

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

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

**BASIC INFORMATION**

**Accident/Incident Location**  
 Nearest City/Place: Ft. Worth State: TX  
 ZIP: 76177 Country: USA  
 Latitude: 32.5942N Longitude: 97.1917W  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 09/15/2020 Local Time: 16:53L CST  
*mm/dd/yyyy* Time Zone: 21:53Z  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N489DM  
**Manufacturer:** BELL  
**Model:** 407  
**Serial Number:** 53619  
**Year of Manufacture:** 2004  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design **Make:** NA

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 5250 lbs  
**Weight at Time of Accident/Incident:** 4336 lbs  
**Number of Seats:** 6 Flight Crew Seats: 2  
 Cabin Crew Seats: 0 Passenger Seats: 4  
**Number of Engines:** 1

- Category of Aircraft**
- Airplane
  - Balloon
  - Blimp/Dirigible
  - Glider
  - Gyroplane
  - Helicopter
  - Powered Lift
  - Rocket
  - Ultralight
  - Unknown

- Type of Airworthiness Certificate**  
*(Check all that apply)*
- |  |   |
|--|---|
| <b>Standard</b>                            | <b>Special</b>                                    |
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic         | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon           | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter          | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport         | <input type="checkbox"/> Experimental             |
| <input type="checkbox"/> Utility           | <input type="checkbox"/> Special Light-Sport      |
|  | <input type="checkbox"/> Experimental Light-Sport |
- Certificate of Authorization or Waiver (COA)  
 None  Unknown

- Landing Gear**  
*(Check all that apply)*
- Retractable
- |  |   |
|--|---|
| <input type="checkbox"/> Tricycle        | <input type="checkbox"/> Tailwheel            |
| <input type="checkbox"/> Amphibian       | <input checked="" type="checkbox"/> High Skid |
| <input type="checkbox"/> Emergency Float | <input type="checkbox"/> Skid                 |
| <input type="checkbox"/> Float           | <input type="checkbox"/> Ski                  |
| <input type="checkbox"/> Hull            | <input type="checkbox"/> Ski/Wheel            |
- Other Launch/Recovery System  
 None  Unknown

- Engine Type (Select one)**
- |  |                                     |
|--|-------------------------------------|
| <input type="radio"/> Reciprocating          | <input type="radio"/> Liquid Rocket |
| <input checked="" type="radio"/> Turbo Shaft | <input type="radio"/> Solid Rocket  |
| <input type="radio"/> Turbo Prop             | <input type="radio"/> Hybrid Rocket |
| <input type="radio"/> Turbo Jet              | <input type="radio"/> None          |
| <input type="radio"/> Turbo Fan              | <input type="radio"/> Unknown       |
| <input type="radio"/> Electric               |                                     |
- Fuel System Type (Reciprocating)**  
 Carburetor  Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|--|--------------------|--------------------------------|------------------|
| Eng. 1 | Rolls Royce         | 250-C47B            | CAE-848646                   | 12-13-2013              | 650  | 1430.2             | 35.6                           | 0.0              |
| Eng. 2 |                     |                     |                              |                         |  |                    |                                |                  |
| Eng. 3 |                     |                     |                              |                         |  |                    |                                |                  |
| Eng. 4 |                     |                     |                              |                         |  |                    |                                |                  |

**Last Inspection Type**

100-Hour  Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown

**Date Last Inspection:** 9/1/2020  
*mm/dd/yyyy*

**Airframe Total Time:** 4775.0 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

**Propeller 1**  Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable

Manufacturer: NA - HELICOPTER  
 Model: \_\_\_\_\_

**Propeller 2**  Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable

Manufacturer: NA - HELICOPTER  
 Model: \_\_\_\_\_

**Type of Maintenance Program (Select one)**

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

**ELT Installed:**  Yes  No  
*If Yes:*  
**ELT Manufacturer:** Artex  
**Model or Part No.:** C406-N hm  
**TSO No.:**  C91 (121.5 MHz)  C91a (121.5 MHz)  
 C126 (406 MHz)

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

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

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

- Additional Equipment (Check all that apply)**
- ADS-B
  - Airframe Parachute
  - Angle of Attack Indicator
  - Autopilot
  - Data Recorder
  - Electronic Flight Bag or Handheld Device
  - Electronic Multifunction Display
  - Electronic Primary Flight Display
  - Handheld GPS
  - Heads Up Display
  - Onboard Weather
  - Satellite Tracking Device
  - Stall Warning System
  - Video Recording Device
  - Other, Specify: \_\_\_\_\_

**Description of Fire Extinguishing System**

None  
 Specify: Hand held, small fire extinguisher only - not utilized. +



**"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: \_\_\_\_\_ 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 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 checked="" 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 checked="" 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 checked="" type="radio"/> 4-point<br><input type="radio"/> 5-point<br><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 |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input checked="" 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 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 checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance | <b>Date of Last Medical</b><br><u>8/31/2020</u><br>mm/dd/yyyy |
|---|--|---|---|

**Medical Certificate Limitations**  
 "Holders shall possess glasses for near/intermediate vision"

**Medical Certificate Special Issuance**  
 NA

|  |   |
|--|---|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br><u>7/28/2020</u><br>mm/dd/yyyy | <b>Flight Review Aircraft</b><br>Make: <u>Bell</u><br>Model: <u>412EP</u> |
|--|---|

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

**Type Ratings**  
 ATP Airplane, multi engine land.  
 ATP Helicopter.  
 CE-500, LR-60

**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  | 10,300       | 912               | 494                    | 3,300                | 1,200 | 250        | 500       | 6,506      | 0      | 0                |
| Pilot in Command (PIC)                                      | 9,290        | 850               | 471                    | 2,922                | 1,000 | 200        | 200       | 5,897      | 0      | 0                |
| Time as Instructor  | 2,505        | 400               | 0                      | 0                    | 800   | 25         | 150       | 2,505      | 0      | 0                |
| This Make/Model   |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days  | 145          | 37                | 0                      | 9                    | 6     | 0          | 10        | 136        | 0      | 0                |
| Last 30 Days  | 85           | 14                | 0                      | 2                    | 0     | 0          | 0         | 83         | 0      | 0                |
| Last 24 Hours   | 1            | 1                 | 0                      | 0                    | 0     | 0          | 0         | 1          | 0      | 0                |

**"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 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 style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">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 type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input checked="" type="radio"/> 4-point</td> <td><input checked="" 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 type="radio"/> 3-point | <input type="radio"/> 3-point | <input checked="" type="radio"/> 4-point | <input checked="" 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 type="radio"/> 3-point  | <input type="radio"/> 3-point  |   |           |      |                            |                            |                                |                                |                               |                               |  |  |                               |                               |                               |                               |   |
| <input checked="" type="radio"/> 4-point   | <input checked="" 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) (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input checked="" 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 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>6/29/2020</u><br>mm/dd/yyyy |
|---|---|---|---|

**Medical Certificate Limitations**  
None

**Medical Certificate Special Issuance**  
None

|  |   |
|--|---|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br><u>5/14/2020</u><br>mm/dd/yyyy | <b>Flight Review Aircraft</b><br>Make: <u>MD/Hughes</u><br>Model: <u>500D</u> |
|--|---|

|  |   |  |  |
|--|---|--|--|
| <b>Airplane Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" 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) (Check all that apply)</b><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) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s) (Check all that apply)</b><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 |
|--|---|--|--|

|                             |   |
|-----------------------------|---|
| <b>Type Ratings</b><br>None | <b>Student Endorsements (Include dates)</b><br>None |
|-----------------------------|---|

| 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  | 1,017        | 135               | 755                    | 0                    | 75    | 10         | 70        | 262        | 0      | 0                |
| Pilot in Command (PIC)                                      | 878          | 135               | 713                    | 0                    | 60    | 10         | 70        | 165        | 0      | 0                |
| Time as Instructor  | 0            | 0                 | 0                      | 0                    | 0     | 0          | 0         | 0          | 0      | 0                |
| This Make/Model   |              |                   |                        |                      |       | 0          | 4         |            |        |                  |
| Last 90 Days  | 129          | 65                | 46                     | 0                    | 6     | 1          | 4         | 83         | 0      | 0                |
| Last 30 Days  | 37           | 19                | 9                      | 0                    | 4     | 1          | 3         | 28         | 0      | 0                |
| Last 24 Hours   | 1            | 1                 | 0                      | 0                    | 0     | 70         | 0         | 0          | 0      | 0                |

**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: <u>NA</u> City of Residence: _____<br>Middle Initial: <u>NA</u> State: _____ ZIP: _____<br>Last Name: <u>NA</u> Country: _____  |  | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown   | <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>Pilot Certificate(s) (Check all that apply)</b><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>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <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>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>Crew Name and Address</b>  |  | <b>Seat Occupied</b>   | <b>Injury</b>  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____  |  | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown   | <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>Pilot Certificate(s) (Check all that apply)</b><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>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <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>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  |  |

**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>NA</u> City: _____<br>Middle Initial: <u>NA</u> State: _____ ZIP: _____<br>Last Name: <u>NA</u> 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> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <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="checkbox"/> 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> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <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="checkbox"/> 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> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <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="checkbox"/> 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> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <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="checkbox"/> Unknown |

## FLIGHT ITINERARY INFORMATION

|   |  |  |   |
|---|--|--|---|
| <b>Last Departure Point</b><br>Airport ID: <u>KAFW</u><br>City: <u>FT. Worth</u><br>State: <u>TX</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>1555 local</u><br>Time Zone: <u>CST</u> | <b>Destination</b><br>Airport ID: <u>KAFW</u><br>City: <u>Ft. Worth</u><br>State: <u>TX</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br><input type="radio"/> VFR/IFR<br><input type="radio"/> IFR<br><input type="radio"/> Unknown<br>Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|---|--|--|---|

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

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

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

|   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Class A            | <input type="checkbox"/> Class G         | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  |
| <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 checked="" 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:** NA ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|  |  |
|--|--|
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input checked="" type="checkbox"/> On-Board Weather<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input checked="" type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown | <b>Weather Observation Facility</b><br>Facility ID: <u>KAFW</u><br>Observation Time: <u>1645</u><br>Time Zone: <u>CST</u><br>Distance from Accident Site: <u>1</u> nm<br>Direction from Accident Site: <u>080</u> degrees true |
|--|--|

|   |  |  |
|---|--|--|
| <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<br><input type="radio"/> Dusk<br><input checked="" type="radio"/> Day<br><input type="radio"/> Night<br><input type="radio"/> Dark Night<br><input type="radio"/> Unknown<br><input type="radio"/> Bright Night |  |
|---|--|--|

|   |   |   |
|---|---|---|
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear<br><input type="radio"/> Few<br><input type="radio"/> Partial Obscuration<br><input type="radio"/> Scattered<br><input type="radio"/> Thin Broken<br><input type="radio"/> Thin Overcast<br><input type="radio"/> Unknown<br><b>Lowest Cloud Condition Height</b><br><u>12,000</u> ft agl | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear)<br><input type="radio"/> Broken<br><input type="radio"/> Overcast<br><input type="radio"/> Obscured<br><input type="radio"/> Indefinite<br><input type="radio"/> Unknown<br><b>Ceiling Height</b><br><u>12,000</u> ft agl | <b>Temperature:</b> <u>22</u> (C) or _____ (F)<br><b>Dew Point:</b> <u>16</u> (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>2994</u> in. Hg<br>or _____ MB |
|---|---|---|

|  |   |  |   |
|--|---|--|---|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: <u>340</u> degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: <u>10</u> kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> <u>Unlim</u> miles<br>RVR: <u>NA</u> feet<br>RVV: <u>NA</u> miles<br><b>Density Altitude:</b> <u>1,200</u> 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 (Check all that apply)</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Hail<br><input type="checkbox"/> Rain Showers<br><input type="checkbox"/> Drizzle<br><input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Ice Crystals<br><input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Freezing Drizzle | <b>Restriction to Visibility (Check all that apply)</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Blowing Dust<br><input type="checkbox"/> Blowing Sand<br><input type="checkbox"/> Blowing Snow<br><input type="checkbox"/> Blowing Spray<br><input type="checkbox"/> Dust<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Haze<br><input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Unknown |
|--|---|---|

| <b>Icing Forecast</b><br><table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </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> | Amount                               | Type | <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> <th>Amount</th> <th>Type</th> </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> | Amount | Type | <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><table style="width: 100%;"> <tr> <th>Type (Check all that apply)</th> <th>Severity</th> </tr> <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> | Type (Check all that apply) | Severity | <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 |
|--|--------------------------------------|------|---------------------------------------|--------------------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|--|--------|------|---------------------------------------|--------------------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|--|-----------------------------|----------|--|--------------------------------|------------------------------------|-----------------------------------|--|---------------------------------|--|----------------------------------|
| Amount   | Type                                 |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <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  |                                      |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| Amount   | Type                                 |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <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  |                                      |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| Type (Check all that apply)  | Severity                             |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <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:**  
 NOTAMs at KAFW on 9-15-2020, addressed N/A items for visual accident helicopter crew. NOTAMs addressed a SID change, numerous Instrument procedure changes and the runway 16R end light being out of service.

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- None       Substantial  
 Minor       Destroyed  
               Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

No external property was damaged, no injuries reported by either of the flight crew members.

Rotor blades impacted both of the vertical fins on the horizontal stabilizer. Main rotor blades cut through the tail rotor driveshaft cover as well as scoring the tail rotor driveshaft. The tail rotor driveshaft severed under torque load after scoring from blade impact. The Bell Textron, Inc. service manual recommends a hard landing inspection as well as sudden stoppage inspection.

Aircraft remained upright, the tail-boom remained fully intact. Neither of the tail rotor blades or the four main rotor blades contacted the ground.

**NARRATIVE HISTORY OF FLIGHT** *(Please type or print in ink)*

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

On 9/15/2020, at approximately 16:53L, CST, a [REDACTED] Instructor Pilot was performing agency approved instructional flight training; the [REDACTED] instructor was sitting in the left front seat and was acting as the Pilot-in-Command. The [REDACTED] Instructor Pilot was conducting power recovery auto-rotation training in a Bell-407 (N489DM) helicopter while training a helicopter pilot at the Alliance Airport, Ft. Worth, TX (KAFW) to taxiway Papa. KAFW is a Class D airport, the FAA control tower was operational, normal daytime, light winds from NW, VFR weather existed.

The aircraft was flying in a routine abbreviated traffic pattern west of runway 34L at ~1,000 AGL as per FAA control tower personnel. During the fifth power recovery auto-rotation, the [REDACTED] instructor pilot reduced the Bell 407 throttle from FLY to IDLE. During the descent, normal conversation about steady-state factors were reviewed with the other helicopter pilot sitting in the right seat.

During the deceleration/flare at approximately 75' AGL the [REDACTED] Instructor Pilot heard the low rotor audio tone (abnormal for this maneuver) and quickly took the flight controls using a positive transfer of the controls. The [REDACTED] Instructor Pilot increased the throttle to what he believed was the FLY position, the aircraft settled and contacted taxiway Papa, while contacting the taxiway, the rotor blades severed both the vertical fins on the horizontal stabilizer. The rotor blades cut through the tail rotor driveshaft cover as well as severing the tail rotor driveshaft.

The helicopter slid for approximately 60' and remained upright on taxiway Papa. The [REDACTED] Instructor pilot noted FOD on the taxiway which was a green, upper portion of the vertical fin from the horizontal stabilizer. The [REDACTED] Instructor pilot shut down N489DM on taxiway Papa and then notified the KAFW control tower via tower frequency (135.15) of the accident.

No further damage or injuries were reported, the FAA was notified and responded to the accident site at KAFW.

Preliminary investigative findings reflect that the [REDACTED] Instructor Pilot did not rapidly roll the throttle to the FLY position during the deceleration/flare portion of the maneuver in an attempt to not over-speed the main rotor (NR) or over-speed the power turbine section (NP) of the engine. The aircraft contacted taxiway Papa with the rotor RPM less than 100% rotor RPM.

The [REDACTED] Safety Officer contacted the [REDACTED] management and the NTSB shortly after the N489DM accident on 9/15/2020.

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

## Operator/Owner Safety Recommendation

█ will investigate and release recommendations at the conclusion of the joint █ accident investigation using the NTSB accident investigation format.

**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.)

NA

Total Time/Cycles  
On Part
 NA \_\_\_\_\_ Hours  
 \_\_\_\_\_ Cycles
Time Since This Part  
Inspected/Overhauled

NA \_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**
 Fuel on Board at Last Takeoff  
 (Convert from pounds, as necessary)

146 \_\_\_\_\_ 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

NA

**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

Normal exit occurred for both crew members of N489DM following the accident.

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

Aircraft Registration Number

NA \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Damage to Other Aircraft

- Destroyed       Minor  
 Substantial       None

Registered Owner of Other Aircraft

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

Pilot of Other Aircraft

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



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

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

None at this time.

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

Date of this Report

10/6/2020  
mm/dd/yyyy

Name of Pilot/Operator: \_\_\_\_\_

Signature: \_\_\_\_\_

- or -  Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing

Title: \_\_\_\_\_ Aviation, Accident Investigator

- or -  Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.  
CEN20CA395

Reviewed by NTSB Regional Office  
Central Region

Name of Investigator  
Lemishko

Date Report Received  
9/22/2020