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

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

BAS	C INFORMA	ATION											
Accide	nt/Incident Loc	ation					Accident/In	ciden	t Date/	Гіте			
Nearest	City/Place: Peac	h Springs			State: A	Z ,	Date:	02/10/	2018	Lo	cal Time	5:20 pm	
ZIP: 86	434	Country: USA	4				mi	n/dd/yy	yy				
	: 35°58'04"		Longitude: 113	°46'05"						Ti	me Zone:	Mountain	
	(Enter in decima	al degrees or o	degrees:minutes:se			•	Collision w	th Ot	her Air	craft: () Midair	OOn-groun	d O None
AIRC	RAFT INFO	RMATIO	N										
	ation Number:					Ø	☐ IFR-Equipped and Certified ☐ Commercial Space Flight						
Manufacturer: Eurocopter					Unman			·B					
Model	EC130B4						Maximum	Gross	Weigh	t: 5350		lbs	
Serial	Number: <u>7091</u>						Weight at	Time (of Accid	lent/Inci	dent: 502	2	_ lbs
Year o	f Manufacture:	2010					Number of	Seats	. 7		Flight Cre	ew Seats: 1	
Amate	ur-Built: OYes	If Yes:	O Kit/Plans Ma	ıke:			Cabin Crew S						
	ONo		Original Design			- And the same and the	Number of						
Catego	ory of Aircraft	Type of A	irworthiness C	ertificate		Landing Gea				Engin	e Type (Se	elect one)	
O Airp	ane	(Check all t	hat apply)			(Check all that				O Rec	procating		d Rocket
OBallo	on p/Dirigible	Standar Norma		cted		□R	etractable				oo Shaft	OSolid	Rocket d Rocket
OGlide		☐ Aerob	// 			Tricycle	[Tailw	heel	O Turk	oo Prop	ONone	
O Gyro		Balloo				□Amphibian	an □High Skid ○ Tu		OTurb		OUnkn		
O Helio	opter red Lift	☐ Comm				Emergency		Skid		O Elec	tric		
ORock		Utility		ıl Light-Spo	rt	□ Float □ Hull		∃Ski ∃Ski/V	Vheel	F1 C	-4 T	(D : ::	,
OUltra				imental Ligi						OCarb		(Reciprocation	
OUnkr	own		of Authorization		(COA)	Other Laun	•			Ocard	uretor	O Fuel-	injected
		□None	Ц	Unknown		☐ None		Unkr			Im		
			Engine		Manufa	acturer's	Date of Mfg.		ted Pow Horser	er ower or	Total Time	Time S Inspection	
Engine	Engine Manufa	cturer	Model/Series			Number	mm/dd/yy)		lbs of		(hours)	(hours)	(hours)
Eng. 1	Turbomeca		2B1		23056		12/27/200	2/27/2002 847			15505.4	168.3	2188.1
Eng. 2								_					
Eng. 3								_					
Eng. 4				D		OFixed Pite	ch	l	D	.11 2		Fived Ditab	
Last In	spection Type			Propelle	er I	OControlla						Pitch	
⊙ 100-H		inuous Airwo				OGround A					Ö	Ground Adjus	table
O AAIP O Annu		litional Inspec	ction	Manufac	turer:				Manu	ıfacturer:			
	ast Inspection:	01/25/2	018	Model: _					Mode	el:		3//	
Date L	ast inspection:	mm/dd/yy	The state of the s	ELT Ins	stalled:	⊙ Yes	lo				ipment (Check all that	apply)
Airfran	ne Total Time:	THE RESERVE AND ADDRESS OF THE PARTY OF THE	hrs	If Yes:					AD	S-B rame Para	abuta		
	s measured at (Se	- 2				er: ARTEX		-			ck Indicato	r	
ΘL	ast Inspection	O Time of A	ccident/Incident	I I I I I I I I I I I I I I I I I I I		: C406-N HM 121.5 MHz) OC	701a (121 5 N	— (H ₂)	Aut				
TO CAK! I D GG!			(406 MHz)	551 u (121.5 h	1112)		a Recorde		Handheld Dev	rice			
O Annual Was FI T still mounts				unted in aircraft	? OYes O	No			ultifunction		7100		
O Conditional (Amateur-built only) Manufacturer's Inspection Program Was ELT still to Was ELT still co										mary Fligh	t Display		
O Other Approved Inspection Program (AAIP) Did ELT Activate:				? ⊙Yes ONo	0			dheld GP ds Up Dis					
O Continuous Airworthiness						0 0	.		oard Wea	•			
O Other, specify: Did ELT Aid in Locating Aircra				Did ELT		ocating Aircraft	: OYes O	No				:	
	• • •	4	_	TC			Stall Warning System						
	tion of Fire Ext	tinguishing	System	If not ac		□Immont D-	0.00						
O None O Spec	tion of Fire Ex	tinguishing	System	If not ac Indicate		☐ Impact Dama			□Vid		ing Device		
O None	tion of Fire Ex	tinguishing	System			☐ Impact Dama ☐ Fire Damage ☐ Battery Expir	:		□Vid	eo Record	ing Device		

Registered Aircraft Over	OWNER/OPERATOR INFORMA	ATION					
State: What State: State	Registered Aircraft Owner		City: Kirkland				
Precional Ownership Aircraft	Name: Xebec LLC			ZIP: 98034			
Departor of Aircraft	Fractional Ownership Aircraft: O Yes •	No					
Name: Papillon Airways, Inc. City: Boulder City							
Doing Business As: Art Carrier/Operator Designator (4 Character Code): State: NV ZIP: 89005	De III - Alexandra						
Air Carrier/Operator Designator (4 Character Code):							
Operating Certificates Held (Check all that apply) None							
Check all that apply)	Air Carrier/Operator Designator (4 Characte	er Code):	Country: USA				
Flag Carrier Operating Certificate (FAR 121) OFAR 131 OFAR 133 OFAR 435 OFAR 135 OFAR 137 OFAR 1	Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un		, 125, 129, 135			
Okon-US, Non-commercial Okon-US, Non-commercial Okon-US, Non-commercial Occommercial Air Taur (FAR 135) Olagicultural Air Taur (FAR 137) Ophilic Aircraft (Select one) OArmed Forces OArmed OArraid OServation OFFIce flight Test OAIr Drop OAIR Eact ONE OAR Face (Show OP) OAIR Race(Show OP) OAIR Cannell Lade OP) OAIR Cannell	☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☑ Rotorcraft External Load (FAR 133)	OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4 OFAR 91 Special Flight	431				
Darfacultural Aircraft (FAR 137)		O Non-US, Non-commercial	O Mail Contract Only				
Cornificate of Authorization or Waiver (COA) O Federal O State O Commercial Space Transportation Commercial Space Transportation O State O Local O Unknown O Air Race/Show O Instructional O Air Race/Show O Instructional O	☑ Agricultural Aircraft (FAR 137)		(Select one)	W 1			
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport) Airport Name:	☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License	O Federal O State O Local	O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Aerial Observation O Glider O Instruct O Other V O Persona O Persona O Position	Test Tow tional Work Use al ning			
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport) Airport Name:	Revenue Sightseeing Flight	Air Medical Flight		ing			
Airport Name: Airport Identifier: Proximity to Airport: O Off Airport/Airstrip O On Airport/Airstrip O N/A Runway Information Runway ID:		- WIND	J,				
Airport Name: Airport Identifier: Proximity to Airport: O Off Airport/Airstrip O On Airport/Airstrip O N/A Runway Information Runway ID:	AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	roach, landing, takeoff, departure, or wi	thin 3 miles of an airport)			
Airport Identifier: Proximity to Airport:	54			2 4			
Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip ON/A Airport Elevation:	1992 (1982) 520						
Runway ID:(L/R/C) Length:ft Width:ft Dry	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Runway ID:(L/R/C) Length:ft Width:ft Dry	Runway Information		Condition of Runway/Landing Surface	e (Check all that apply)			
OTaxi OTakeoff OIFR Departure Procedure/Clearance OLanding OLow Approach OBase OFinal OAborted Landing (after touchdown) OCrosswind OUnknown VFR Approach (Check all that apply) None VFR Approach (Check all that apply) None ONO OFFINAL OFFINA	Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that a. Asphalt Grass/Turf Maca Concrete Gravel Metal	<i>pply)</i> dam □ Water /Wood _	□ Dry □ Snow-Compacted □ Holes □ Snow-Crusted □ Ice Covered □ Snow-Dry □ Rough □ Snow-Wet □ Rubber Deposits □ Soft	d			
OTakeoff OInitial Climb OIFR Departure Procedure/Clearance OIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Approach/Departure Segment (Select one)						
None None □ADF/NDB □PAR □MLS □Practice □Traffic Pattern □Stop and Go □SDF □Sidestep □LDA □GPS □Straight-In □Touch and Go □VOR/TVOR □ILS □ASR □Valley/Terrain Following □Simulated Forced Landing □VOR/DME □Localizer Only □Visual □Go Around □Forced Landing □TACAN □LOC-back course □Contact □Full Stop □Precautionary Landing □RNAV □Circling □RNAV □RNAV □RNAV □RNAV	OTakeoff OIFR Departure Proce		OBase OGo Arou OFinal OAborted	ind Landing (after touchdown)			
ADF/NDB	IFR Approach (Check all that apply)		VFR Approach (Check all that apply)				
□SDF □Sidestep □LDA □GPS □Straight-In □Touch and Go □VOR/TVOR □ILS □ASR □Valley/Terrain Following □Simulated Forced Landing □VOR/DME □Localizer Only □Visual □Go Around □Forced Landing □TACAN □LOC-back course □Contact □Full Stop □Precautionary Landing □RNAV □Circling □Contact □RNAV □Circling	None		□None				
			☐ Straight-In	Touch and Go			

"FLIGHT CREWMEM	BER 1" INFO	RMATI	ON							V 1/2 (1)
"Flight Crewmember 1" Re					0					
● Pilot O Co-Pilot"Flight Crewmember 1" wa	O Student Pilot	OFlight I Yes □ N		Check Pilot	O Fligh	nt Engineer	O Other	Flight Crew		
	• • •	res 🔟 r	NO							
"Flight Crewmember 1" Ide First Name:	entification				City of Pa	sidence: I	ong Beach			
Middle Initial: S								ZID. 00804		
Last Name:					State: CA			ZIP: 90804		
	Accident/Incident:	12	D-tf1	_	Country:		/11/			
Age at time of	Accident/Incident:		_ Date of I				ım/dd/yyyy			
Degree of Injury	Seat Occupied		ertificate Nun		straint Ty				T. C 11. 1	
O None O Fatal	•	• Front	O Unkno		-	•			Inflatable l	Restraints
O Minor O Unknown	O Right	O Rear	U		Available O None	2	Used O None		✓ Not Ins	talled
⊙ Serious	O Center	O Single			O Lap or		O Lap onl		☐ Installe	d
Pilot Certificate(s) (Check all ☐ None ☐ Flight In	00 00 00 00 00 00 00 00 00 00 00 00 00			.,,,	O 3-poir O 4-poir		○ 3-point ○ 4-point		☐ Not De ☐ Deploy	
☐ None ☐ Flight In☐ Private ☐ Recreat		nmercial ine Transp	☐ US M ort ☐ Foreig		O 5-poir	ıt	O 5-point		Unkno	wn
☐ Student ☐ Sport	☐ Flig	tht Enginee	er		O Unkno	own	O Unknow	wn		
Principal Occupation M	Iedical Certificate)	1 	Me	edical Cer	tificate Va	lidity		Date of La	st Medical
O Pilot	None OCI	ass 3				nitations/wai	vers O	Jnknown		
		river's Lice nknown	ense (Sport Pilot		With limitar Special Issu	tions/waiver	s ON	I/A	11/03/20 mm/dd/y	
Medical Certificate Limitation		ikilowii		10	opeciai isse	lance				,,,,
Trouser Cor minute Zimminu										
Medical Certificate Special I	ssuance									
D	4.75	T								
Date of Last Flight Review or Equivalent, Including			t Review Airo	craft						
FAR 121/135 Checks:	21/21/2017		Airbus							TE-9E-8
7 (a	mm/dd/yyyy		: EC130B4							
Airplane Rating(s) (Check all that apply)	Other Aircraft R (Check all that apply	0,,		ent Rating(s	s)		r Rating(s)			
□ None	□ None	9	□ None	і інаі арріу)		(Check all ☐ None	іпаі арріу)	г	Instrument	Airplane
☐ Single-Engine Land	Airship		☐ Airpla			☐ Airplan	e Single-Eng	ine 🔽	Instrument	Helicopter
☐ Single-Engine Sea☐ Multiengine Land	☐ Balloon ☐ Glider		☐ Helico	**************************************		☐ Airplan ☐ Gyropla	e Multi-Engi		Helicopter Glider	
☐ Multiengine Sea	☐ Gyroplane		l l rower	ed Liit		Powere			Sport	
	☑ Helicopter☑ Powered Lift									
Type Ratings						Student I	Endorseme	nts (Include	dates)	
									•	
Flight Time (F			Airplane		T	Inet	rument		Γ	
Flight Time (Enter appropriate number of hours in each box)		is Make Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	2423.1	1078.7	3		155	_	21	2423.1		
Pilot in Command (PIC)	2396.6	1078.7								
Time as Instructor										
This Make/Model	国际教育的	The			*					
Last 90 Days	13.7	13.7								
Last 30 Days	2.1	2.1	-		-					
Last 24 Hours	1 1	- 1			1	1	1	I	1	I

"FLIGHT CREWMEN	IBER 2" INFO	RMATIC	ON							
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew										
"Flight Crewmember 2" was pilot flying										
"Flight Crewmember 2" Id					~					
First Name:						esidence:				
Middle Initial:					State:		Z	IP:		
Last Name:										
Age at time of	Accident/Incident: _		Date of B	irth:	348	mn	n/dd/yyyy			
		Ce	rtificate Num							
Degree of Injury	Seat Occupied			Re	straint T	уре		1	nflatable R	estraints
O None O Fatal O Minor O Unknown O Serious	O Left O Right O Center	OFront ORear OSingle	O Unknow	wn	Availab O Non O Lap	e	O None		□ Not Inst	
Pilot Certificate(s) (Check a	ll that apply)				O 2-po		O 3-point	,	☐ Installed ☐ Not Dep	
□ None □ Flight		nmercial	☐ US M	ilitary	O 4-po		O 4-point		☐ Deploye	ed
☐ Private ☐ Recrea ☐ Student ☐ Sport		ine Transpent		n	O 5-po O Unk		O 5-point O Unknov	/n	Unknow	/n
_ Student _ Sport	☐ Fing	in Enginee	1							
Principal Occupation	Medical Certificate	;		Me	edical Ce	ertificate Va	lidity]	Date of Las	t Medical
	O None O Cl					mitations/wai		nknown		
O		river's Lice iknown	nse (Sport Pilot		With limit Special Is:	tations/waiver	s O N	/A	mm/dd/yy	יעע
Medical Certificate Limitat					opeciai io					
Medical Certificate Limitat	10113									
Medical Certificate Special	Issuance									
Date of Last Flight Review		Flight	Review Airc	eraft						
or Equivalent, Including FAR 121/135 Checks:		Make:				4.				
	mm/dd/yyyy	Model	:							
Airplane Rating(s)	Other Aircraft R	ating(s)	Instrum	ent Rating(s	s)	Instructor	Rating(s)			
(Check all that apply)	(Check all that apply	v) .		l that apply)		(Check all th				
☐ None☐ Single-Engine Land	☐ None ☐ Airship		None			□ None	a: 1 E :		Instrument A	
☐ Single-Engine Sea	Balloon		☐ Airpla ☐ Helico				Single-Engir Multi-Engine		Instrument H Helicopter	elicopter
☐ Multiengine Land	Glider		☐ Power			☐ Gyroplar	ie		Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					☐ Powered	Lift		Sport	
	Powered Lift									
Type Ratings						Student Er	idorsement	s (Include de	ites)	
			Airplane		T^{-1}	Inst	rument			
Flight Time (Enter appropriat number of hours in each box)		nis Make Model	Single Engine	Airplane Multiengine	Night		Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor				DA SERVICIO DE					4	
This Make/Model		CAT PER S								
Last 90 Days										
Last 30 Days	-					+				

ADDITIONALIL	IGHT CREWMEM	BEKS (E	xclusiv	e of cabin cr	ew, complete	e the followin	g information)			
Crew Name and Add	dress						Seat Occupie	ed .	Injury	
130. MACHEN 300 CHANGAING -				ence:			O Left O Center	O Front O Rear	O None O Minor	
Middle Initial:							O Right	O Single O Unknown	O Serious O Fatal	
Last Name:		Count	try:			-		Ouknown	O Fatal O Unknown	
Pilot Certificate(s) (Check all that apply)						Restraint Ty Available	pe: Used	Inflatable	
□ None □ Private	☐ Flight Instructor☐ Recreational	Com	mercial ne Transı		Military	77	O None	O None	Restraints Not Installed	
☐ Private ☐ Student	☐ Recreational ☐ Sport		ne Transp nt Engine		reign		O Lap Only O 3-point	O Lap Only O 3-point	☐ Installed	
Type Rating/Endors	coment for	Ι,	Total F	light Time a	t the Time		O 4-point O 5-point	O 4-point O 5-point	□ Not Deployed□ Deployed	
Accident/Incident A				Accident/Inc		hrs	O Unknown	O Unknown	☐ Unknown	
read at the collection of a vice of a state.	START THE CALL OF THE SOUND OF WAR AND THE PARTY OF	Incited (NAME OF SOLVE			PHATAS (1994年11月1日日本)			MERINES THAT ARE SHEET AND AREA	CASA I SUNCER KAN UST MEN	
Crew Name and Add	lress						Seat Occupie		Injury	
70				nce:			OLeft OCenter	O Front O Rear	O None O Minor	
Middle Initial:							ORight	O Single O Unknown	O Serious O Fatal	
Last Name:		_ Count	iry:			_		O o mano	O Fatal O Unknown	
Pilot Certificate(s)	Check all that apply)						Restraint Ty Available		Inflatable	
☐ None ☐ Private	☐ Flight Instructor	☐ Comn			Military		O None	Used O None	Restraints	
☐ Private ☐ Student	☐ Recreational☐ Sport	☐ Flight	100 Land 100 Land 100 Land		eign		O Lap Only O 3-point	O Lap Only O 3-point	☐ Not Installed☐ Installed☐	
Type Rating/Endors	ement for		Total F	light Time a	t the Time		O 4-point	O 4-point	☐ Not Deployed☐ Deployed	
Accident/Incident Ai				Accident/Inci		hrs	O 5-point O Unknown	O 5-point O Unknown	Unknown	
DASSENGED(S)	OTHED DEDCOM	THE RESERVE OF THE PERSON NAMED IN								
FASSENGER(S)	OTHER PERSON	NNEL (In	clude c	abin crew; c	ontinue on s	eparate shee	t if necessary)			
Name and Address	OTHER PERSON	NNEL (In	nclude c	sabin crew; c	ontinue on s	eparate shee Restraint T		Inflatable Restraints	Age	
				Seat	Injury			Restraints		
Name and Address	City :			Seat OLeft OCenter	Injury ONone OMinor	Restraint T Available O None O Lap Only	Used O None O Lap Only	Restraints Not Installed Installed	☐ Under 5 years	
Name and Address First Name:	City :	ZIP:		Seat OLeft	Injury ONone	Restraint T Available O None O Lap Only O 3-point O 4-point	Used O None Lap Only O 3-point O 4-point	Restraints Not Installed	☐ Under 5 years If Under 5,	
Name and Address First Name: Middle Initial:	City : State: Z	ZIP:		Seat OLeft OCenter ORight	ONone OMinor OSerious	Restraint T Available O None O Lap Only O 3-point	Used O None Lap Only O 3-point	Restraints Not Installed Installed Not Deployed	☐ Under 5 years	
Name and Address First Name: Middle Initial: Last Name:	City : Z State: Z Country: Unite OPassenger	ZIP: od Kingdom O Othe	er	Seat OLeft	O None O Minor O Serious O Fatal O Unknown	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available	Used O None Lap Only 3-point 4-point 5-point Unknown Used	✓ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: Middle Initial: Last Name: OCrew	City : Z State: Z Country: Unite OPassenger	ZIP: od Kingdom O Othe	er	Seat OLeft	O None O Minor O Serious O Fatal O Unknown O None O Minor	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only	Used O None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : Z State: Z Country: Unite OPassenger City :	ZIP:O Other	er	Seat OLeft OCenter ORight OUnknown Row: 1 OLeft OCenter ORight	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint T Available O None O Lap Only O3-point O4-point O5-point OUnknown Available O None O Lap Only O3-point O 4-point	Used O None Lap Only 3-point 4-point 5-point Unknown Used None	Not Installed Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Installed Not Deployed	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5,	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City: Z State: Z Country: Unite OPassenger City: State: Z	ZIP:O Other	er	Seat OLeft	O None O Minor O Serious O Fatal O Unknown O None O Minor	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point	Used O None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City: Z State: Z Country: Unite OPassenger City: Z State: Z Country: Unite OPassenger	ZIP:O Other	er	Seat OLeft	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available Available	Used O None Lap Only 3-point 4-point Used None Used None Lap Only 3-point 4-point Used Unknown Used Unknown Used Unknown Used Unknown	Mot Installed ☐ Installed ☐ Installed ☐ Deployed ☐ Deployed ☐ Unknown ✓ Not Installed ☐ Installed ☐ Installed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City: Z State: Z Country: Unite OPassenger City: Z Country: Unite OPassenger City: Country: Unite	ZIP:O Other	er	Seat OLeft	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 1-point	Used O None O Lap Only O 3-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Lap Only O 1-point O Lap Only O 1-point O Unknown	Mot Installed ☐ Installed ☐ Installed ☐ Not Deployed ☐ Unknown ☐ Not Installed ☐ Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐ Not Installed ☐ Installed	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name:	City: Z State: Z Country: Unite OPassenger City: Z Country: Unite OPassenger City: Country: Unite	ZIP:O Other ZIP:O Other ZIP:O Other ZIP:O Other	er	Seat OLeft	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O None O Lap Only O 3-point O 4-point O 4-point	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Deployed Unknown Not Installed Deployed Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5 years	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial:	City: Z State: Z Country: Unite Passenger City: State: Z Country: Unite Passenger City: State: Z State: Z State: Z	ZIP:O Other ZIP:O Other ZIP:O Other ZIP:O Other	er	Seat OLeft	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O Unknown Available O None O Lap Only O 3-point	Used O None O Lap Only O 3-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Lap Only O 3-point O Unknown	Mot Installed ☐ Installed ☐ Installed ☐ Not Deployed ☐ Unknown ☐ Not Installed ☐ Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐ Not Installed ☐ Installed	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: OCrew Crew	City: Z Country: Unite OPassenger City: State: Z Country: Unite OPassenger City: State: Z Country: Unite Country: Unite	ZIP:	er	Seat OLeft	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Fatal O Unknown O None O Minor	Restraint T Available O None O Lap Only O 3-point O 4-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O None O Lap Only O 3-point O None O Lap Only O 3-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available	Used O None O Lap Only O 3-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Mot Installed ☐ Installed ☐ Installed ☐ Installed ☐ Deployed ☐ Unknown ✓ Not Installed ☐ Installed ☐ Installed ☐ Deployed ☐ Unknown ☐ Not Installed ☐ Deployed ☐ Unknown ☐ Not Installed ☐ Deployed ☐ Unknown ☐ Installed ☐ Installed ☐ Installed ☐ Installed ☐ Installed ☐ Deployed ☐ Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: OCrew Crew	City:	ZIP:	er	Seat OLeft OCenter ORight OUnknown Row: 1 OLeft OCenter ORight OUnknown Row: 1 OLeft OUnknown OUnknown OUnknown OUnknown OUnknown	Injury ONone OMinor OSerious OFatal OUnknown	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 1-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 1-point O Unknown Used O None O Lap Only O None O Lap Only	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City: Z Country: Unite OPassenger City: Unite OPassenger	ZIP:O Other ZIP:O Other ZIP:O Other ZIP:O Other ZIP:O Other ZIP:O Other	er	Seat OLeft	O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O None O Lap Only O 3-point O None O Lap Only O 3-point O Unknown Available O None O Lop Only O 3-point O Unknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Lap Only O 3-point O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Installed Not Deployed Unknown Not Installed Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	

FLIGHT ITINERARY	Y INFORMATIC	N						
Last Departure Point	NAME OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY.	ne of Departure	Destination	on	THE STREET OF THE PROPERTY.	Type Fligh	t Plan F	`iled
Airport ID: BVU		1. 5 1		·		O None		O VFR/IFR
City: Boulder City	1 in	ne: 3:42 pm				O Company		O IFR
State: NV	Tin	ne Zone: Pacific				O Military	VFK	O Unknown
Country: USA		,					OYes	ONo OUnknown
Type of ATC Clearance/S	Service (Check all tha	t apply)	•					
✓ None ✓ VFR	☐ Special VFR ☐ IFR	☐ Spe	ecial IFR R On Top		☐ VFR Flight Folk ☐ Traffic Advisory		☐ Cruis	se nown / NA
☐ Class B☐ Class C☐ Class D☐ Class E☐	☑ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area	☐ Mili☐ Air ☐ Jet ☐ ☐ TRS ☐ FAI	litary Operations port Advisory Ar Training Area SA R 93	rea	□Special □Air Traffic Contr □Unknown	rol Area		de of In-Flight rence: ft msl
WEATHER INFORM		E ACCIDEN	T/INCIDEN	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P				
Source of Pilot Weather I (Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Servi	☑ Cor ☐ Mil ☐ Inte ☐ Nor	itary ernet ne		Facility ID: Pa Observation Ti Time Zone: M Distance from A				true
Basic Conditions O VMC O IMC O Unknown		Light Condition ODawn ODay	ODusk ONight		k Night OUn ght Night	ıknown		
Sky/Lowest Cloud Condit	ion	Ceiling			Temperature:		(C) or <u>7</u>	73 (F)
O Clear Few Partial Obscuration Scattered	O Thin Broken O Thin Overcast O Unknown	O None (Clear) O Broken O Overcast	0	Obscured Indefinite Unknown	Dew Point:	(C	c) or <u>2</u>	25(F)
Lowest Cloud Condition	Height ft agl	Ceiling Height	t	ft agl		or	MB	
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles	
☐ Variable	☐ Calm	3/13/144	☐ Not Gustin	ıg	RVR			
	☐ Light and Vari	able				·		
Direction: 350 degrees tru	e Speed: 14	kts	Speed: 28	kts	Density Altitud		IIIIIes	ft
Intensity of Precipitation		tation (Check all th			Restriction to		hock all th	-1997/
O Light O Moderate O Heavy O N/A O Unknown	✓ None □ Rain □ Snow □ Hail □ Rain Showers	Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals	Freezing Snow Sh Ice Pelle Freezing Freezing	hower ets Shower		Ist Grant Gr		•••
Icing Forecast		Icing Actual	· — ********		Turbulence			
Amount Type © None O N/A O Trace O Rime O Light O Clear O Moderate O Mixed O Severe O Unknown	d	Amount None Trace Light Moderate Severe Unknown	Type O N/A O Rime O Clear O Mixec O Unkno	d	Type (Check al □ None □ Clear Air □ Terrain-Indu □ Convective	iced		verity Light Moderate Severe Extreme
NOTAMs (D and FDC),	AIRMETs, SIGN	TETs, PIREPs	in effect at t	the time of th	ne accident/incid	lent:		-

DAMAGE	TO AIDCDAET A	NO OTHER DR	ODEDTY		
Aircraft Dan	TO AIRCRAFT AI	Aircraft Fire	PERIT	Aircraft Explosion	
O None	O Substantial	O None	O Both Ground and In-Flight	O None	O Both Ground and In-Flight
O Minor	 Destroyed 	O In-Flight	O Fire at Unknown Time	O In-Flight	O Explosion at Unknown Time
	O Unknown	On-Ground	O Unknown	● On-Ground	O Unknown
Description of	of Damage to Aircraft a	nd Other Property ((Use additional sheet if necessary)		
Aircraft destr	royed due to post crash	ı fire.			
NARRATIV	E HISTORY OF FLIC	GHT (Please type of	r print in ink)		
			g circumstances leading to and natu	ure of accident/incide	ent Describe terrain and include
wreckage dis		ent. Attach extra sheet	ts if needed. State departure time and		
N155GC an	EC130B4 helicopter wi	ith one pilot and six	passengers on board was on a Pa	art 135 flight to a lan	iding area in the Grand
Canyon. The	aircraft crashed just sh	hort of the landing a	rea for unknown reasons.	STATE SECRETARY SOURCE SECRETARY	
				8	

RECOMMENDATION (How con	uld this accident/incident h	nave been prevented?)				
Operator/Owner Safety Recommenda	ation					
Papillon is a party to the ongoing NTSB investigation of the crash and is prohibited from releasing information concerning the incident, or offering any opinions as to its cause or recommendations as to how it many have been avoided, without prior approval of the Investigator-in-Charge (IIC). See 49 C.F.R. § 831.13. The investigator in charge is NTSB Senior Aviation Investigator Stephen Stein.						
MECHANICAL MALFUNCT			ontinue on separa	ate sheet)	I=	
Was there Mechanical Malfunction (If yes, list the name of the part, manufaction)					Total Time/Cycles On Part	
					Hours	
					Cycles	
					Time Since This Part	
					Inspected/Overhauled	
					Hours	
					riours	
FUEL & SERVICES INFOR	MATION		40-10-20-2			
Fuel on Board at Last Takeoff	Fuel Type					
(Convert from pounds, as necessary)	O 80/87	O 115/145	O Jet B	O Other, specify		
87.2 Gallo	ons O 100 Low Lead O 100/130	Jet AJet A-1	O JP8 O Automotive			
Other Services, if Any, Prior to Dep	parture					
EVACUATION OF AIRORA						
EVACUATION OF AIRCRA	(7.)					
Was an emergency evacuation of th		☐ Yes ☐ No				
Method of Exit – Describe how the o	occupants exited and how ma	any occupants evacuate	d each location			
OTHER AIRCRAFT - COLL	LISION (If air or ground	collision occurred, cor	mplete this section	on for other aircraft)	
Aircraft Registration Number Ma	nufacturer:				age to Other Aircraft	
	odel:				estroyed	
Registered Owner of Other Aircraft	it	Pilot of	Other Aircraft	1 =	- 0.03-555	
Name:						
City: ZIP:		City:				
Country:				ZIP:		

ADDITIONAL INF	ORMATI	ON (Please type or print in ink)		
		e is needed for any answers.		
		enter, fatality ght, fatality		
-				
				"
				-
				8
I HEREBY CERTIFY	΄ ΤΗΔΤ ΤΙ	HE ABOVE INFORMATION IS COMPI	ETE AND ACCURATE TO THE BEST OF N	MY KNOWI EDGE
Date of this Report		Pilot/Operator: Papillon Airways, Inc.	ETE AND ACCOUNTE TO THE BEST OF	III KNOWLEDGE
02/16/2018 mm/dd/yyyy	Signature		Cool Sinechor of Operal	ions
		erator is Filing Report	Title:	
		electronically sign this document		
		FOR NTSB	USE ONLY	
NTSB Accident/Incid WPR18MA087	ent No.	Reviewed by NTSB Regional Office WPR - Federal Way	Name of Investigator S. Stein	Date Report Received February 16, 2018