

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: FORT WHITE State: FL.
 ZIP: 32038 Country: USA
 Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 04/02/2022 Local Time: 10:30
mm/dd/yyyy
 Time Zone: ESTERN
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N7057L
 Manufacturer: HUGHES
 Model: 269A (TH55a)
 Serial Number: 1281052
 Year of Manufacture: 1967
 Amateur-Built: Yes No
 If Yes: Kit/Plans Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
 Maximum Gross Weight: _____ lbs
 Weight at Time of Accident/Incident: _____ lbs
 Number of Seats: 2 Flight Crew Seats: 1
 Cabin Crew Seats: _____ Passenger Seats: 1
 Number of Engines: _____

Category of Aircraft

- Airplane
- Balloon
- Blimp/Dirigible
- Glider
- Gyroplane
- Helicopter
- Powered Lift
- Rocket
- Ultralight
- Unknown

Type of Airworthiness Certificate
(Check all that apply)

Standard	Special
<input checked="" 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	

Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear
(Check all that apply)

Retractable

<input type="checkbox"/> Tricycle	<input type="checkbox"/> Tailwheel
<input type="checkbox"/> Amphibian	<input type="checkbox"/> High Skid
<input type="checkbox"/> Emergency Float	<input checked="" 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 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)*

Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time <small>hours</small>	Time Since Inspection <small>hours</small>	Time Since Overhaul <small>hours</small>
Eng. 1	<u>LYCOMING</u>	<u>H10-360-B1A</u>	<u>L-5312-51A</u>		<u>180</u>	<u>974.7</u>	<u>6.3</u>	<u>974</u>
Eng. 2						<u>6616.7</u>		
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: 09/01/2021
mm/dd/yyyy

Airframe Total Time: 13,948.2 hrs
hours measured at (Select one)
 Last Inspection Time of Accident/Incident

Propeller 1

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: _____
 Model: _____

Propeller 2

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: _____
 Model: _____

ELT Installed: Yes No

If Yes:
 ELT Manufacturer: _____
 Model or Part No.: _____
 TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No
 Was ELT still connected to antenna? Yes No
 Did ELT Activate? Yes No

If activated:
 Did ELT Aid in Locating Aircraft: Yes No

If not activated:
 Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Additional Equipment *(Check all that apply)*

- ADS-B
- Airframe Parachute
- Angle of Attack Indicator
- Autopilot
- Data Recorder
- Electronic Flight Bag or Handheld Device
- Electronic Multifunction Display
- Electronic Primary Flight Display
- Handheld GPS
- Heads Up Display
- Onboard Weather
- Satellite Tracking Device
- Stall Warning System
- Video Recording Device
- Other, Specify: _____

Type of Maintenance Program *(Select one)*

- Annual
- Conditional (Amateur-built only)
- Manufacturer's Inspection Program
- Other Approved Inspection Program (AAIP)
- Continuous Airworthiness
- Other, specify: _____

Description of Fire Extinguishing System

None
 Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: TRI COUNTY RENTALS AND SALES, INC.City: CHIEFLAND, FLState: FL. ZIP: 32626Fractional Ownership Aircraft: Yes NoCountry: USA**Operator of Aircraft** Same As Registered OwnerName: GARY J. MARQUIS Same Address as Registered OwnerCity: LAKE CITY

Doing Business As: _____

State: FL ZIP: 32025

Air Carrier/Operator Designator (4 Character Code): _____

Country: USA**Operating Certificates Held***(Check all that apply)*

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

Regulation Flight Conducted Under

- FAR 91 FAR 129 FAR 415
- FAR 103 FAR 133 FAR 431
- FAR 121 FAR 135 FAR 435
- FAR 125 FAR 137 FAR 437
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial
- Public Aircraft *(Select one)*
 - Armed Forces
 - Federal
 - State
 - Local
- Unknown

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

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

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

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

Revenue Sightseeing Flight Yes No**Air Medical Flight** Yes No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**

Airport Name: _____

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

- Asphalt Grass/Turf Macadam Water
- Concrete Gravel Metal/Wood
- Dirt Ice Snow Unknown

Condition of Runway/Landing Surface (Check all that apply)

- Dry Snow-Compacted Water-Calm
- Holes Snow-Crusted Water-Choppy
- Ice Covered Snow-Dry Water-Glassy
- Rough Snow-Wet Wet
- Rubber Deposits Soft
- Slush-Covered Vegetation Unknown

Approach/Departure Segment (Select one)

- Taxi VFR Departure On Instrument Approach Downwind Low Approach
- Takeoff IFR Departure Procedure/Clearance Landing Base Go Around
- Initial Climb Final Aborted Landing (after touchdown)
- Crosswind Unknown

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew
"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification
 First Name: GARY MARQUIS City of Residence: LAKE CITY
 Middle Initial: J State: FL ZIP: 32025
 Last Name: MARQUIS Country: USA
 Age at time of Accident/Incident: 75 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input checked="" type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input checked="" type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	Restraint Type Available <input type="radio"/> None <input type="radio"/> Lap only <input 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	Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer			

Principal Occupation <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <u>BASIC MED.</u> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input checked="" type="radio"/> N/A <input type="radio"/> Special Issuance	Date of Last Medical <u>04/25/2018</u> mm/dd/yyyy
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Medical Certificate Limitations
NONE

Medical Certificate Special Issuance
NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: UNSURE mm/dd/yyyy
Flight Review Aircraft
 Make: HUGHES 269A
 Model: 269A

Airplane Rating(s) (Check all that apply) <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	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings N/A

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: ZACHARY T. BRECKEN City of Residence: BELL
 Middle Initial: T State: FL. ZIP: 32619
 Last Name: BRECKEN Country: USA
 Age at time of Accident/Incident: 18 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input checked="" type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <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	Restraint Type 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	Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
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Pilot Certificate(s) (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer	

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

Medical Certificate Special Issuance
N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>N/A</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>N/A</u> Model: <u>N/A</u>
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Airplane Rating(s) (Check all that apply) <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	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings <u>N/A</u>	Student Endorsements (Include dates)
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Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Rear
Last Name: _____	Country: _____	<input type="radio"/> Right	<input type="radio"/> Single
		<input type="radio"/> Unknown	<input type="radio"/> Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	Available	Used
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="radio"/> None	<input type="radio"/> None
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
	<input type="checkbox"/> Commercial	<input type="radio"/> 3-point	<input type="radio"/> 3-point
	<input type="checkbox"/> Airline Transport	<input type="radio"/> 4-point	<input type="radio"/> 4-point
	<input type="checkbox"/> Flight Engineer	<input type="radio"/> 5-point	<input type="radio"/> 5-point
	<input type="checkbox"/> US Military	<input type="radio"/> Unknown	<input type="radio"/> 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	
		Inflatable Restraints	
		<input type="checkbox"/> Not Installed	
		<input type="checkbox"/> Installed	
		<input type="checkbox"/> Not Deployed	
		<input type="checkbox"/> Deployed	
		<input type="checkbox"/> Unknown	

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	<input type="radio"/> Left	<input type="radio"/> Front
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Rear
Last Name: _____	Country: _____	<input type="radio"/> Right	<input type="radio"/> Single
		<input type="radio"/> Unknown	<input type="radio"/> Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	Available	Used
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="radio"/> None	<input type="radio"/> None
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
	<input type="checkbox"/> Commercial	<input type="radio"/> 3-point	<input type="radio"/> 3-point
	<input type="checkbox"/> Airline Transport	<input type="radio"/> 4-point	<input type="radio"/> 4-point
	<input type="checkbox"/> Flight Engineer	<input type="radio"/> 5-point	<input type="radio"/> 5-point
	<input type="checkbox"/> US Military	<input type="radio"/> Unknown	<input type="radio"/> 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	
		Inflatable Restraints	
		<input type="checkbox"/> Not Installed	
		<input type="checkbox"/> Installed	
		<input type="checkbox"/> Not Deployed	
		<input type="checkbox"/> Deployed	
		<input type="checkbox"/> Unknown	

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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: ____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input 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 If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: ____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input 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 If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: ____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input 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 If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: ____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input 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 If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>15 FL</u> City: <u>LAKE CITY</u> State: <u>FLORIDA</u> Country: <u>USA</u>	Time of Departure Time: <u>1015</u> Time Zone: <u>EASTERN</u>	Destination Airport ID: <u>PRIVATE HELIPAD</u> City: <u>TRENTON</u> State: <u>FLORIDA</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

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

<input type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	Altitude of In-Flight Occurrence: <u>80'</u> 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 checked="" 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 type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: <u>N/A</u> Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions <input type="radio"/> VMC <input type="radio"/> IMC <input checked="" type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input checked="" type="radio"/> Day <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 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 Lowest Cloud Condition Height <u>80'</u> ft agl	Ceiling <input type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown Ceiling Height <u>80'</u> ft agl	Temperature: _____ (C) or <u>55</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
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Wind Direction <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true	Wind Speed <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>1/2</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> 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 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 checked="" type="checkbox"/> Fog <input checked="" type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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Icing Forecast Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input checked="" type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	Icing Actual Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input checked="" type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	Turbulence Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme
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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
 Minor
 Substantial
 Destroyed
 Unknown

Aircraft Fire

- None
 In-Flight
 On-Ground
 Both Ground and In-Flight
 Fire at Unknown Time
 Unknown

Aircraft Explosion

- None
 In-Flight
 On-Ground
 Both Ground and In-Flight
 Explosion at Unknown Time
 Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

TOTAL LOSS OF A/C. 3 MAIN ROTOR BLADES DESTROYED, 2 TAIL ROTOR BLADES DESTROYED, TAIL BOOM SEVERED FROM A/C. SKIDS TORN FROM A/C. THE CABIN WAS CRUSHED FROM IMPACT ON RIGHT FRONT OF A/C. ONLY ITEM THAT WAS WORKING AFTER IMPACT WAS THE STROBE.

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.

TWO PASSENGERS GARY MARQUIS (PILOT) AND ZACHARY BRECKEN (GRANDSON) LEFT CANYON CREEK AIRPARK (15FL) AT 1015 EASTERN TIME FOR A FLIGHT TO A PRIVATE HELIPAD IN TRENTON, FL., ABOUT 40 MILES SOUTH. THE FLIGHT STARTED WITH CEILING ABOUT 250' MSL AND VISIBILITY OF 1/2 MILE. AFTER FLYING ABOUT 10-15 MINS THE CEILING DROPPED TO UNDER 200' MSL, WHEN IT REACHED 100' MSL (ABOUT 50-60' AGL) I DECIDED TO LOCATE SR 47 WHICH WAS 1/4 MILE TO OUR EAST, WHICH IS THE ROAD THAT RUNS SOUTH TO OUR DESTINATION. AFTER FINDING SR 47 WE TURNED SOUTH AND FLEW A SHORT DISTANCE (EST 1/4-1/2 MILE) WE ENTERED A WALL OF FOG WHERE WE COULDN'T SEE THE TREE LINE TO OUR RIGHT (W), THE ROAD UNDER US, OR THE POWER LINES TO THE LEFT (E). AT THAT TIME I WAS TRAVELING LESS THAN 30 KTS., I ATTEMPTED A LEFT PEDDLE TURN TO RETURN TO CLEAR AIR, PUT MY TAIL ROTOR INTO THE TREES ON THE WEST OF THE ROAD. STILL IN THE FOG I COULDN'T TELL I WAS IN A RIGHT TURN. WHEN I GOT LOWER I SAW AND CHOPPED THROTTLE TO STOP THE YAW (TOO LATE) WE WERE ON OUR SIDE, I PULLED PITCH, TO NO AVAIL AS WE WERE 10' FROM THE GROUND. WRECKAGE WAS CONFINED TO A 50' DIAMETER AREA BETWEEN SR 47 AND THE TREE LINE ON THE WEST SIDE. (BRUISED NO LOSS OF LIFE)

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

WHEN YOU DON'T HAVE TO BE AT A DESTINATION, DON'T LEAVE IN LOW CEILING LOW VISIBILITY CONDITIONS.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

28 Gallons

Fuel Type

- 80/87
- 100 Low Lead
- 100/130
- 115/145
- Jet A
- Jet A-1
- Jet B
- JP8
- Automotive
- Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

**ZACHARY GOT OUT BY HIMSELF
EMS EXTRACTED ME FROM THE COCKPIT**

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
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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.

11 - [unclear]
NTSB [unclear]

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

Name of Pilot/Operator:

GARY J. MARQUIS

04/11/2022

mm/dd/yyyy

Signature:

[Redacted Signature]

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

Reviewed by NTSB Regional Office

Name of Investigator

Date Report Received

ERA22LA180

ERA - VA

H. Kemner

4/12/2022