

Gretz Robert

From: Gretz Robert
Sent: Thursday, October 6, 2022 7:09 PM
To: Gretz Robert
Subject: Pilot Statement

From: Ruhlman, Brian M <[REDACTED]>
Sent: Tuesday, August 9, 2022 2:39 PM
To: Trask, Jason P <[REDACTED]>
Subject: Statement regarding accident on June 29, 2022

Jason,

Good afternoon. Here is my statement regarding the accident as requested:

On Friday 6/29/22 at approximately 1335 our crew was dispatched for an Inter-hospital transfer from Andalusia Hospital to Sacred Heart, Pensacola FL that resulted in an accident at a location approximately 1 mile north of the Hospital. I am writing a statement at the request of Jason Trask and the NTSB investigation team.

On Wednesday 6/27/22 I was not feeling well. My symptoms were nausea and diarrhea and feeling dehydrated. I took some over the counter medication and continued to try to stay hydrated and rested. I notified our Lead Pilot I would likely not be in good condition for duty the following day and he started reaching out for coverage for my day shift.

On Thursday 6/28/22 I stayed home and continued to rest, hydrate, and monitor my symptoms. I continued to improve throughout the day and started feeling better around 1600-1700. I contacted our Lead Pilot around 1900 to let him know that I felt good for the day shift the following day.

On Friday 6/29/22 I arrived at work at normal shift time (0740) and went through a normal morning routine of clocking in and duty into complete flight and completed a static manifest, risk assessment, and weight and balance with the on-duty crew. Preflight procedures were conducted, and the crew was checking off the aircraft while I was out there as well. We were in a spare (AS350) aircraft (N124LN) and our normal base aircraft is an EC-130 (B4). I recall discussing with the crew the emergency procedure for a Engine Chip light and the difference between landing as soon as possible and landing as soon as practicable. The heat index was high even at 8am and I installed the portable air conditioner and window shades to keep the interior and equipment cool. I contacted our dispatch (Aircom) to check in and update the flight crew and weather status (yellow).

The rest of the morning was a typical day shift at the base. I continued to hydrate during the day and rested in the pilot's office and had lunch around noon.

We received the flight request at approximately 1335 and I checked the weather and confirmed with the crew for acceptance for the flight. We all agreed on the flight acceptance, and I updated my risk assessment and weight and balance for some additional fuel for the flight and I signed the risk form and received a dispatch number from OCC.

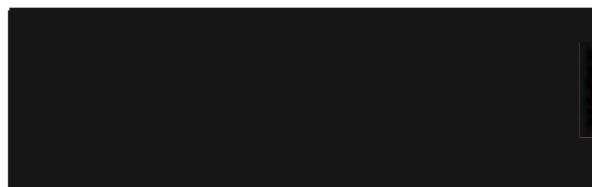
We departed the Evergreen base at approximately 1345 for Andalusia Hospital. We recalled it was quite warm outside on the way to the aircraft. I was cruising at an altitude of 2000' to Andalusia. I tuned up the frequency for South Alabama Regional Airport (Andalusia) 122.8 and monitored the traffic at the airport. I made a radio call inside 10NM of my location and altitude and that I would be landing at Andalusia Hospital. At approximately 1400, I recall starting a normal decent and was setting up for a landing to the South at the hospital as the winds were out of the South. I noticed that I was feeling warm, and I observed some perspiration on my wrist. I was not established on a stabilized approach to the Hospital Pad and recall looking for an alternate landing area, at or about this time I recall my flight nurse Don Oaks make a call out for me to "come up" or "pull up" as we were in a descent to make an alternate landing. I don't recall specific details from this point until we were at the accident location, and I was being loaded on a backboard and being treated by local EMS personnel. I recall being loaded into our company aircraft from Okaloosa MedFlight and being flown from the scene to Sacred Heart Hospital Emergency Room. I was treated for a Head Trauma, a T1 Compression Fracture, Cervical Spondylosis and Edema in the posterior ligaments of the cervical spine. Additionally, I am currently wearing a heart event monitor for a 30-day period and a cervical collar for 5 weeks.

Brian Ruhlman | AS350/ EC130 Pilot
Air Methods Corporation | Evergreen, AL



Life Saver 5 was requested for an interfacility patient transfer from Andalusia Health Hospital ER to Sacred Heart Pensacola. Life Saver 5 accepted the flight, performed all preflight checks and walk arounds with no issues noted to the aircraft nor any crew member. Life Saver 5 lifted from the Life Saver 5 base without any issues. No issues were noted or voiced during flight from Evergreen to Andalusia. At approximately 8-10 miles away a King Air aircraft was heard over the air-to-air radio advising they (King Air) would be landing on runway 29 at South Alabama Regional Airport. A short time after the King Air gave their landing advisory call out a "Green Army UH-60" called out with lift information on air-to-air radio. While approaching 1-2 miles of the hospital the aircraft began descending and slowing down as normal to land. It was noted by both Flight Nurse Don Oakes and Flight Paramedic Matthew Milstead that they were further away from the hospital helipad than normal for the altitude they were currently at and continuing to descend. Flight Nurse Don Oakes called out to Pilot Brian Ruhlman to try to determine why they were continuing to descend so far away from the hospital helipad. After no response from the Pilot, Flight Nurse Oakes shook the Pilot in an attempt to get the Pilots attention. The Pilot was aroused and regained control of the aircraft. Moments later the aircraft began descending in a nose down manner. Flight Nurse Oakes called "Mayday, Mayday, Mayday" over the radio (AirCom) and began telling the Pilot to pull back, which he (Pilot) did. Then the aircraft continued to descend but in a tail down manner. Moments before impact the tail spun to the right (starboard) side and also made a right (starboard) bank at which time the aircraft went through the approaching tree line and onto the ground. Once on the ground Flight Paramedic Milstead opened his eyes (had closed them to prevent dirt and debris from getting into his eyes) and began looking to determine his orientation to the aircraft. He (Flight Paramedic Milstead) determined that his back was against the ceiling of the aircraft on the cabin side of the fuselage between the greenhouse windows and aft wall, head at 9 o'clock, feet at 3 o'clock. Once determining this, Flight Paramedic Milstead squatted down to use the ceiling as protection while determining if there was any debris still falling or if the rotor blades were still turning as he (Flight Paramedic Milstead) could still hear the turbine running. Once determining there was no debris falling and that the rotor blades had stopped turning Flight Paramedic Milstead took off his helmet and placed it on the ground. Flight Paramedic Milstead had to remove communications cable from around his shoulder but did not have to remove seatbelt (seatbelt was in use, secured by buckle over suprapubic area, shoulder straps over shoulders and tightened around waist at all times prior to the crash). It was noted that Flight Paramedic Milstead's seat had broken free from the aft wall of the cabin. Flight Paramedic Milstead then assessed to other crew members locations in relation to the aircraft. Flight Nurse Oakes was positioned in his seat laying to his right side behind the pilot seat; Flight Paramedic Milstead noted Flight Nurse Oakes trying to remove his seatbelts to be able to get up, no helmet noted on Flight Nurse Oakes at this time. It was also noted that Flight Nurse Oakes' seat had broken free from the aft wall of the cabin. Pilot Ruhlman was positioned in his respective seat lying on his right side, Flight Paramedic Milstead noted movement to legs, helmet noted to still be on Pilot Ruhlman. Flight Paramedic Milstead then helped Flight Nurse Oakes remove his seatbelts and then began trying to pull him from the aircraft to safety. During this time, a bystander arrived and began helping Flight Paramedic Milstead to remove Flight Nurse Oakes from the aircraft and move him to safety near the adjacent tree line. Other bystanders began working to remove Pilot Ruhlman

from the aircraft and get him to safety. Once getting Flight Nurse Oakes away from the aircraft and to safety Flight Paramedic Milstead began cutting Flight Nurse Oakes' flight suit off as requested by Flight Nurse Oakes. Once the flight suit was removed from Flight Nurse Oakes' torso a notable difference in size was noted to Flight Nurse Oakes' right chest wall. It was determined that Flight Nurse Oakes had a tension pneumothorax as the right chest got larger with every breath and other signs and symptoms (Tachycardia, Tachypnea, Subcutaneous Emphysema, Decreased breath sounds on right side, Decreased chest rise/fall on right side). An ambulance arrived moments later, and Flight Nurse Oakes was assisted from ground onto stretcher and then moved into the ambulance. Once in the ambulance Flight Paramedic Milstead assisted Advanced EMS paramedic in placing oxygen on Flight Nurse Oakes via a non-rebreather at 15LPM. An additional Advanced EMS ambulance was arriving to treat and transport Pilot Ruhlman as the initial ambulance was preparing to leave the scene enroute to Andalusia Health Hospital ER with Flight Nurse Oakes and Flight Paramedic Milstead. Flight Paramedic Milstead then performed a needle decompression to the right chest of Flight Nurse Oakes enroute to Andalusia Health Hospital ER. Flight Paramedic Milstead had complaints of lower left back pain, lower right leg pain with abrasion to proximal tib/fib area, laceration to left forearm with bleeding controlled by direct pressure, abrasions to both right and left iliac crests (worse on left side), abrasions to shoulder/clavicle area on right side, neck stiffness, various other minor abrasions to arms.



WRP, FP-C