

**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		Accident/Incident Date/Time	
Nearest City/Place: <u>3 miles south of Norris City</u> State: <u>IL</u>		Date: <u>05/10/2021</u>	Local Time: <u>1320</u>
ZIP: <u>62869</u> Country: <u>USA</u>		<i>mm/dd/yyyy</i>	
Latitude: <u>37.938769</u> Longitude: <u>-88.338199</u>		Time Zone: <u>Central</u>	
<i>(Enter in decimal degrees or degrees:minutes:seconds)</i>		Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None	

AIRCRAFT INFORMATION

Registration Number: <u>N567VF</u>		<input type="checkbox"/> IFR-Equipped and Certified	
Manufacturer: <u>Bell / Richards Heavy Lift Helicopters</u>		<input type="checkbox"/> Commercial Space Flight	
Model: <u>UH-1H</u>		<input type="checkbox"/> Unmanned Aircraft	
Serial Number: <u>65-10015</u>		Maximum Gross Weight: <u>9500</u> lbs	
Year of Manufacture: <u>1966</u>		Weight at Time of Accident/Incident: <u>7200</u> lbs	
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 <i>Make:</i> _____		Number of Seats: <u>3</u> Flight Crew Seats: <u>2</u>	
		Cabin Crew Seats: <u>1</u> Passenger Seats: _____	
		Number of Engines: <u>1</u>	

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Honeywell	TE3-L-703	LE-80246	1990	1800	1508.6	52.2	635.5
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>12/11/2020</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>7938.9</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 <i>(Select one)</i> <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 If Yes: ELT Manufacturer: <u>ACK Technologies</u> Model or Part No.: <u>E-04 ELT</u> TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input checked="" 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 checked="" type="radio"/> Yes <input type="radio"/> No If activated: Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input checked="" type="checkbox"/> Unknown

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Kash Helicopter Services LLCCity: ██████████State: IL ZIP: 62864Fractional Ownership Aircraft: Yes NoCountry: 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*(Check all that apply)*

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

Regulation Flight Conducted Under

- FAR 91 FAR 129 FAR 415
- FAR 103 FAR 133 FAR 431
- FAR 121 FAR 135 FAR 435
- FAR 125 FAR 137 FAR 437

- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial

Public Aircraft (Select one)

- Armed Forces
- Federal
- State
- Local
- Unknown

Revenue Operation for FAR 121, 125, 129, 135*(Select one for each group)*

- Scheduled or Commuter Domestic
- Non-Scheduled or Air Taxi International
- Passenger
- Cargo
- Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137*(Select one)*

- Aerial Application Firefighting Unknown
- Aerial Observation Flight Test
- Air Drop Glider Tow
- Air Race/Show Instructional
- Banner Tow Other Work Use
- Business Personal
- Executive/Corporate Positioning
- External Load Skydiving
- Ferry

Revenue Sightseeing Flight Yes No**Air Medical Flight** Yes No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, 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: Off Airport/Airstrip On Airport/Airstrip N/A

Airport Elevation: _____ ft. msl

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
- Slush-Covered Vegetation 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 Crosswind Aborted Landing (after touchdown) Unknown

IFR Approach (Check all that apply)

- None
- ADF/NDB PAR MLS Practice
- SDF Sidestep LDA GPS
- VORT/VOR ILS ASR
- VOR/DME Localizer Only Visual
- TACAN LOC-back course Contact
- RNAV Circling
- Unknown

VFR Approach (Check all that apply)

- None
- Traffic Pattern Stop and Go
- Straight-In Touch and Go
- Valley/Terrain Following Simulated Forced Landing
- Go Around Forced Landing
- Full Stop Precautionary Landing
- Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

 Pilot
 Co-Pilot
 Student Pilot
 Flight Instructor
 Check Pilot
 Flight Engineer
 Other Flight Crew
"Flight Crewmember 1" was pilot flying Yes No**"Flight Crewmember 1" Identification**First Name: RondalCity of Residence: Salem

Middle Initial: _____

State: IL ZIP: 62881Last Name: BrushwitzCountry: USA

Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input checked="" type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	Restraint Type Available <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input checked="" type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Inflatable Restraints <input checked="" type="checkbox"/> Not installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military <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			

Principal Occupation <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown	Medical Certificate Validity <input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	Date of Last Medical <u>02/02/2021</u> mm/dd/yyyy
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Medical Certificate Limitations
None

Medical Certificate Special Issuance
N/A

Date of Last Flight Review or Equivalent, including FAR 121/135 Checks: <u>03/2020</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Bell</u> Model: <u>206B3</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings None	Student Endorsements (Include dates) None
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Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	5,050	260	1,550	6	250	0	0	3,500	0	0
Pilot in Command (PIC)	5,000	20	1,550	6	250	0	0	3,500	0	0
Time as Instructor	0		0	0	0	0	0	0	0	0
This Make/Model					0	0	0			
Last 90 Days	50	20	0	0	0	0	0	50	0	0
Last 30 Days	50	20	0	0	0	0	0	50	0	0
Last 24 Hours	8	8	0	0	0	0	0	8	0	0

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																				
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																																																																																																				
"Flight Crewmember 2" was pilot flying <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																				
"Flight Crewmember 2" Identification First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> Certificate Number: _____																																																																																																				
Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			Restraint Type Available <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			Used <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			Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown																																																																																								
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<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 5%;">This Make & Model</th> <th rowspan="2" style="width: 5%;">Airplane Single Engine</th> <th rowspan="2" style="width: 5%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)
Crew Name and Address

 First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat Occupied
 Left Front
 Center Rear
 Right Single
 Unknown Unknown

Injury
 None
 Minor
 Serious
 Fatal
 Unknown

Pilot Certificate(s) (Check all that apply)
 None Flight Instructor Commercial US Military
 Private Recreational Airline Transport Foreign
 Student Sport Flight Engineer

Restraint Type:

Available	Used
<input type="radio"/> None	<input type="radio"/> None
<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
<input type="radio"/> 3-point	<input type="radio"/> 3-point
<input type="radio"/> 4-point	<input type="radio"/> 4-point
<input type="radio"/> 5-point	<input type="radio"/> 5-point
<input type="radio"/> Unknown	<input type="radio"/> Unknown

Inflatable Restraints
 Not Installed
 Installed
 Not Deployed
 Deployed
 Unknown

Type Rating/Endorsement for
Accident/Incident Aircraft? Yes No

Total Flight Time at the Time
of this Accident/Incident: _____ hrs

Crew Name and Address

 First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat Occupied
 Left Front
 Center Rear
 Right Single
 Unknown Unknown

Injury
 None
 Minor
 Serious
 Fatal
 Unknown

Pilot Certificate(s) (Check all that apply)
 None Flight Instructor Commercial US Military
 Private Recreational Airline Transport Foreign
 Student Sport Flight Engineer

Restraint Type:

Available	Used
<input type="radio"/> None	<input type="radio"/> None
<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
<input type="radio"/> 3-point	<input type="radio"/> 3-point
<input type="radio"/> 4-point	<input type="radio"/> 4-point
<input type="radio"/> 5-point	<input type="radio"/> 5-point
<input type="radio"/> Unknown	<input type="radio"/> Unknown

Inflatable Restraints
 Not Installed
 Installed
 Not Deployed
 Deployed
 Unknown

Type Rating/Endorsement for
Accident/Incident Aircraft? Yes No

Total Flight Time at the Time
of this Accident/Incident: _____ hrs

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

 First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Crew Passenger Other

Seat
 Left
 Center
 Right
 Unknown
 Row: _____

Injury
 None
 Minor
 Serious
 Fatal
 Unknown

Restraint Type

Available	Used
<input type="radio"/> None	<input type="radio"/> None
<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
<input type="radio"/> 3-point	<input type="radio"/> 3-point
<input type="radio"/> 4-point	<input type="radio"/> 4-point
<input type="radio"/> 5-point	<input type="radio"/> 5-point
<input type="radio"/> Unknown	<input type="radio"/> Unknown

Inflatable Restraints
 Not Installed
 Installed
 Not Deployed
 Deployed
 Unknown

Age
 Under 5 years
 If Under 5,
 Child Restraint
 Lap-Held
 Unknown

 First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Crew Passenger Other

 Left
 Center
 Right
 Unknown
 Row: _____

 None
 Minor
 Serious
 Fatal
 Unknown

Available	Used
<input type="radio"/> None	<input type="radio"/> None
<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
<input type="radio"/> 3-point	<input type="radio"/> 3-point
<input type="radio"/> 4-point	<input type="radio"/> 4-point
<input type="radio"/> 5-point	<input type="radio"/> 5-point
<input type="radio"/> Unknown	<input type="radio"/> Unknown

 Not Installed
 Installed
 Not Deployed
 Deployed
 Unknown

 Under 5 years
 If Under 5,
 Child Restraint
 Lap-Held
 Unknown

 First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Crew Passenger Other

 Left
 Center
 Right
 Unknown
 Row: _____

 None
 Minor
 Serious
 Fatal
 Unknown

Available	Used
<input type="radio"/> None	<input type="radio"/> None
<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
<input type="radio"/> 3-point	<input type="radio"/> 3-point
<input type="radio"/> 4-point	<input type="radio"/> 4-point
<input type="radio"/> 5-point	<input type="radio"/> 5-point
<input type="radio"/> Unknown	<input type="radio"/> Unknown

 Not Installed
 Installed
 Not Deployed
 Deployed
 Unknown

 Under 5 years
 If Under 5,
 Child Restraint
 Lap-Held
 Unknown

 First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Crew Passenger Other

 Left
 Center
 Right
 Unknown
 Row: _____

 None
 Minor
 Serious
 Fatal
 Unknown

Available	Used
<input type="radio"/> None	<input type="radio"/> None
<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
<input type="radio"/> 3-point	<input type="radio"/> 3-point
<input type="radio"/> 4-point	<input type="radio"/> 4-point
<input type="radio"/> 5-point	<input type="radio"/> 5-point
<input type="radio"/> Unknown	<input type="radio"/> Unknown

 Not Installed
 Installed
 Not Deployed
 Deployed
 Unknown

 Under 5 years
 If Under 5,
 Child Restraint
 Lap-Held
 Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KMVN</u> City: <u>Mount Vernon</u> State: <u>IL</u> Country: <u>USA</u>	Time of Departure Time: <u>0800</u> Time Zone: <u>Central</u>	Destination Airport ID: _____ City: <u>Near New Haven</u> State: <u>IL</u> Country: <u>USA</u>	Type Flight Plan Filed <input type="radio"/> None <input type="radio"/> VFR/IFR <input checked="" type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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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 type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	Altitude of In-Flight Occurrence: on ground _____ ft msl
<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 type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

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	Facility ID: <u>KMVN</u>
<input type="checkbox"/> Flight Service Station	Observation Time: <u>101900Z</u>
<input type="checkbox"/> TV/Radio	Time Zone: <u>Zulu</u>
<input type="checkbox"/> Automated Report	Distance from Accident Site: <u>30</u> nm
<input type="checkbox"/> Commercial Weather Service (DUATS)	Direction from Accident Site: <u>139</u> degrees true
<input type="checkbox"/> On-Board Weather	
<input type="checkbox"/> Company	
<input type="checkbox"/> Military	
<input checked="" type="checkbox"/> Internet	
<input type="checkbox"/> None	
<input type="checkbox"/> Unknown	

Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <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
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Sky/Lowest Cloud Condition <input 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 checked="" type="radio"/> Scattered	Ceiling <input type="radio"/> None (Clear) <input type="radio"/> Obscured <input checked="" type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown	Temperature: <u>15</u> (C) or _____ (F) Dew Point: <u>01</u> (C) or _____ (F) Altimeter Setting: <u>30.11</u> in. Hg or _____ MB
Lowest Cloud Condition Height <u>10,000</u> ft agl	Ceiling Height <u>10,000</u> ft agl	

Wind Direction <input type="checkbox"/> Variable -or- Direction: <u>060</u> degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>07</u> kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <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	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
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 icing Forecast Amount <input checked="" type="radio"/> None <input type="radio"/> N/A <input type="radio"/> Trace <input type="radio"/> Rime <input type="radio"/> Light <input type="radio"/> Clear <input type="radio"/> Moderate <input type="radio"/> Mixed <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> Unknown	 icing Actual Amount <input checked="" type="radio"/> None <input type="radio"/> N/A <input type="radio"/> Trace <input type="radio"/> Rime <input type="radio"/> Light <input type="radio"/> Clear <input type="radio"/> Moderate <input type="radio"/> Mixed <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> Unknown	Turbulence Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe <input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:
None

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 damaged beyond repair. Main rotor and tail rotor blades damaged beyond repair. 42 degree gearbox damaged beyond repair. 90 degree gearbox damaged beyond repair. Belly tank damaged. skin punctures to the belly, unknown level of damage to airframe belly at this time.

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.

Ron approached the landing pad and landed as usual. Using the same techniques as in every approach and landing on the pad located on the top of the nurse trailer. Once the skids were down, Ron slowly lowered collective to full down position, centered the pedals then centered the cyclic and main rotor disc then set force trim to ON. Ground personnel began topping off fuel and around 50 gallons of product. Ron then made sure all my hoses were clear and disconnected and performed a panel scan while the flight controls remained in the neutral position. Ron then felt the sensation like the tail was sagging and continued to drop and the aircraft slid off the back onto the ground. During this whole process the flight controls were kept in a neutral and full down position and pedals centered. Once the aircraft was on the ground, Rone performed emergency shut down of the engine, turned off the fuel valve and power switches. Ron then made sure the area was secure and that there were no injuries or damage to the truck and nurse trailer.

The static C/G of this aircraft is very near the aft cross tube. Three of the five fuel bladders are located aft of the aft cross tubes. When taking into consideration the fuel taken on, pilot or ground crew unaware of the exact location of the cross tubes during this landing and the aircraft at an idle, it is possible that the aircraft simply tipped backwards due to the weight of the fuel and skids not properly placed on the pad.

RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

Based on previous measurements and confirmed measurements after the incident, it is imperative that the front cross tube be placed on the front of the pad. There is a zero tolerance for any placement of the front cross tubes to be aft of the pad edge. Make sure that both cross tubes are within the edges of the landing spot. We will also be welding fold-able extensions to the side of the trailer to provide a larger landing area. Extensions will be out during helicopter operations and folder while traveling down the road.

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)

200 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

After aircraft was shut down, pilot exited the pilot side as he normally would have.

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

05/14/2021

mm/dd/yyyy

Name of Pilot/Operator: _____

Signature: _____

- or - Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: Don PruettTitle: Chief Pilot, Kash Helicopter Services

Signature: _____

- or - Check here to electronically sign this document**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

CEN21LA212

Reviewed by NTSB Regional Office

Central

Name of Investigator

Folkerts

Date Report Received

5/24/2021