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

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

BASIC INFORMATION									
Accident/Incident Loca	tion			Date/Time		, - y			
Nearest City/Place: Kailua	, Oahu	Sta	ıte: HI	Date: 04/29/2	019 Loca	al Time: 9:10	0	into confr	
ZIP: 96734 Co	ountry: USA	17		mm/dd/yyy	v	1		14	
Latitude: 21.40391922 (d	id:mm:ss N/S) Longitude: -15	57.750534 _{1(do}	id:mm:ss E/W)	41.13	Tim	e Zone: HS	•	L ight of	
Phase of Operation	Carlo Barra		1	Collision with O		Altitude of			
☐ Standing ☐ Takeoff	(incl. initial climb)			Midair		Occurrenc			
☐ Taxi ☐ Climb ☐ Descent ☐ Landing				☐ On-ground ☐ None			1,400 ft	MSL	
AIRCRAFT INFOR						144	1		
Manufacturer: Robinso		Y f		May Gross W	eight:	2,400 lbs			
Model: Raven I	Suppler Sompany	1 1	3 31	· · · · · · · · · · · · · · · · · · ·			t it to no	37 lbs	
	7,2		an' r'		ne of Accident/Inc				
Serial Number: 0926	IRORNY			100	Senter of Gravity a 97.2 inches fro				
Registration Number: 1	VIOUOIV	Amateur-buil	t: ☐ Yes ☑ No	-or-			or datum namic Cord (%		
Category of Aircraft	Type of Airworthiness (Certificate	Number of S	Seats:	T 7 7	ng Gear	Retract		
☐ Airplane	(Check all that apply)		The state of the s		Check	_	al landing gea	ar	
☐ Balloon ☐ Blimp/Dirigible	Standard Spec	and the state of t		aft, how many seats	for: config	uration that a			
Glider	=	estricted imited	Flight Cre	ew:		cycle	☐ Tai	ilwheel	
☐ Gyrocraft	Acrobatic Pr	rovisional		ew:	. □ An	nphibian		gh Skid	
✓ Helicopter ☐ Powered lift	☐ Transport ☐ Ex	xperimental	r ibran	rs:	∐En	nergency Floa	at 🛮 Sk	id	
Ultralight		pecial Flight			— □ Flo		☐ Ski	i i/Wheel	
Unknown		and the state of t		4		ıknown			
Type of Maintenance Pr	ogram	Last Inspec	tion Type		Date Last Inspec		04/21/2019		
Annual	9. 21. 5	☑ 100 Hour		us Airworthiness	i sagre a til		n/dd/yyyy		
Conditional (Amateur-bu	n Program	AAIP	Condition		lance.	N	6.0	12 .	
Manufacturer's Inspection Other Approved Inspection		Annual	Unknown		Airframe Total			42 hrs	
☐ Continuous Airworthines					hours measured Last Inspec		,	ent/Incident	
Other, specify:		Stell Warm!	ng System Insta	ılled				moraciit	
IFR Equipped ☐ Yes ☑ No ☐ Unkn	own		ng System Insta	The second secon	Type of Fire Ext ☐ None		System		
		Lites W.	THO LI UTIKNOW		☐ None Specify Handhe	pecify Handheld			
				20 ET 190 ET 1 1 10		-,,-			
ELT Installed EI	T Activated	ELT Manuf	facturer: Kanna	ad			- 7.		
	Yes No	Model/Serie			part or required to	Agent I was			
ELT Aided in Locating	Accident/Incident	de andre de la company							
Yes No	scencent incluent		ber: unknown			-1 <u>10</u> 14 f -	42		
	15.		e: internal, dry	cell	Batte	ery Exp. Da	ate: 12/202	<u>:U</u>	
Engine Type	Reciprocating System Type	g Fuel	Propeller						
Reciprocating Turk	bo Jet bo Fan System Type Carburetor		Fixed Pitch	Manufac	cturer:				
☐ Turbo Shaft ☐ Turbo Turbo Prop ☐ Unk	Jon 1		Controllable Pi						
					Engine Rated				
					Power Measured		Time	Time	
		1.5		Date	as (check one)	Total	Since	Since	
	Engine		nufacturer's	of Mfg.	Horsepower	or Time	Inspection	Overhaul	
Engine Engine Manufactu			rial Number	mm/dd/yyyy	☐ lbs of Thrust	(hours)	(hours)	(hours) 700	
Eng. 1 Lycoming	0-540	L-264	412-40A	UKN	20	2,337	39	,,,,	
Eng. 2			1		12 77		*		
Eng. 3	2 -1 -1 -1				-				
Eng. 4		3	Mary 19 11 11						

OWNER/OPERATOR INFORMATIO	N			
Registered Aircraft Owner	Note that the second of the se	Owner Address		
Name: United Helicopter Leasing, LLC	The state of the s	City:		
Fractional Ownership Aircraft: Yes Vo		Country: USA	96819	
Operator of Aircraft Same As Registere	ed Owner	Operator Address Same As Registered Owner		
Name: Novictor Aviation, LLC		City:	** 9 Y Y	
Doing Business As: Novictor Helicopters	21974	State: ZIP:		
Air Carrier/Operator Designator (4 Character Cod	e): <u>2NVA</u>	Country:		
Regulation Flight Conducted Under	Revenue Sightseeing Flight ☑ Yes □ No			
☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Comm ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non	Air Medical Flight	☑ No		
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Type of Commercial Ope (Check all that apply)	rating Certificate Held		
☐ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Air Drop	for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo	None	5)	
☐ Air Race / Show	Passenger 2 How many?	Agricultural Aircraft (137)	200	
☐ Flight Test ☐ Public Use	Cargolbs	Other Operator of Large A	ircraft	
Unknown	I Ivian	One operation of Early		
OTHER AIRCRAFT - COLLISION (f air or ground collision occurred, complete	this section for other aircraf	1)	
		D	nage to Other Aircraft estroyed	
Registered Owner of Other Aircraft	રિકાર્મિક સ્થાપ કરીકે, ફ્રાંગ સમસ્યાઈ, કર્	101. 2		
First Name: Middle Initial: Last Name:	State:	ZIP:		
Pilot of Other Aircraft	The second of th	The second secon	walter of the	
First Name:	City:			
Middle Initial:	State:	ZIP:		
Last Name:	Country:	A Partie of the second	and the same of	
MECHANICAL MALFUNCTION/FAIL	URE (If more space is needed, continue	on separate sheet)		
Was there Mechanical Malfunction/Failure? [If yes, list the name of the part, manufacturer, part no., s	Yes No Unknown serial no., and describe the failure.)	mobion on keep	Total Time/Cycles On Part	
			Hours	
			Cycles	
			Time Since This Part	
to the second se			Inspected/Overhauled	
			Hours	
- 1			and the same of the same	
DAMAGE TO AIRCRAFT AND OTHE	R PROPERTY			
Aircraft Damage Aircraft Fi		Aircraft Explosion		
None Substantial None In-Flight ☐ Minor Destroyed In-Flight ☐ On-Groun	☐ Both Ground and In-Flight☐ Unknown Origin☐	□ None □ Bo	oth Ground and In-Flight nknown Origin	

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)								
Aircraft was completely destroyed upon impact with asphalt roadway after approximately a 1400 foot free fall. Post impact fire caused additional destruction.								
Damage to roof of single family dwelling caused by falling aircraft components (part aircraft main fuel tank assembly landed on it. Damage to local utility, phone and opti mpact.								
		and the second of the second o						
		The second secon						
AIRPORT INFORMATION (If the accident/incident occurred on app	roach, takeoff or within 3 miles	of an airport, complete this section)						
Airport Identifier: PHNG	Distance From Airport Cent							
Airport Name: Kaneohe Marine Base	Direction From Airport:	159 degrees MAG						
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip	Airport Elevation:	23 ft. MSL						
Approach Segment (Select one)	na reine i	ESPANICO CONTROL SOCIETA						
□ On Instrument Approach □ Landing □ Base leg □ Crosswind □ Downwind □ Low Approach	Final Aborted Landing (a	Control of the Contro						
IFR Approach (Check all that apply) ✓ None PAR MLS Practice □ ADF/NDB Sidestep LDA GPS □ SDF ILS ASR Loran □ VOR/TVOR Localizer Only Visual Unknown □ VOR/DME LOC-back course Contact □ TACAN RNAV Circling	VFR Approach (Check all that ✓ None ☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop	Stop and Go						
Runway Information	Condition of Runway/Landin	ig Surface (Check all that apply)						
Runway ID: 04/22 (L/R/C) Length: 7,771 ft Width: 200 ft	☐ Dry ☐ Snow-☐	Compacted Water-Calm Crusted Water-Choppy						
Runway/Landing Surface (Check all that apply) ✓ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow	Ice Covered	Dry Water-Glassy Wet Wet Unknown						
FLIGHT ITINERARY INFORMATION								
Last Departure Point Time of Departure Destination Airport ID: PHNL Time: 8:52 Airport ID: City: Honor City: Honolulu Time Zone: HST State: Haw Country: USA Country: USA	PHNL blulu vaii	Type Flight Plan Filed None						
Type of ATC Clearance/Service (Check all that apply)								
□ None □ Special VFR □ Special IFR □ VFR □ IFR □ VFR On Top	☐ VFR Flight Followi ☐ Traffic Advisory	ng Cruise Unknown / NA						
Airspace where the accident/incident occurred (Check all that apply) Class A Class E Prohibited Area Class B Class G Restricted Area Class C Demo Area Military Operation Class D Warning Area		Area Special Air Traffic Control Area Unknown						
Aircraft Load Description (Check all that apply) None Towing Glider Parachutists Passengers Towing Banner Water Cargo Other External Chemical/Fertilize	Livestock Unknown							
FUEL & SERVICES INFORMATION								
Fuel on Board at Last Takeoff (convert from pounds, as necessary) Fuel Type 35 Gallons Fuel Type 100 Low Lead □ 115/145 □ 100 Low Lead □ Jet A □ 100/130 □ Automoti	JP4	ner, specify						
Other Services, if Any, Prior to Departure	ls. a							
· · · · · · · · · · · · · · · · · · ·		# 1						

EVACUATION OF AI	RCRAFT			ALLENS ENDER	1.79			ALL OF THE OWNER OF THE	
Was an emergency evacuati	ion of the aircra	ft performe	ed? [Yes Z] No	40	The street, he has to		
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location									
								+	
The second second				Charles the	ma o tal				
1 2					order of the second districts		a management of the second		
9* - P	6.6	A	2011	1 k				4	
WEATHER INFORMA		HE ACCI	DENT/I	NCIDENT	SITE				
Weather Observation Facili	ty			of Weather I	Information			Method of Briefing (Check all that apply)	
Facility ID: PHNG				onal Weather Se	ervice		Company	☐ In Person	
Observation Time: 1857 Zulu Time Zone: HST			☐ Fligh	nt Service Statio	n		☐ Military ☐ Internet	☐ Teletype ✓ Telephone/Computer	
Distance from Accident Site:		NM	☐ Auto	mated Report	101		Unknown	Aircraft Radio	
Direction from Accident Site:		grees MAG	Com	mercial Weathe	r Service (DUA	TS)		☐ TV/Radio☐ Unknown	
Briefing Type/Completeness		We're man	Light (Condition	nU []	ige:	of the state of	Visibility	
☑ Full	☐ Abbrevi		☐ Daw	n 🗆 D	usk		Dark Night		
Partial / Limited By Pilot Partial / Limited By Briefer	Unknow Not Pert		☑ Day		light		Bright Night Not Reported	4 miles	
Sky/Lowest Cloud Condition		Ceiling	40)	L ors	552.01	_		y (Check all that apply)	
☐ Clear ☐ Few ☐	Thin Broken	None			oscured		None	Fog	
☐ Partial Obscuration	Thin Overcast Unknown	☑ Broke					Blowing Dust Blowing Sand	☐ Ground Fog ☐ Haze	
Scattered	42		ni igesan. Milidado				☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke		
Lowest Cloud Condition He		Ceiling	rieight [Dust	☑ Unknown	
	n AGL	And the same	1,800 ft AGL						
Wind Direction	Wind Speed		and the latest the latest the latest terms and the latest terms are the latest terms and the latest terms are the	Vind Gusts		1 .	pe of Turbulence (C	77 (0)	
✓ Indicated: 30 degrees MAG	Velocity:	8 _{KTS}	· · · · · · · · · · · · · · · · · · ·	elocity:	KTS		None In C Clear Air Vici	louds nity of Thunderstorm	
The state of the s	Calm			Gusting		Se	Severity of Turbulence		
☐ Variable	Light and Va	riable	Not Gusting			100	☐ Extreme ☐ Moderate ☐ Light ☐ Severe ☐ Moderate Chop		
		21.61.45							
NOTAMs (D, L and FDC), AIRMETS,	SIGMETS	, PIKEP	's in effect a	t the time of	t the	accident/incident		
viii -			7.19.41 g		14[7]				
	and the same to the age of the same to the same of the same of			19 / V Isivia	10 11/2 1				
		rd,J						and the step of the state of	
		and the second	d .	San Agrica de la la companya de la companya della companya de la companya de la companya della c		Total Control	7		
	The state of the	Icing Forec					Type of Precipitat	ion (Check all that apply)	
Temperature: 24 (C) or (F)	ter proceeding	Amoui ✓ None	nt □ Mo	derate	Type Rime	24.	☐ None ☐ Rain	☐ Drizzle☐ Ice Pellets	
, ,		Trace	Sev		Clear		☐ Snow	Snow Pellets	
Altimeter Setting:29.99 in. HG				4	Mixed)" 	☐ Hail ✓ Rain Showers	☐ Snow Grains ☐ Ice Crystals	
Density Altitude:	ft	leing Actua		The second	7-2-2		Freezing Rain	☐ Ice Pellets Shower	
Dew Point: 22 (C)		Amour None	nt	derate	Type ☐ Rime		☐ Snow Shower	☐ Freezing Drizzle	
or(F)		Trace	Sev		☐ Clear		Intensity of Precip		
		Light			☐ Mixed		☑ Light ☐ N	Moderate Heavy	

PILOT "A" INFORMA	PILOT "A" INFORMATION									
Pilot "A" Responsibilities a ✓ Pilot ☐ Co-Pilot	t the Time of Acci	dent/Incide		Check Pilot	☐ Flig	tht Engineer	Other	Flight Crew		
Pilot "A" Identification										
First Name: Joseph Middle Initial: Last Name: Berridge					tate: Haw		ZIP: <u>9682</u>	2		
20 20 20 20 20 20 20 20 20 20 20 20 20 2							•			
Degree of Injury ☐ None	Seat Occupied Left Right Center	Front Rear Single	Unkno	own Us	eat Belt eed vailable		□ No	Shoulder H Used Available	arness Yes Yes	□ No
Pilot Certificate(s) (Check all	that apply)						1135		87 345	
☐ None ☐ Stud ☐ Private ☐ Fligh	ent at Instructor	☐ Recrea ☐ Sport	tional	✓ Comme ☐ Airline			Flight Engi U.S. Militar		Foreign	
Principal Occupation N	Aedical Certificat	e	75.00	M	edical Cer	rtificate Va	lidity	Date of La	st Medic	al
Other	Class 1 D	lass 3 river's Licen nknown	se (Sport Pilo	ot only)	Without lin With limita Unknown	mitations/wai ations/waiver		10/03/2 mm/dd/		
_ Chkhown		nknown	West (C)		Unknown	780/1803	J	mm/aa/	<i>уууу</i>	
Medical Certificate Limitati	ons									
				11/10	4 11 2		Santa and the santa			
Medical Certificate Waivers								1700.00		Obsides
Date of Last Flight Review		Flight	Daviass Ais	awa fi						-
or Equivalent, Including				craft						
FAR 121/135 Checks:	04/19/2019		Robinson	e e Propinsi	-	11/			den'	* 1997 1
	mm/dd/yyyy	Model:	H44			\$5. W	1			
Airplane Rating(s)	Other Aircraft R			ent Rating(s)		r Rating(s)	in the	i.	
(Check all that apply) ☐ None	(Check all that appl ☐ None	<i>y)</i>		ll that apply)	4 1	(Check all	that apply)	ੂੰ _		7
☐ Single-Engine Land	Airship		☐ None			☐ None ☐ Airplan	e Single-Eng		Instrument	t Airplane t Helicopter
☐ Single-Engine Sea	Free Balloon		Helic	opter	. 1	Airplan	e Multi-Engi	ne 🗹	Helicopter	
☐ Multiengine Land ☐ Multiengine Sea	☐ Glider ☐ Gyroplane		Powe	red Lift		☐ Gyropla			Glider	
I with the regime Sea	Helicopter					rowere	u Liii		Sport	
	☐ Powered Lift		100		k		the men	. 1		-
Type Ratings		Sira hitte				Student E	Endorseme	nts (Include de	ates)	
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
					d-11					
* * * * * * * * * * * * * * * * * * * *	T		Airplane	1				1		T
Flight Time (enter appropriate		is Make	Single	Airplane		Inst	rument	- 1		Lighter
number of hours in each box)		Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	540	340						540		
Pilot in Command (PIC)	470				1			470		
Time as Instructor	1									<u></u>
This Make/Model	10-1					-				- Marie - Copiese -
Last 90 Days	135							135		-
Last 30 Days		1								
Last 24 Hours	6	1		2 7				6		1 .

PILOT "B" INFORMA	TION	The second	Entern Las					经验证		2.7 (1.16) (
Pilot "B" Responsibilities at ☐ Pilot ☐ Co-Pilot		nt/Inciden] Flight Inst		Check Pilot	☐ Fli	ght Engineer	Other	Flight Crew		
Pilot "B" Identification									114	
First Name: Middle Initial: Last Name:	y 1 % 1			Ci Sta Co	City: State: ZIP: Country:					
Age at time of Accident/Incide		te of Birth	: mm/dd/y	C	. –	Number:			ase Ca	<u> </u>
Degree of Injury Seat Occupied □ None □ Fatal □ Left □ Front □ Unknown □ Minor □ Unknown □ Right □ Rear □ Serious □ Center □ Single			Sea Use	t Belt d iilable		□ No □ No	Shoulder H Used Available	Yes	□ No	
Pilot Certificate(s) (Check all that apply)										
□ None □ Stude □ Private □ Flight		☐ Recreation	onal	Commerce Airline T			Flight Engir U.S. Militar		☐ Foreign	1
☐ Pilot ☐ Other	Principal Occupation ☐ Pilot ☐ Other ☐ Other ☐ Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					ertificate Valimitations/waivers	vers	Date of L	ast Medica	
Medical Certificate Limitation	ons	1.5						contractor.	Cossite is	Topo 6
Medical Certificate Limitations										
Medical Certificate Waivers										
Date of Last Flight Review or Equivalent, Including				raft					d a	Line de la Transporte de la Companya
FAR 121/135 Checks:	(11/			LE DE		at to be			11.7	
Atomico - Detion (c)	mm/dd/yyyy Other Aircraft Rat		Instance		`		Dating(a)			-
(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	(Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	inig(s)		pter		Instructor (Check all th None Airplane Gyroplane Powered	at apply) Single-Engin Multi-Engin e	ne 🔲	Instrument A Instrument H Helicopter Glider Sport	•
Type Ratings	s John San Ira	half.				Student Er	ndorsemen	ts (Include da	ites)	41.
Flight Time (enter appropriate number of hours in each box)		Make Model	Airplane Single Engine	Airplane Multiengine	Nigh	1.21.100	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time			i					1		
Pilot in Command (PIC)									2	
Time as Instructor		1					-			
This Make/Model						100				- 100 ya 547 Y
Last 90 Days										
Last 30 Days	-		-		-					
Last 24 Hours					1	1	l .	I	l	1

ADDITIONAL FLIGHT CRE	W MEMBERS	(Exclusive of cabin att	tendants, complete the	following	informa	tion)	
Pilot Name and Address	1 1 1 1	The second second second			U.S. A.	Degree of I	njury
First Name:		City:	g a read to the same		r _u = _a e	None	Fatal
Middle Initial:		State:	ZIP:	7 *		☐ Minor ☐ Serious	Unknown
Last Name:		Country:		- 1	- A	100	and blackers.
Pilot Certificate(s) (Check all that	<u></u> -	op. See	10 C C C C C C C C C C C C C C C C C C C			Seat Occup	
□ None □ Student □ Private □ Flight Instructor	☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport	☐ Flight Engineer☐ U.S. Military	☐ Fore	eign	Left Right	☐ Front ☐ Rear
Type Rating/Endorsement for	Ц брои	Total Flight Tir				Center	Single
Accident/Incident Aircraft?	☐ Yes ☐ No	of this Accident		hrs	11.	$= 0, \dots, q_1, \dots, q_n$	Unknown
Pilot Name and Address	3				/1 5 · 1	Degree of I	Africa A Charles
		C:+				None Degree of In	Fatal
First Name: Middle Initial:		State:	ZIP:			☐ Minor	Unknown
Last Name:		Country:				Serious	
Pilot Certificate(s) (Check all that	t apply)					Seat Occup	
□ None □ Student	Recreational	Commercial	Flight Engineer	☐ Fore	eign	Left	Front
Private Flight Instructor	Sport	Airline Transport	U.S. Military			Right Center	☐ Rear ☐ Single
Type Rating/Endorsement for Accident/Incident Aircraft?	Yes No	Total Flight Tir of this Accident		hrs			Unknown
Pilot Name and Address						Degree of I	njury
First Name:		City:				None	Fatal
Middle Initial:		State:	ZIP:			☐ Minor☐ Serious	Unknown
Last Name:		Country:		-			
Pilot Certificate(s) (Check all tha						Seat Occup	
□ None □ Student □ Private □ Flight Instructor	☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport	☐ Flight Engineer☐ U.S. Military	☐ Fore	eign	Left Right	☐ Front ☐ Rear
Type Rating/Endorsement for	□ Эрогг	Total Flight Ti				Center	Single
Accident/Incident Aircraft?	☐ Yes ☐ No		t/Incident:	hrs			☐ Unknown
		of this Acciden	4 Incident.			I	
PASSENGER(S) / OTHER					necess	an/)	
PASSENGER(S) / OTHER						ary)	, vi m
PASSENGER(S) / OTHER						renue (Cupant Para A	al nious niry nor ury Injury known
PASSENGER(S) / OTHER Name and Address			nts; continue on separat	te sheet if		+	Fatal Serious Injury Minor Injury No Injury
Name and Address First Name: Jan		(Include flight attendar	nts; continue on separat	te sheet if	Seat	Non- Revenue Revenue Non- Occupant FAA	
Name and Address First Name: Jan Middle Initial:		(Include flight attendar City: State:	nts; continue on separat	te sheet if	Seat	Non- Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury
Name and Address First Name: Jan Middle Initial: Last Name: Burgess		City: State: Country: Austral	nts; continue on separat	te sheet if	Seat Crew	Non- Revenue Revenue Non- Occupant FAA	
Name and Address First Name: Jan Middle Initial: Last Name: Burgess First Name: Ryan		City: State: Country: Austral	zip:	te sheet if	Seat Crew	Non- Revenue Revenue Occupant	
Name and Address First Name: Jan Middle Initial: Last Name: Burgess First Name: Ryan		City: State: Country: Austral	zip:	te sheet if	Seat	Non- Revenue Revenue Occupant	
Name and Address First Name: Jan Middle Initial: Last Name: Burgess First Name: Ryan Middle Initial: Last Name: Micauliffe	PERSONNEL	City: State: Country: Austral City: Chicago State: Illinois Country:	ZIP:	te sheet if	Seat Crew	Non- Revenue Revenue Occupant	
Name and Address First Name: Jan Middle Initial: Last Name: Burgess First Name: Ryan Middle Initial: Last Name: Mcauliffe First Name:	PERSONNEL	City: State: Country: Austral City: Chicago State: Illinois Country:	ZIP:	te sheet if	Seat Crew	Non- Revenue Revenue	
Name and Address First Name: Jan Middle Initial: Last Name: Burgess First Name: Ryan Middle Initial: Last Name: Mcauliffe First Name: Mcauliffe Middle Initial:	PERSONNEL	City: State: Country: Austral City: Chicago State: Illinois Country: City: State:	ZIP:	te sheet if	Seat Crew	Non- Revenue Revenue	
Name and Address First Name: Jan Middle Initial: Last Name: Burgess First Name: Ryan Middle Initial: Last Name: Mcauliffe First Name: Middle Initial: Last Name: Last Name:	PERSONNEL	City: State: Country: Austral City: Chicago State: Illinois Country: City: Country: City: City: City: City: City: City: City: City: Country: City: Country: City: Country:	ZIP:	te sheet if	Seat Crew	Non- Revenue Revenue	
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NADDATIVE HISTORY OF ELIGHT (Blacks Area annotate lab)	
NARRATIVE HISTORY OF FLIGHT (Please type or print in lnk) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destinated at a communication was routine. Aircraft flew a standard Air Tour route in accordance with operator policy. There was a company the accident aircraft performing a similar Air Tour flight. Both aircraft flew the standard route around Makapu'u Lighthouse. A aircraft observed scattered to broken rain showers in the area. Visual Meteorological Conditions reported by the Pilot In Com Due to the scattered to broken rain showers both aircraft amended their route of flight toward an area of improved visibility. To clearance from Kaneohe Military Air Traffic Control to fly a PONDS transition, which was acknowledged. This was the last racacident aircraft. The PIC of N806NV reports hearing ATC attempt contact with the accident aircraft without success. The PIC	nation, and services obtained. 0852 HST. All ATC helicopter (N806NV) following fter turning northwest both mand of N806NV in this area. he accident aircraft receive lio transmission from the
operations of a missing aircraft at 0918 HST.	
Wreckage was located 3.1 miles from the Kaneohe airport in a residential area. There was post impact fire. All occupants of w	vere fatality injured.
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RECOMMENDATION (How could this accident/incident have been prevented?)	
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Insufficient data to make safety recommendations at this time.	
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