u> ft Width: <u>75</u> ft | Condition of Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown |
| Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown | |

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

| | |
|--|---|
| IFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Circling <input type="checkbox"/> RNAV <input type="checkbox"/> Unknown | VFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input checked="" type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input checked="" type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown |
|--|---|

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

| | | | | |
|--|--|---|--------------------------------------|--|
| Crew Name and Address | | Seat Occupied | | Injury |
| First Name: _____ | City of Residence: _____ | <input type="radio"/> Left | <input type="radio"/> Front | <input type="radio"/> None |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="radio"/> Center | <input type="radio"/> Rear | <input type="radio"/> Minor |
| Last Name: _____ | Country: _____ | <input type="radio"/> Right | <input type="radio"/> Single | <input type="radio"/> Serious |
| | | | <input type="radio"/> Unknown | <input type="radio"/> Fatal |
| | | | | <input type="radio"/> Unknown |
| Pilot Certificate(s) (Check all that apply) | | Restraint Type: | | Inflatable Restraints |
| <input type="checkbox"/> None | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial | <input type="checkbox"/> US Military | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Private | <input type="checkbox"/> Recreational | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign | |
| <input type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="checkbox"/> Flight Engineer | | |
| | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

| | | | | |
|--|--|---|--------------------------------------|--|
| Crew Name and Address | | Seat Occupied | | Injury |
| First Name: _____ | City of Residence: _____ | <input type="radio"/> Left | <input type="radio"/> Front | <input type="radio"/> None |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="radio"/> Center | <input type="radio"/> Rear | <input type="radio"/> Minor |
| Last Name: _____ | Country: _____ | <input type="radio"/> Right | <input type="radio"/> Single | <input type="radio"/> Serious |
| | | | <input type="radio"/> Unknown | <input type="radio"/> Fatal |
| | | | | <input type="radio"/> Unknown |
| Pilot Certificate(s) (Check all that apply) | | Restraint Type: | | Inflatable Restraints |
| <input type="checkbox"/> None | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial | <input type="checkbox"/> US Military | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Private | <input type="checkbox"/> Recreational | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign | |
| <input type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="checkbox"/> Flight Engineer | | |
| | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

| Name and Address | Seat | Injury | Available | Used | Inflatable Restraints | Age |
|---|---|--|--|--|--|---|
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: ____ | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown | <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: ____ | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown | <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: ____ | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown | <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: ____ | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown | <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |

| FLIGHT ITINERARY INFORMATION | | | | |
|--|---|---|---|--|
| Last Departure Point Airport ID: <u>404</u> City: <u>ldabel</u> State: <u>OK</u> Country: <u>USA</u> | Time of Departure Time: <u>0800</u> Time Zone: <u>CST</u> | Destination Airport ID: <u>404</u> City: <u>ldabel</u> State: <u>OK</u> Country: <u>USA</u> | Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown | |
| Type of ATC Clearance/Service (Check all that apply) | | | | |
| <input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input checked="" type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA | | | | |
| Airspace where the accident/incident occurred (Check all that apply) | | | | Altitude of In-Flight Occurrence: |
| <input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA <input checked="" type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93 | | | | <u>475</u> ft msl |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE | | | | |
| Source of Pilot Weather Information (Check all that apply) | | | Weather Observation Facility | |
| <input checked="" 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 checked="" type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather | | | Facility ID: <u>404</u> Observation Time: <u>0753</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>.5</u> nm Direction from Accident Site: <u>020</u> degrees true | |
| Basic Conditions | | Light Condition | | |
| <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown | | <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night | | |
| Sky/Lowest Cloud Condition | | Ceiling | | Temperature: _____ (C) or <u>86</u> (F) |
| <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered | | <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown | | Dew Point: _____ (C) or <u>45</u> (F) |
| Lowest Cloud Condition Height _____ ft agl | | Ceiling Height _____ ft agl | | Altimeter Setting: <u>2999</u> in. Hg or _____ MB |
| Wind Direction | Wind Speed | Wind Gusts | Visibility <u>10</u> miles | |
| <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true | <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: _____ kts | <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts | RVR: _____ feet RVV: _____ miles | |
| Intensity of Precipitation | | Type of Precipitation (Check all that apply) | | Restriction to Visibility (Check all that apply) |
| <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown | | <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals | | <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 |
| Icing Forecast | | Icing Actual | | Turbulence |
| Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown | | Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown | | Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme |
| NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: | | | | |

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- None Substantial
 Minor Destroyed
 Unknown

Aircraft Fire

- None Both Ground and In-Flight
 In-Flight Fire at Unknown Time
 On-Ground Unknown

Aircraft Explosion

- None Both Ground and In-Flight
 In-Flight Explosion at Unknown Time
 On-Ground Unknown

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

Tail boom was separated just aft of horizontal stabilator by main rotor blades.

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

During initial helicopter flight training the following event occurred, normal preflight and flight training during ground preparation, discussed dynamic rollover and causes. Briefed hovering autorotation and straight in autorotation demonstration, additionally hover work traffic pattern and normal approach sight pictures. This was going to be a one-hour flight per briefing.

Normal start and run up with no issues. As per briefing we picked up to a hover and conducted hover practice pivoting around the nose of the aircraft and around the tail of the aircraft to include hover taxi over taxi lines, student was making great progress hovering, to the point of adding precise hovering practice. After 15 minutes of hover practice, I introduced the hovering auto demonstration only. 2 hovering autorotation 's were demonstrated. At this point in time the student entered the right traffic pattern for 02, the student conducted normal approaches and pattern work for approximately 20 minutes.

At this time, I took the flight controls and discussed a straight in autorotation and judging intended point of touch down. At which time I entered right traffic for runway 02 and set up for a straight in autorotation with power recovery. I climbed to 1800 ft MSL in downwind and maintained 1800 ft MSL until on final at 80 kts at which time I lowered the collective and rolled the throttle to idle entering the autorotation, I called out the steady state factors and 60 kts attitude. At 300 ft above the runway, I applied throttle and announced power recovery, I failed to confirm full power applied to the aircraft. At about 70 feet I started deceleration to come to a hover at 10 ft. During the deceleration at approximately 10 ft we received the low rotor audio horn at which time I leveled that aircraft and announced that we were going to ground. At which time I cushioned by applying the remaining collective and contacted the runway the aircraft bounced approximately 3 feet into the air and nose forward at which time I correct the nose low attitude causing the main rotor blades to contact the tail boom aft of the horizontal stabilator severing the tail boom and T/R assembly.

I conducted an emergency shut down and stopped the main rotor with rotor brake. There was no adverse yaw we remained straight on the runway just left of centerline about halfway between edge and centerline. We exited the aircraft through the two forward doors normally with no injuries.

The tail assembly was lying directly below the tail boom. Two sections of T/R drive shaft were approximately 6 ft to the right of the tail rotor and the right side horizontal stabilator was about 12-15 ft to the right of the tail boom.

Contacted airport personnel to retrieve tow bar and wheels for aircraft and recovered all parts and aircraft to owner's hangar.

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

Operator/Owner Safety Recommendation

As the flight instructor, I could have reviewed my procedures during an autorotation pryor to conducting the demonstration additionally I could have practices auto rotaion with a full power on without power reduction before performing the demo with power off and power recovery.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes No
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part

_____ Hours
 _____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
 (Convert from pounds, as necessary)

88 _____ Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location
 Used normal exit via left and right forward doors.

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____

Manufacturer: _____

Model: _____

Damage to Other Aircraft

- Destroyed Minor
 Substantial None

Registered Owner of Other Aircraft

Name: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____

Pilot of Other Aircraft

Name: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____

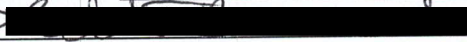
ADDITIONAL INFORMATION (Please type or print in ink)

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

Date of this Report 07/09/2022
mm/dd/yyyy

Name of Pilot/Operator: Todd J. Branda

Signature: 

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

If a Person Other than Pilot/Operator is Filing Report

Name: _____ **Title:** _____

Signature: _____

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

FOR NTSB USE ONLY

| | | | |
|---|--|---|--|
| NTSB Accident/Incident No. CEN22LA294 | Reviewed by NTSB Regional Office CENTRAL | Name of Investigator LINDBERG | Date Report Received 7/10/2022 |
|---|--|---|--|