

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION—These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP—Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW—Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS—includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE—Company flying with a paid, professional crew.

FERRY—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE—Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING—Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN—Use only if the primary purpose of flight is not known.

Other Aircraft—Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMS (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to www.nts.gov.

**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>Townsend</u> State: <u>Mt</u> ZIP: <u>59644</u> Country: <u>usa</u> Latitude: <u>46 19.47</u> Longitude: <u>111 17.46</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>06/15/2021</u> Local Time: <u>17:00</u> <i>mm/dd/yyyy</i> Time Zone: <u>mst</u> Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None

AIRCRAFT INFORMATION	
Registration Number: <u>N398M</u> Manufacturer: <u>BELL</u> Model: <u>UH-1/H</u> Serial Number: <u>65-09984</u> Year of Manufacture: <u>1965</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>9500</u> lbs Weight at Time of Accident/Incident: <u>8035</u> lbs Number of Seats: <u>8</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: <u>6</u> Passenger Seats: <u>0</u> Number of Engines: <u>1</u>

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 style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;">Standard</td> <td style="width: 50%; border: none;">Special</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Normal</td> <td style="border: none;"><input type="checkbox"/> Restricted</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Aerobatic</td> <td style="border: none;"><input type="checkbox"/> Limited</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Balloon</td> <td style="border: none;"><input type="checkbox"/> Provisional</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Commuter</td> <td style="border: none;"><input type="checkbox"/> Special Flight</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Transport</td> <td style="border: none;"><input type="checkbox"/> Experimental</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Utility</td> <td style="border: none;"><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input 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 checked="" type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input 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 checked="" 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 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. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	LYCOMING	T53-L-703			1800	3581.9	14.5	2532.9
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>12/7/2020</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>14620.4</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 checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input 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>ACK ELT</u> Model or Part No.: <u>E-01</u> TSO No.: <input checked="" 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 checked="" type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown
Description of Fire Extinguishing System <input type="radio"/> None <input checked="" type="radio"/> Specify: <u>HAND HELD HALATRON</u>	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 checked="" 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		City: <u>HELENA</u>	
Name: <u>USDA FOREST SERVICE FEPP</u>		State: <u>MT</u>	ZIP: <u>59620</u>
Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		Country: <u>USA</u>	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner		<input checked="" type="checkbox"/> Same Address as Registered Owner	
Name: <u>MT DNRC</u>		City: _____	
Doing Business As: <u>PUBLIC USE</u>		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 type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 415 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> FAR 431 <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 435 <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 437 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Non-US, Non-commercial <input checked="" type="checkbox"/> Public Aircraft <i>(Select one)</i> <input type="checkbox"/> Armed Forces <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Domestic <input type="checkbox"/> Non-Scheduled or Air Taxi <input type="checkbox"/> International <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Mail Contract Only	
Revenue Sightseeing Flight <input type="radio"/> Yes <input type="radio"/> No	Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <input type="checkbox"/> Aerial Application <input checked="" type="checkbox"/> Firefighting <input type="checkbox"/> Unknown <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Flight Test <input type="checkbox"/> Air Drop <input type="checkbox"/> Glider Tow <input type="checkbox"/> Air Race/Show <input type="checkbox"/> Instructional <input type="checkbox"/> Banner Tow <input type="checkbox"/> Other Work Use <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Positioning <input type="checkbox"/> External Load <input type="checkbox"/> Skydiving <input type="checkbox"/> Ferry	
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: <u>N/A</u> Airport Identifier: _____ Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input checked="" type="radio"/> N/A		Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: _____ ft. msl	
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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 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"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow			
Approach/Departure Segment <i>(Select one)</i> <input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach <input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around <input type="radio"/> Initial Climb <input type="radio"/> Final <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> Crosswind <input type="radio"/> 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"/> Visual <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> Circling <input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown		VFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input 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	

"FLIGHT CREWMEMBER 1" INFORMATION												
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident												
<input checked="" 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 1" was pilot flying <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
"Flight Crewmember 1" Identification												
First Name: <u>Keith</u>				City of Residence: <u>HELENA</u>								
Middle Initial: <u>K</u>				State: <u>MT</u>				ZIP: <u>59602</u>				
Last Name: <u>Banning</u>				Country: <u>USA</u>								
Age at time of Accident/Incident: <u>57</u>			Date of Birth: <u> </u> <u> </u> <u>1964</u> <i>mm/dd/yyyy</i>									
Certificate Number: <u> </u>												
Degree of Injury		Seat Occupied			Restraint Type				Inflatable Restraints			
<input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<input checked="" 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			Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" 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 checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<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) <i>(Check all that apply)</i>												
<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		Medical Certificate			Medical Certificate Validity				Date of Last Medical			
<input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<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			<input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance				<u>04/21/2021</u> <i>mm/dd/yyyy</i>			
Medical Certificate Limitations												
MUST WEAR CORRECTIVE LENSES												
Medical Certificate Special Issuance												
N/A												
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:			Flight Review Aircraft									
<u>04/18/2021</u> <i>mm/dd/yyyy</i>			Make: <u>BELL</u> Model: <u>MT 205/ UH1/H</u>									
Airplane Rating(s) <i>(Check all that apply)</i>		Other Aircraft Rating(s) <i>(Check all that apply)</i>		Instrument Rating(s) <i>(Check all that apply)</i>		Instructor Rating(s) <i>(Check all that apply)</i>						
<input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<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		<input type="checkbox"/> None <input type="checkbox"/> Airplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<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						
Type Ratings						Student Endorsements <i>(Include dates)</i>						
Flight Time <i>(Enter appropriate number of hours in each box)</i>		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	
Total Time		8,079	2,681									
Pilot in Command (PIC)		6,429	2,241									
Time as Instructor		2,583										
This Make/Model												
Last 90 Days		99	24									
Last 30 Days		34	12									
Last 24 Hours		6	3									

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		Available		Used			
<input type="checkbox"/> Private		<input type="checkbox"/> Recreational		<input type="checkbox"/> None		<input type="checkbox"/> None			
<input type="checkbox"/> Student		<input type="checkbox"/> Sport		<input type="checkbox"/> Lap Only		<input type="checkbox"/> Lap Only			
		<input type="checkbox"/> Commercial		<input type="checkbox"/> 3-point		<input type="checkbox"/> 3-point			
		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> 4-point		<input type="checkbox"/> 4-point			
		<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> 5-point		<input type="checkbox"/> 5-point			
		<input type="checkbox"/> US Military		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown			
		<input type="checkbox"/> Foreign							
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
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		Available		Used			
<input type="checkbox"/> Private		<input type="checkbox"/> Recreational		<input type="checkbox"/> None		<input type="checkbox"/> None			
<input type="checkbox"/> Student		<input type="checkbox"/> Sport		<input type="checkbox"/> Lap Only		<input type="checkbox"/> Lap Only			
		<input type="checkbox"/> Commercial		<input type="checkbox"/> 3-point		<input type="checkbox"/> 3-point			
		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> 4-point		<input type="checkbox"/> 4-point			
		<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> 5-point		<input type="checkbox"/> 5-point			
		<input type="checkbox"/> US Military		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown			
		<input type="checkbox"/> Foreign							
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> 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		Seat	Injury	Restraint Type		Inflatable Restraints	Age		
First Name: <u>JOE</u> City: <u>HELENA</u>		<input type="radio"/> Left <input type="radio"/> Center <input checked="" type="radio"/> Right <input type="radio"/> Unknown	<input type="radio"/> None <input checked="" type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available		Used		<input checked="" 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 <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
Middle Initial: <u>D</u> State: <u>MT</u> ZIP: <u>59602</u>				<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input checked="" 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 checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			
Last Name: <u>HALL</u> Country: <u>USA</u>		Row: <u>1</u>							
<input checked="" type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other									
First Name: <u>BLAKE</u> City: <u>BOZEMAN</u>		<input type="radio"/> Left <input checked="" type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown	<input type="radio"/> None <input checked="" type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available		Used		<input checked="" 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 <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
Middle Initial: <u>A.R.</u> State: <u>MT</u> ZIP: <u>59715</u>				<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input checked="" 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 checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			
Last Name: <u>DRAGON</u> Country: <u>USA</u>		Row: <u>2</u>							
<input checked="" type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other									
First Name: <u>CALLUM</u> City: <u>HELENA</u>		<input type="radio"/> Left <input type="radio"/> Center <input checked="" type="radio"/> Right <input type="radio"/> Unknown	<input type="radio"/> None <input checked="" type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available		Used		<input checked="" 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 <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
Middle Initial: <u>H</u> State: <u>MT</u> ZIP: <u>59602</u>				<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input checked="" 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 checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			
Last Name: <u>SCHNEIDER</u> Country: <u>USA</u>		Row: <u>2</u>							
<input checked="" type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other									
First Name: <u>HANNAH</u> City: <u>HELENA</u>		<input checked="" type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown	<input type="radio"/> None <input checked="" type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available		Used		<input checked="" 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 <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
Middle Initial: <u>M</u> State: <u>MT</u> ZIP: <u>59602</u>				<input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input checked="" 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 checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			
Last Name: <u>ENFIELD</u> Country: <u>USA</u>		Row: <u>2</u>							
<input checked="" type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other									

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: _____ City: <u>HELENA CLO</u> State: <u>MT</u> Country: <u>USA</u>	Time of Departure Time: <u>1635</u> Time Zone: <u>MST</u>	Destination Airport ID: _____ City: <u>TOWNSEND HELISPOT</u> State: <u>MT</u> Country: <u>USA</u>	Type Flight Plan Filed <input type="radio"/> None <input checked="" type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown Activated? <input checked="" 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 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: _____ 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) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input checked="" type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input checked="" type="radio"/> Day <input type="radio"/> Dusk <input type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Bright Night <input type="radio"/> Unknown
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Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown	Temperature: <u>34</u> (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>2992</u> in. Hg or _____ MB
---	--	---

Wind Direction <input checked="" type="checkbox"/> Variable -or- Direction: <u>SSW</u> degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>20</u> kts	Wind Gusts <input type="checkbox"/> Not Gusting -or- Speed: <u>35</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
---	---	---	---

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"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
--	---	---

Icing Forecast <table border="0"><tr><td>Amount</td><td>Type</td></tr><tr><td><input checked="" type="radio"/> None</td><td><input type="radio"/> N/A</td></tr><tr><td><input type="radio"/> Trace</td><td><input type="radio"/> Rime</td></tr><tr><td><input type="radio"/> Light</td><td><input type="radio"/> Clear</td></tr><tr><td><input type="radio"/> Moderate</td><td><input type="radio"/> Mixed</td></tr><tr><td><input type="radio"/> Severe</td><td><input type="radio"/> Unknown</td></tr><tr><td><input type="radio"/> Unknown</td><td></td></tr></table>	Amount	Type	<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	<input type="radio"/> Unknown		Icing Actual <table border="0"><tr><td>Amount</td><td>Type</td></tr><tr><td><input checked="" type="radio"/> None</td><td><input type="radio"/> N/A</td></tr><tr><td><input type="radio"/> Trace</td><td><input type="radio"/> Rime</td></tr><tr><td><input type="radio"/> Light</td><td><input type="radio"/> Clear</td></tr><tr><td><input type="radio"/> Moderate</td><td><input type="radio"/> Mixed</td></tr><tr><td><input type="radio"/> Severe</td><td><input type="radio"/> Unknown</td></tr><tr><td><input type="radio"/> Unknown</td><td></td></tr></table>	Amount	Type	<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	<input type="radio"/> Unknown		Turbulence <table border="0"><tr><td>Type (Check all that apply)</td><td>Severity</td></tr><tr><td><input type="checkbox"/> None</td><td><input checked="" type="checkbox"/> Light</td></tr><tr><td><input type="checkbox"/> Clear Air</td><td><input type="checkbox"/> Moderate</td></tr><tr><td><input type="checkbox"/> Terrain-Induced</td><td><input type="checkbox"/> Severe</td></tr><tr><td><input checked="" type="checkbox"/> Convective Turbulence</td><td><input type="checkbox"/> Extreme</td></tr></table>	Type (Check all that apply)	Severity	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input checked="" type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
Amount	Type																																							
<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																																							
<input type="radio"/> Unknown																																								
Amount	Type																																							
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<input type="radio"/> Moderate	<input type="radio"/> Mixed																																							
<input type="radio"/> Severe	<input type="radio"/> Unknown																																							
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Type (Check all that apply)	Severity																																							
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Light																																							
<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate																																							
<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe																																							
<input checked="" type="checkbox"/> Convective Turbulence	<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)*

AIRCRAFT DESTROYED BY POST-CRASH FIRE AFTER HARD LANDING

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.

Hard Landing Incident

Deep Creek Fire

15 June 2021, Approximately 1700 hrs

Bell MT 205, N398M

Keith Banning, Pilot

The following is summary perspective by Keith Banning, (pilot), of the events leading up to, as well as the hard landing incident on the Deep Creek Fire.

On 15 June 2021, I was dispatched at approximately 1520 to pickup a Helitack crew at the CLO to respond to the Deep Creek Fire. I dispatched from a fire I was working out of the Clinton VFD direct to CLO. At the CLO I loaded crew of 4, Helicopter Manager, Joe Hall, and Helitack Crewmembers, Hannah Enfield, Callum Schneider, and Blake Dragan, manifested with their equipment at 1110. I also topped my fuel to about 1400 lbs. I had estimated my load calc based on worse case at 6000 feet and 34 degrees Celsius, and all parameters for a safe takeoff and landing were met based on these calculations.

Takeoff from the CLO was uneventful, winds were from the north west and power was as expected. Earlier in the day when I was going to the Clinton VFD fire I had completed my power assurance with a final calculation 34 degrees cooler, (better), than the target.

As I approached the Deep Creek Fire, I was monitoring traffic via air-to-air and at 12 miles I called air attack to request entry. They granted entry at or below 6000 feet with altimeter setting of 2987 (I believe), I knew from traffic N388M piloted by Vic Vincent was returning to the dip and ordered to hold at the dip for a tanker drop. I visually acquired N388M and about the same time Joe Hall asked if I had visual to which I affirmed. After passing behind N388M I noted Vic Vincent had oriented to the South West at a hover. As I approached the Helispot I contacted the manager Lou Volpe who cleared me in. Although I only caught part of his transmission I saw him gesture at the landing spot on the West end of the pull-off tarmac, and I noted evidence of winds from the blowing willows from the South West. I crossed over the landing area into a left downwind approach to give me the best visual of the landing area. In retrospect a right downwind approach would have been a better choice to minimize the wind effects of a downwind turn.

Upon turning base and final from about 500 feet I immediately noticed the aircraft settling and felt I may be experiencing a nearly direct tailwind condition. My airspeed was approach speed at this point and I did not have sufficient altitude to simply fly out of it as the aircraft was "mushing" through with little to no effect from applied collective. I relaxed my application of collective expecting some help from ground effect which did not happen. Realizing a hard landing was eminent and although I had not fully completed my final turn I leveled the helicopter as we impacted about 10 degrees off landing direction and some right lateral drift.

At impact, the aircraft spun right about 120 degrees and rolled left upside down. I released my belt buckle and fell into the top of the cockpit. Disoriented and standing upside down in the cockpit I realized the engine was still running and I struggled to locate the fuel shutoff switch and electrical cut off switches. Eventually I did find the shutoff for fuel and also raked all the electrical switches aft. As I was doing this I noticed the aircraft was on fire, and knew at least two crewmembers had crawled out my side. I looked into the aft cabin to make sure nobody else was trapped. Somebody yelled to me that everyone was out, at which point I crawled out myself.

As I approached my crew I noticed Joe Hall's face was bloody but the other crew-members appeared to be OK. Shortly afterward ambulance crew showed up and inquired as to our injuries. I waived off medical attention, but Joe was taken to emergency in Townsend. As the adrenaline wore off I noticed my neck and middle back was in pain and when the ambulance crew returned I agreed to medical evaluation. They neck braced me as a precaution and brought me to emergency for xray and CT scan I believe. I also asked them to take a blood and urine sample for toxicology purposes. All checked out ok. They administered a muscle relaxant and IV for dehydration and I was released around 2000 to my chief pilot Chuck Brenton. I was driven to the DNRC Hangar by our safety officers Randy Yaeger and Chris Bryce along with Chuck Brenton. Chuck Brenton directed me to write a statement, after which Randy Yaeger drove me home.

-End of Statement-



RECOMMENDATION (How could this accident/incident have been prevented?)		
Operator/Owner Safety Recommendation Mt DNRC Air Operations staff and safety officers believe this was a preventable accident had more specific reconnaissance procedures been followed that would have given the pilot more time to evaluate the wind conditions at the helibase. MT DNRC Air Operations will begin retraining the pilot in wind evaluation and recognition of adverse wind conditions to include a refresher on visual cues from grass, trees, water, dust to better interpret direction and velocity of the area winds, a proper high recon before committing to a low recon prior to beginning the final approach to landing. We will also retrain in the areas of aerodynamics with special attention given in the areas of settling with power and LTE loss of tail rotor effectiveness. other areas covered will be limitations from the operators manual for the MT-205 and limitations in the 1500 manual and IHOG guide.		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>	Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours	
FUEL & SERVICES INFORMATION		
Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> 143 _____ Gallons	Fuel Type <input type="radio"/> 80/87 <input type="radio"/> 115/145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____ <input type="radio"/> 100 Low Lead <input checked="" type="radio"/> Jet A <input type="radio"/> JP8 <input type="radio"/> 100/130 <input type="radio"/> Jet A-1 <input type="radio"/> Automotive	
Other Services, if Any, Prior to Departure n/a		
EVACUATION OF AIRCRAFT		
Was an emergency evacuation of the aircraft performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location Crew members broke front wind shield and crawled through opening.		
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> 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 <u>06/16/2021</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <u>Keith Banning</u> Signature: _____ -- or -- <input checked="" type="checkbox"/> Check here to electronically sign this document
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If a Person Other than Pilot/Operator is Filing Report
Name: Charles Brenton **Title:** Chief Pilot
Signature: _____
-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. WPR21LA236	Reviewed by NTSB Regional Office OAS WPR	Name of Investigator SMITH, M.	Date Report Received 6/22/2021
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