

# 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  |   |
|--|---|
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Water Valley</u> State: <u>TX</u><br>ZIP: <u>76958</u> Country: <u>US</u><br>Latitude: <u>31.6694 N</u> Longitude: <u>100.7207 W</u><br><small>(Enter in decimal degrees or degrees:minutes:seconds)</small> | <b>Accident/Incident Date/Time</b><br>Date: <u>07/08/2019</u> Local Time: <u>5:30 pm</u><br><small>mm/dd/yyyy</small><br>Time Zone: <u>Central</u><br>Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None |

| AIRCRAFT INFORMATION   |   |          |         |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
|--|---|----------|---------|--|-------------------------------------|------------------------------------|----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---|------------------------------------|---------------------------------------|----------------------------------|--|--|---|--|--|
| Registration Number: <u>N334DC</u><br>Manufacturer: <u>Robinson</u><br>Model: <u>R22 II Beta</u><br>Serial Number: <u>3511</u><br>Year of Manufacture: <u>2003</u><br>Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design  | <input type="checkbox"/> IFR-Equipped and Certified<br><input type="checkbox"/> Commercial Space Flight<br><input type="checkbox"/> Unmanned Aircraft<br>Maximum Gross Weight: <u>1370</u> lbs<br>Weight at Time of Accident/Incident: <u>1315.25</u> lbs<br>Number of Seats: <u>2</u> Flight Crew Seats: <u>1</u><br>Cabin Crew Seats: <u>0</u> Passenger Seats: <u>1</u><br>Number of Engines: <u>1</u>   |          |         |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
| <b>Category of Aircraft</b><br><input type="radio"/> Airplane<br><input type="radio"/> Balloon<br><input type="radio"/> Blimp/Dirigible<br><input type="radio"/> Glider<br><input type="radio"/> Gyroplane<br><input checked="" type="radio"/> Helicopter<br><input type="radio"/> Powered Lift<br><input type="radio"/> Rocket<br><input type="radio"/> Ultralight<br><input type="radio"/> Unknown | <b>Type of Airworthiness Certificate</b><br><small>(Check all that apply)</small><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown | 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 | <b>Landing Gear</b><br><small>(Check all that apply)</small><br><input type="checkbox"/> Retractable<br><input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input checked="" type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Other Launch/Recovery System<br><input type="checkbox"/> None <input type="checkbox"/> Unknown | <b>Engine Type</b> <small>(Select one)</small><br><input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket<br><input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket<br><input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket<br><input type="radio"/> Turbo Jet <input type="radio"/> None<br><input type="radio"/> Turbo Fan <input type="radio"/> Unknown<br><input type="radio"/> Electric<br><b>Fuel System Type</b> <small>(Reciprocating)</small><br><input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |
| 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   |          |         |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><small>mm/dd/yyyy</small> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|---|--|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | <u>Lycoming</u>     | <u>D320J2A</u>      | <u>L-39330-36A</u>           |   | <u>124</u>   | <u>5810.3</u>         | <u>1457.8</u>                        | <u>1457.8</u>       |
| Eng. 2 |                     |                     |                              |   |  |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |   |  |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |   |  |                       |                                      |                     |

|  |  |
|--|--|
| <b>Last Inspection Type</b><br><input checked="" type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness<br><input type="radio"/> AAIP <input type="radio"/> Conditional Inspection<br><input checked="" type="radio"/> Annual <input type="radio"/> Unknown<br>Date Last Inspection: <u>05/02/2019</u><br><small>mm/dd/yyyy</small><br>Airframe Total Time: <u>5810.3</u> hrs<br>hours measured at <small>(Select one)</small><br><input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident | <b>Propeller 1</b> <input type="radio"/> Fixed Pitch<br><input type="radio"/> Controllable Pitch<br><input type="radio"/> Ground Adjustable<br>Manufacturer: _____<br>Model: _____<br><b>Propeller 2</b> <input type="radio"/> Fixed Pitch<br><input type="radio"/> Controllable Pitch<br><input type="radio"/> Ground Adjustable<br>Manufacturer: _____<br>Model: _____   |
| <b>Type of Maintenance Program</b> <small>(Select one)</small><br><input type="radio"/> Annual<br><input type="radio"/> Conditional (Amateur-built only)<br><input checked="" type="radio"/> Manufacturer's Inspection Program<br><input type="radio"/> Other Approved Inspection Program (AAIP)<br><input type="radio"/> Continuous Airworthiness<br><input type="radio"/> Other, specify: _____  | <b>ELT Installed:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If Yes:<br>ELT Manufacturer: _____<br>Model or Part No.: _____<br>TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz)<br><input type="radio"/> C126 (406 MHz)<br>Was ELT still mounted in aircraft? <input type="radio"/> Yes <input type="radio"/> No<br>Was ELT still connected to antenna? <input type="radio"/> Yes <input type="radio"/> No<br>Did ELT Activate? <input type="radio"/> Yes <input type="radio"/> No<br>If activated:<br>Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input type="radio"/> No<br>If not activated:<br>Indicate Reason: <input type="checkbox"/> Impact Damage<br><input type="checkbox"/> Fire Damage<br><input type="checkbox"/> Battery Expired/Damaged<br><input type="checkbox"/> Unknown |
| <b>Description of Fire Extinguishing System</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Specify: <u>Extinguisher</u><br><u>Hand held extinguisher</u>  | <b>Additional Equipment</b> <small>(Check all that apply)</small><br><input type="checkbox"/> ADS-B<br><input type="checkbox"/> Airframe Parachute<br><input type="checkbox"/> Angle of Attack Indicator<br><input type="checkbox"/> Autopilot<br><input type="checkbox"/> Data Recorder<br><input type="checkbox"/> Electronic Flight Bag or Handheld Device<br><input type="checkbox"/> Electronic Multifunction Display<br><input type="checkbox"/> Electronic Primary Flight Display<br><input type="checkbox"/> Handheld GPS<br><input type="checkbox"/> Heads Up Display<br><input type="checkbox"/> Onboard Weather<br><input type="checkbox"/> Satellite Tracking Device<br><input checked="" type="checkbox"/> Stall Warning System<br><input type="checkbox"/> Video Recording Device<br><input type="checkbox"/> Other, Specify: _____                          |

| OWNER/OPERATOR INFORMATION  |  |  |
|---|--|--|
| <b>Registered Aircraft Owner</b><br>Name: <u>TRANS-PECOS AVIATION, LLC</u><br>Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No  |  | City: <u>FT STOCKTON</u><br>State: <u>TX</u> ZIP: <u>79735</u><br>Country: <u>USA</u>  |
| <b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner<br>Name: <u>TANNER CUDE</u><br>Doing Business As: <u>TRANS-PECOS AVIATION, LLC</u><br>Air Carrier/Operator Designator (4 Character Code): _____   |  | <input checked="" type="checkbox"/> Same Address as Registered Owner<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____   |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation<br>Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft | <b>Regulation Flight Conducted Under</b><br><input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415<br><input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431<br><input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435<br><input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437<br><br><input type="radio"/> FAR 91 Special Flight<br><input type="radio"/> Non-US, Commercial<br><input type="radio"/> Non-US, Non-commercial<br><br><input type="radio"/> Public Aircraft <i>(Select one)</i><br><input type="radio"/> Armed Forces<br><input type="radio"/> Federal<br><input type="radio"/> State<br><input type="radio"/> Local<br><input type="radio"/> Unknown | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><br><input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic<br><input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International<br><br><input type="radio"/> Passenger<br><input type="radio"/> Cargo<br><input type="radio"/> Mail Contract Only   |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No  | <b>Air Medical Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No   | <b>Purpose of Flight for FAR 91, 103, 133, 137</b><br><i>(Select one)</i><br><input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Unknown<br><input checked="" type="radio"/> Aerial Observation <input type="radio"/> Flight Test<br><input type="radio"/> Air Drop <input type="radio"/> Glider Tow<br><input type="radio"/> Air Race/Show <input type="radio"/> Instructional<br><input type="radio"/> Banner Tow <input type="radio"/> Other Work Use<br><input type="radio"/> Business <input type="radio"/> Personal<br><input type="radio"/> Executive/Corporate <input type="radio"/> Positioning<br><input type="radio"/> External Load <input type="radio"/> Skydiving<br><input type="radio"/> Ferry |

| AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>  |  |
|---|--|
| Airport Name: _____<br>Airport Identifier: _____<br>Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A  | Distance From Airport Center: _____ sm<br>Direction From Airport: _____ degrees true<br>Airport Elevation: _____ ft. msl   |
| <b>Runway Information</b><br>Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft  | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm<br><input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy<br><input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy<br><input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet<br><input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft<br><input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water<br><input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood<br><input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown   |  |
| <b>Approach/Departure Segment</b> <i>(Select one)</i><br><input type="radio"/> Taxi <input type="radio"/> VFR Departure <input checked="" type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach<br><input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around<br><input type="radio"/> Initial Climb <input type="radio"/> Final <input type="radio"/> Crosswind <input type="radio"/> Aborted Landing (after touchdown)<br><input type="radio"/> Unknown   |  |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice<br><input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS<br><input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual<br><input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Contact<br><input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Circling<br><input type="checkbox"/> Unknown | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go<br><input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go<br><input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing<br><input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing<br><input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing<br><input type="checkbox"/> 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: TANNER   City of Residence: Ft. Stockton  
 Middle Initial: W   State: TX   ZIP: 79735  
 Last Name: CUDE   Country: USA  
 Age at time of Accident/Incident: 27   Date of Birth: [REDACTED] /dd/yyyy  
 Certificate Number: [REDACTED]

| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious  | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input checked="" type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single | <b>Restraint Type</b><br><table> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input checked="" type="radio"/> 3-point</td> <td><input checked="" type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | Available | Used | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap only | <input type="radio"/> Lap only | <input checked="" type="radio"/> 3-point | <input checked="" type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
|---|--|---|-----------|------|----------------------------|----------------------------|--------------------------------|--------------------------------|--|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|---|
| Available   | Used   |   |           |      |                            |                            |                                |                                |  |  |                               |                               |                               |                               |                               |                               |   |
| <input type="radio"/> None  | <input type="radio"/> None   |   |           |      |                            |                            |                                |                                |  |  |                               |                               |                               |                               |                               |                               |   |
| <input type="radio"/> Lap only  | <input type="radio"/> Lap only   |   |           |      |                            |                            |                                |                                |  |  |                               |                               |                               |                               |                               |                               |   |
| <input checked="" type="radio"/> 3-point  | <input checked="" type="radio"/> 3-point   |   |           |      |                            |                            |                                |                                |  |  |                               |                               |                               |                               |                               |                               |   |
| <input type="radio"/> 4-point   | <input type="radio"/> 4-point  |   |           |      |                            |                            |                                |                                |  |  |                               |                               |                               |                               |                               |                               |   |
| <input type="radio"/> 5-point   | <input type="radio"/> 5-point  |   |           |      |                            |                            |                                |                                |  |  |                               |                               |                               |                               |                               |                               |   |
| <input type="radio"/> Unknown   | <input type="radio"/> Unknown  |   |           |      |                            |                            |                                |                                |  |  |                               |                               |                               |                               |                               |                               |   |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  |   |           |      |                            |                            |                                |                                |  |  |                               |                               |                               |                               |                               |                               |   |

|   |   |   |  |
|---|---|---|--|
| <b>Principal Occupation</b><br><input checked="" type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown | <b>Medical Certificate Validity</b><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance | <b>Date of Last Medical</b><br><u>02/21/2019</u><br>mm/dd/yyyy |
|---|---|---|--|

**Medical Certificate Limitations**  
NA

**Medical Certificate Special Issuance**  
NA

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 06/10/2017 mm/dd/yyyy

**Flight Review Aircraft**  
 Make: Robinson  
 Model: R22 II (Beta)

|  |   |   |  |
|--|---|---|--|
| <b>Airplane Rating(s)</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
|--|---|---|--|

**Type Ratings**  
NA

**Student Endorsements** (Include dates)  
NA

| 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  | 2,153        |                   |                        |                      | 60    |            |           | 2153       |        |                  |
| Pilot in Command (PIC)                                      | 2,000        |                   |                        |                      | 50    |            |           | 2000       |        |                  |
| Time as Instructor  | —            |                   |                        |                      | —     |            |           | —          |        |                  |
| This Make/Model   |              |                   |                        |                      | 60    |            |           |            |        |                  |
| Last 90 Days  | 161          |                   |                        |                      | —     |            |           | 161        |        |                  |
| Last 30 Days  | 60           |                   |                        |                      | —     |            |           | 60         |        |                  |
| 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: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

|   |   |  |  |
|---|---|--|--|
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious   | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single | <b>Restraint Type</b><br><b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |   |  |  |

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

**Medical Certificate Limitations**

N/A

**Medical Certificate Special Issuance**

|  |  |
|--|--|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br>_____ mm/dd/yyyy | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____ |
|--|--|

|   |  |  |   |
|---|--|--|---|
| <b>Airplane Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
|---|--|--|---|

|                     |   |
|---------------------|---|
| <b>Type Ratings</b> | <b>Student Endorsements</b> (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   |              |                   |                        |                      |       |            |           |            |        |                  |

**ADDITIONAL FLIGHT CREWMEMBERS** (Exclusive of cabin crew, complete the following information)

|   |  |  |   |
|---|--|--|---|
| <b>Crew Name and Address</b>  |  | <b>Seat Occupied</b>   | <b>Injury</b>   |
| First Name: _____   | City of Residence: _____                   | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown  |
| Middle Initial: _____   | State: _____ ZIP: _____                    | <input type="radio"/> Front<br><input type="radio"/> Rear<br><input type="radio"/> Single<br><input type="radio"/> Unknown   |   |
| Last Name: _____  | Country: _____                             |  |   |
| <b>Pilot Certificate(s)</b> (Check all that apply)  |  | <b>Restraint Type:</b>   |   |
| <input type="checkbox"/> None   | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial  | <input checked="" 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   |   |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs  |   |
|   |  | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown           | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |
|   |  | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |   |

|   |  |  |   |
|---|--|--|---|
| <b>Crew Name and Address</b>  |  | <b>Seat Occupied</b>   | <b>Injury</b>   |
| First Name: _____   | City of Residence: _____                   | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown  |
| Middle Initial: _____   | State: _____ ZIP: _____                    | <input type="radio"/> Front<br><input type="radio"/> Rear<br><input type="radio"/> Single<br><input type="radio"/> Unknown   |   |
| Last Name: _____  | Country: _____                             |  |   |
| <b>Pilot Certificate(s)</b> (Check all that apply)  |  | <b>Restraint Type:</b>   |   |
| <input 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   |   |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs  |   |
|   |  | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown           | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |
|   |  | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><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: <u>TOBY</u> City: <u>WATER Valley</u><br>Middle Initial: _____ State: <u>TX</u> ZIP: <u>76958</u><br>Last Name: <u>HALLMARK</u> Country: <u>USA</u><br><input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other | <input checked="" type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input checked="" type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                       | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="radio"/> Unknown            |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                       | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="radio"/> Unknown            |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                       | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="radio"/> Unknown            |

## FLIGHT ITINERARY INFORMATION

|  |  |   |   |
|--|--|---|---|
| <b>Last Departure Point</b><br>Airport ID: <u>HALLMARK RANCH</u><br>City: <u>WATER VALLEY</u><br>State: <u>TX</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>4:00 pm</u><br>Time Zone: <u>CT</u> | <b>Destination</b><br>Airport ID: <u>RANCH PROPERTY</u><br>City: <u>WATER VALLEY</u><br>State: <u>TX</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|--|--|---|---|

**Type of ATC Clearance/Service** (Check all that apply)

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

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

|                                  |   |   |   |
|----------------------------------|---|---|---|
| <input type="checkbox"/> Class A | <input checked="" type="checkbox"/> Class G | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  |
| <input type="checkbox"/> Class B | <input type="checkbox"/> Demo Area          | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area |
| <input type="checkbox"/> Class C | <input type="checkbox"/> Warning Area       | <input type="checkbox"/> Jet Training Area              | <input type="checkbox"/> Unknown                  |
| <input type="checkbox"/> Class D | <input type="checkbox"/> Prohibited Area    | <input type="checkbox"/> TRSA                           |   |
| <input type="checkbox"/> Class E | <input type="checkbox"/> Restricted Area    | <input type="checkbox"/> FAR 93                         |   |

**Altitude of In-Flight Occurrence:**  
31° 50' 06.3" N  
100° 41' 11.9" W

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|  |   |                                  |   |                                   |                                   |                                   |   |  |   |                                  |   |  |   |
|--|---|----------------------------------|---|-----------------------------------|-----------------------------------|-----------------------------------|---|--|---|----------------------------------|---|--|---|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input type="checkbox"/> Automated Report</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table> | <input type="checkbox"/> National Weather Service | <input type="checkbox"/> Company | <input type="checkbox"/> Flight Service Station | <input type="checkbox"/> Military | <input type="checkbox"/> TV/Radio | <input type="checkbox"/> Internet | <input type="checkbox"/> Automated Report | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Commercial Weather Service (DUATS) | <input type="checkbox"/> Unknown | <input type="checkbox"/> On-Board Weather |  | <b>Weather Observation Facility</b><br>Facility ID: _____<br>Observation Time: <u>NA</u><br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true |
| <input type="checkbox"/> National Weather Service  | <input type="checkbox"/> Company                  |                                  |   |                                   |                                   |                                   |   |  |   |                                  |   |  |   |
| <input type="checkbox"/> Flight Service Station  | <input type="checkbox"/> Military                 |                                  |   |                                   |                                   |                                   |   |  |   |                                  |   |  |   |
| <input type="checkbox"/> TV/Radio  | <input type="checkbox"/> Internet                 |                                  |   |                                   |                                   |                                   |   |  |   |                                  |   |  |   |
| <input type="checkbox"/> Automated Report  | <input checked="" type="checkbox"/> None          |                                  |   |                                   |                                   |                                   |   |  |   |                                  |   |  |   |
| <input type="checkbox"/> Commercial Weather Service (DUATS)  | <input type="checkbox"/> Unknown                  |                                  |   |                                   |                                   |                                   |   |  |   |                                  |   |  |   |
| <input type="checkbox"/> On-Board Weather  |   |                                  |   |                                   |                                   |                                   |   |  |   |                                  |   |  |   |

|   |   |
|---|---|
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night |
|---|---|

|  |  |  |
|--|--|--|
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl | <b>Temperature:</b> _____ (C) or <u>89</u> (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>30.01</u> in. Hg<br>or _____ MB |
|--|--|--|

|  |  |  |   |
|--|--|--|---|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or- <u>South</u><br>Direction: _____ degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or- <u>10-15 mph</u><br>Speed: _____ kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or- _____ kts | <b>Visibility</b> <u>20</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |
|--|--|--|---|

|  |  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
|--|--|---|----------------------------------|--|-------------------------------|--------------------------------------|--------------------------------------|-------------------------------|---------------------------------------|---|-------------------------------|--------------------------------------|---|---------------------------------------|---------------------------------------|--|---|--|------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|-------------------------------|---------------------------------------|----------------------------------|--|--------------------------------|-------------------------------|----------------------------------|
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> None    | <input type="checkbox"/> Drizzle | <input type="checkbox"/> Freezing Rain | <input type="checkbox"/> Rain | <input type="checkbox"/> Ice Pellets | <input type="checkbox"/> Snow Shower | <input type="checkbox"/> Snow | <input type="checkbox"/> Snow Pellets | <input type="checkbox"/> Ice Pellets Shower | <input type="checkbox"/> Hail | <input type="checkbox"/> Snow Grains | <input type="checkbox"/> Freezing Drizzle | <input type="checkbox"/> Rain Showers | <input type="checkbox"/> Ice Crystals |  | <b>Restriction to Visibility</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog | <input type="checkbox"/> Blowing Dust | <input type="checkbox"/> Ground Fog | <input type="checkbox"/> Blowing Sand | <input type="checkbox"/> Haze | <input type="checkbox"/> Blowing Snow | <input type="checkbox"/> Ice Fog | <input type="checkbox"/> Blowing Spray | <input type="checkbox"/> Smoke | <input type="checkbox"/> Dust | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> None   | <input type="checkbox"/> Drizzle   | <input type="checkbox"/> Freezing Rain      |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Rain  | <input type="checkbox"/> Ice Pellets   | <input type="checkbox"/> Snow Shower        |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Snow  | <input type="checkbox"/> Snow Pellets  | <input type="checkbox"/> Ice Pellets Shower |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Hail  | <input type="checkbox"/> Snow Grains   | <input type="checkbox"/> Freezing Drizzle   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Rain Showers  | <input type="checkbox"/> Ice Crystals  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input checked="" type="checkbox"/> None   | <input type="checkbox"/> Fog   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Dust  | <input type="checkbox"/> Ground Fog  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Sand  | <input type="checkbox"/> Haze  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Snow  | <input type="checkbox"/> Ice Fog   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Spray   | <input type="checkbox"/> Smoke   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Dust  | <input type="checkbox"/> Unknown   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |

|  |                                      |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
|--|--------------------------------------|-------------|---------------------------------------|--------------------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|--|---------------|-------------|---------------------------------------|--------------------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|---|--|--------------------------------|------------------------------------|-----------------------------------|--|---------------------------------|--|----------------------------------|
| <b>Icing Forecast</b><br><table style="width: 100%;"> <tr> <td><b>Amount</b></td> <td><b>Type</b></td> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input checked="" type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | <b>Amount</b>                        | <b>Type</b> | <input checked="" type="radio"/> None | <input checked="" type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <b>Icing Actual</b><br><table style="width: 100%;"> <tr> <td><b>Amount</b></td> <td><b>Type</b></td> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input checked="" type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | <b>Amount</b> | <b>Type</b> | <input checked="" type="radio"/> None | <input checked="" type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <b>Turbulence</b><br>(Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table> | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Light | <input type="checkbox"/> Clear Air | <input type="checkbox"/> Moderate | <input type="checkbox"/> Terrain-Induced | <input type="checkbox"/> Severe | <input type="checkbox"/> Convective Turbulence | <input type="checkbox"/> Extreme |
| <b>Amount</b>  | <b>Type</b>                          |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input checked="" type="radio"/> None  | <input checked="" type="radio"/> N/A |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Trace  | <input type="radio"/> Rime           |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Light  | <input type="radio"/> Clear          |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Moderate   | <input type="radio"/> Mixed          |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Severe   | <input type="radio"/> Unknown        |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Unknown  |                                      |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <b>Amount</b>  | <b>Type</b>                          |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input checked="" type="radio"/> None  | <input checked="" type="radio"/> N/A |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Trace  | <input type="radio"/> Rime           |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Light  | <input type="radio"/> Clear          |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Moderate   | <input type="radio"/> Mixed          |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Severe   | <input type="radio"/> Unknown        |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Unknown  |                                      |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input checked="" type="checkbox"/> None   | <input type="checkbox"/> Light       |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="checkbox"/> Clear Air   | <input type="checkbox"/> Moderate    |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="checkbox"/> Terrain-Induced   | <input type="checkbox"/> Severe      |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="checkbox"/> Convective Turbulence   | <input type="checkbox"/> Extreme     |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |

**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

**Aircraft Damage**

- None
- Substantial
- Minor
- Destroyed
- Unknown

**Aircraft Fire**

- None
- 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)*

property none.

Both main rotor blades are damaged, tail rotor blades, tail rotor gearbox and verticle/horizontal stabilizer separated, and tail cone strike due to rotorblade and front 1/2 of right skid broke.

**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 and location, services obtained, and intended destination. Provide as much detail as possible.

Please see attached

"Narrative - Accident Report"

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

Operator/Owner Safety Recommendation

**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)

10 Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

standard pre-flight inspection per Robinson POTT

**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

(2) occupants  
both climbed out pilot side door

**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

Aircraft Registration Number: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Damage to Other Aircraft  
Model: \_\_\_\_\_  Destroyed       Minor  
 Substantial       None

Registered Owner of Other Aircraft

NA

Pilot of Other Aircraft

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_



**ADDITIONAL INFORMATION (Please type or print in ink)**

Use this space if additional space is needed for any answers.

N/A

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

Date of this Report

7/10/2019  
mm/dd/yyyy

Name of Pilot/Operator:

TANNER CUDE

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.  
CEN19LA245

Reviewed by NTSB Regional Office  
Central Region

Name of Investigator  
Jennifer S. Rodi

Date Report Received  
7/11/2019

NARRATIVE - ACCIDENT REPORT  
TRANS-PECOS AVIATION, LLC  
TANNER CUDE – PILOT  
DATE OF ACCIDENT 07/08/2019  
PAGE 1 OF 2

ON MONDAY, JULY 8, 2019 AT 4:00 PM, I BEGAN A WILDLIFE SURVEY FOR A CUSTOMER IN WATER VALLEY, TX. THE AIRCRAFT I WAS USING WAS 334DC ROBINSON R22 BETA II. THE TEMPERATURE ON THIS DAY WAS APPROXIMATELY 89 DEGREES F AND WINDS WERE 10-15 MPH FROM THE SOUTH. THE FIELD ELEVATION WHERE I WAS WORKING WAS 2,532 FT.

APPROXIMATELY 1.5 HRS INTO THE SURVEY, I WAS FLYING APPROXIMATELY 50 – 100 FT ABOVE THE TOP OF THE CANYON. WE HAD APPROXIMATELY 35 MPH AIR SPEED INDICATED PULLING 20-21 INCHES OF MANIFOLD PRESSURE. AT THIS POINT IN TIME, THE ENGINE BEGAN TO BOG AND HAD AN IMMEDIATE LOSS OF ENGINE AND ROTOR RPM's. I IMMEDIATELY LOWERED THE COLLECTIVE AND ROLLED THE THROTTLE FULL OPEN TRYING TO REGAIN ENGINE AND ROTOR RPM's. BY DOING THIS MANUEVER I WAS NOT ENTERING AN AUTO-ROTATION BUT WAS ATTEMPTING TO REGAIN OR MAINTAIN WHAT ROTOR RPM's I CURRENTLY HAD. DUE TO THE CURRENT ALTITUDE AND WIND DIRECTION, I WAS NOT ABLE TO TURN AND FLY BACK DOWN THE CANYON. Q2 AT THIS POINT THE RPM's DECAYED ENOUGH TO NOT COME BACK TO NORMAL OPERATION RANGE. DUE TO OUR LOCATION OVER THE CANYON AT THIS POINT THE RPM's DECAYED ENOUGH TO NOT COME BACK TO NORMAL OPERATION RANGE. DUE TO OUR LOCATION OVER THE CANYON IF I HAD TURNED BACK DOWN CANYON WITH THE CURRENT WIND ALONG WITH THE CURRENT ROTOR RPM, I WOULD NOT HAVE BEEN ABLE TO MAKE IT TO A CLEAR LANDING SPOT WHICH WOULD HAVE RESULTED IN THE AIRCRAFT GOING DOWN IN A DRAW THAT HAD A 100% CANOPY. AT THIS POINT THE RPM's

DECAYED ENOUGH TO NOT COME BACK TO NORMAL OPERATION RANGE. DUE TO OUR LOCATION OVER THE CANYON MY ONLY OPTION WAS TO MAINTAIN WHAT RPM's I HAD. I QUICKLY FOUND AN OPENING IN THE CANOPY APPROXIMATELY 15' X 15'. THIS OPENING IN FRONT OF OUR POSITION WAS THE ONLY OPENING THAT WOULD ALLOW ME TO PERFORM A SOMEWHAT CONTROLLED LANDING. DURING OUR DESCENT, I WAS ABLE TO MAINTAIN APPROXIMATELY 85 % RPM.

I ADVISED MY PASSENGER THAT WE WERE GOING DOWN AND TO BRACE AND LEAN INWARD. AS WE ENTERED THE CANOPY, THE BLADES WERE STRIKING THE TREES AS WE WERE GOING DOWN INTO THE OPENING, ONCE WE GOT THROUGH THE TREES, I WAS ABLE TO TOUCH THE SKIDS DOWN AND I ROLLED THE THROTTLE OFF. THE HELICOPTER ROCKED BACKWARDS AND I BELIEVE THIS IS WHEN THE TAIL HIT THE GROUND OR WAS STRUCK BY A MAIN ROTOR BLADE

NARRATIVE - ACCIDENT REPORT  
TRANS-PECOS AVIATION, LLC  
TANNER CUDE – PILOT  
DATE OF ACCIDENT 07/08/2019  
PAGE 2 OF 2

WHICH CUT THE TAIL CONE. AT THIS POINT, THE HELICOPTER TILTED ONTO THE LEFT SIDE.

I VERIFIED THAT MY PASSENGER WAS FINE AND OK. HE VERIFIED WITH ME THAT I WAS OK. I TURNED OFF THE MASTER SWITCH AND WE EXITED THE HELICOPTER VIA THE PILOT DOOR. ONCE OUTSIDE THE HELICOPTER, I TURNED OFF ALL FUEL AND WE HIKED OUT OF THE CANYON.