

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
This form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

Location

Nearest City/Place, State, Zip Code Galveston, TX 77554	Date of Accident 6 Oct 2007	Local Time (24 HOUR CLOCK) 0800	Zone CDT	Elevation At Accident Site 0 Feet MSL
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If The Accident Occurred On Approach, Takeoff Or Within 3 Miles Of An Airport, Complete The Following Information

Proximity To Airport

1. <input type="checkbox"/> On Airport	3. <input type="checkbox"/> Within 1/2 Mile	5. <input type="checkbox"/> Within 1 Mile	7. <input type="checkbox"/> Within 3 Miles
2. <input type="checkbox"/> Within 1/4 Mile	4. <input type="checkbox"/> Within 3/4 Mile	6. <input type="checkbox"/> Within 2 Miles	8. <input checked="" type="checkbox"/> Beyond 8 Miles

Airport Name	Airport Ident	Runway Land Surface and Conditions	
		1. Direction:	3. Width:
		2. Length:	4. Surface:
		Condition:	

Phase of Operations

1. <input type="checkbox"/> Standing	3. <input checked="" type="checkbox"/> Takeoff	5. <input type="checkbox"/> Cruise	7. <input type="checkbox"/> Approach	9. <input type="checkbox"/> Hover/Maneuver
2. <input type="checkbox"/> Taxi	4. <input type="checkbox"/> Climb	6. <input type="checkbox"/> Descent	8. <input type="checkbox"/> Landing	10. <input type="checkbox"/> Altitude of In-Flight Occurrence _____ Feet MSL

Aircraft Information

Registration Mark N3899C	Aircraft Manufacturer Bell Helicopter Textron Bell	Aircraft Type/Model B206L-1	Serial Number 45596	Cert Max Gross WT 4150
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Type of Aircraft	Type of Airworthiness Certificate	Amateur Built
1. <input type="checkbox"/> Airplane	1. <input checked="" type="checkbox"/> Normal	1. <input type="checkbox"/> Yes
2. <input checked="" type="checkbox"/> Helicopter	2. <input type="checkbox"/> Utility	2. <input checked="" type="checkbox"/> No
3. <input type="checkbox"/> Glider	3. <input type="checkbox"/> Acrobatic	
4. <input type="checkbox"/> Balloon	4. <input type="checkbox"/> Transport	
5. <input type="checkbox"/> Blimp/Dirigible	5. <input type="checkbox"/> Restricted	
6. <input type="checkbox"/> Ultralight	6. <input type="checkbox"/> Limited	
7. <input type="checkbox"/> Gyroplane	7. <input type="checkbox"/> Experimental	
8. Specify _____	8. Specify _____	

Landing Gear

1. <input type="checkbox"/> Tricycle - Fixed	4. <input type="checkbox"/> Tailwheel—Retractable	7. <input checked="" type="checkbox"/> Skid	No. of Seats Flight/Cabin Crew 1 Pax 5
2. <input type="checkbox"/> Tricycle - Retractable	5. <input type="checkbox"/> Tailwheel—Retractable Mains	8. <input type="checkbox"/> Ski/Wheel	
3. <input type="checkbox"/> Tailwheel--Fixed	6. <input type="checkbox"/> Amphibian	9. Specify _____	

Stall Warning System Installed

1. <input type="checkbox"/> Yes	2. <input checked="" type="checkbox"/> No	IFR Equipped	Engine Type
		1. Yes	1. <input type="checkbox"/> Reciprocating—Carburetor
		2. <input checked="" type="checkbox"/> No	2. <input type="checkbox"/> Reciprocating—Fuel Injected
			3. <input type="checkbox"/> Turbo Prop
			4. <input type="checkbox"/> Turbo Jet
			5. <input type="checkbox"/> Turbo Fan
			6. <input checked="" type="checkbox"/> Turbo Shaft

Engine Manufacturer Allison	Engine Model/Series 250C30P	Engine Rated Power Horsepower 2. 650 SHP	Type of Fire Extinguishing System Used
			1. <input checked="" type="checkbox"/> None
			2. Specify _____

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	Nov 28, 1986	CAE895269	7,507 Hours	4.0 Hours	N/A
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type of Maintenance Program

1. <input type="checkbox"/> Annual	2. <input type="checkbox"/> Manufacturer's Inspection Program	3. <input checked="" type="checkbox"/> Other Approved Inspection Program (AAIP)	4. <input type="checkbox"/> Continuous Airworthiness	5. Specify _____
Type of Last Inspection				
1. <input type="checkbox"/> Annual	2. <input type="checkbox"/> 100-Hour	3. <input checked="" type="checkbox"/> AAIP	4. <input type="checkbox"/> Continuous Airworthiness	
Date Last Inspection Performed (M/D/Y) Oct 4, 2007				
Time Since Last Inspection Hours: 4 hrs				
Airframe Total Time Hours: 17,783.4				

Emergency Locator	ELT Manufacturer ACK	Model/Series EO1-01	Serial Number 046090	Battery Date (M/D/Y) Sep 1, 2007
Transmitter (ELT)	Switch	Operated	Aided In Accident Location	
	1. <input checked="" type="checkbox"/> On 2. <input type="checkbox"/> Off 3. Armed	1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes	2. <input checked="" type="checkbox"/> No

Registered Aircraft Owner Air Logistics LLC, a Bristow Company	Address: 4605 Industrial Dr. New Iberia, LA 70560
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Operator of Aircraft	Address
1. Same As Registered Owner	1. Same As Registered Owner
2. Name _____	2. _____
3. DBA: _____	

Operator (Certificate Number) 151	Operator Designator (4 Letter Designator) ALGA
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Purpose of Flight and Type of Operation		
Regulation Flight Conducted Under 1. <input type="checkbox"/> FAR 91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR 91D 5. <input type="checkbox"/> FAR 125 8. <input checked="" type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137	Operator Authority <u>FAR 121</u> <u>FAR 133</u> 1. <input type="checkbox"/> Domestic 6. <input checked="" type="checkbox"/> Rotorcraft 2. <input type="checkbox"/> Flag External Load 3. <input type="checkbox"/> Supplemental <u>FAR 125</u> 7. <input type="checkbox"/> Large Aircraft <u>FAR 135</u> <u>FAR 129</u> 4. <input checked="" type="checkbox"/> On Demand 8. <input type="checkbox"/> Foreign 5. <input type="checkbox"/> Commuter	FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input checked="" type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input checked="" type="checkbox"/> Passenger 6. <input checked="" type="checkbox"/> Cargo 7. Specify _____
Purpose of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input checked="" type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Instructional 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning		

Pilot Information			
Pilot Name James C. Tyus	Pilot Certificate No. _____	Address: _____ Fairfield, TX 75840	Nationality USA

Certificate(s)				
1. <input type="checkbox"/> Student	3. <input checked="" type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Military	9. <input type="checkbox"/> None
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. <input type="checkbox"/> Foreign	10. Specify _____

Rating(s)		Instrument Rating(s)		Instructor Ratings	
1. <input type="checkbox"/> None	6. <input checked="" type="checkbox"/> Helicopter	1. <input type="checkbox"/> None	1. <input checked="" type="checkbox"/> None	8. <input checked="" type="checkbox"/> Ground Instructor	
2. <input checked="" type="checkbox"/> Single Engine Land	7. <input type="checkbox"/> Glider	2. <input checked="" type="checkbox"/> Airplane	4. <input type="checkbox"/> Helicopter	6. <input type="checkbox"/> Instrument Airplane	
3. <input type="checkbox"/> Single Engine Sea	8. <input type="checkbox"/> Free Balloon	3. <input checked="" type="checkbox"/> Helicopter	2. <input type="checkbox"/> Airplane S.E.	7. <input type="checkbox"/> Instrument Helicopter	
4. <input checked="" type="checkbox"/> Multiengine Land	9. <input type="checkbox"/> Airship		3. <input type="checkbox"/> Airplane M.E.	9. Specify _____	
5. <input type="checkbox"/> Multiengine Sea	10. <input type="checkbox"/> Gyroplane		5. <input type="checkbox"/> Glider		

Type Ratings/Student Endorsements		Date of Biennial Flight Review or Equivalent (M/D/Y)		BFR Aircraft	
Commercial Pilot		May 4, 2007		1. Make _____ 2. Model _____	

Medical Certificate		Date of Last Medical (M/D/Y)		Limitations		Date of Birth (M/D/Y)	
1. <input type="checkbox"/> None	3. <input checked="" type="checkbox"/> Class 2	Jan 11, 2007		Shall possess glasses-near & intermediate		1951	
2. <input type="checkbox"/> Class 1	4. <input type="checkbox"/> Class 3			Waivers None			

Degree of Injury		Seat Occupied			Person at Controls at Time of Accident			Seat Belt Available	
1. <input checked="" type="checkbox"/> None	1. <input type="checkbox"/> Left	4. <input checked="" type="checkbox"/> Front	1. <input checked="" type="checkbox"/> Pilot In Command		3. <input type="checkbox"/> Both Pilots	5. <input type="checkbox"/> No One	1. <input checked="" type="checkbox"/> Yes		
2. <input type="checkbox"/> Minor	2. <input checked="" type="checkbox"/> Right	5. <input type="checkbox"/> Rear	2. <input type="checkbox"/> Second Pilot		4. <input type="checkbox"/> Non-Pilot		2. <input type="checkbox"/> No		
3. <input type="checkbox"/> Serious	3. <input type="checkbox"/> Center								
4. <input type="checkbox"/> Fatal									

Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		Source of Pilot Flight Time Information				
1. <input checked="" type="checkbox"/> Yes	1. <input checked="" type="checkbox"/> Yes	1. <input checked="" type="checkbox"/> Yes	1. <input type="checkbox"/> Pilot Logbook				4. <input checked="" type="checkbox"/> Company Records			
2. <input type="checkbox"/> No	2. <input type="checkbox"/> No	2. <input type="checkbox"/> No	2. <input type="checkbox"/> Operator's Estimate				5. Specify _____			
			3. <input type="checkbox"/> FAA Records							

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	5,291	1,443			167					
Pilot in Command (PIC)	4,275	1,443								
Instructor										
This Make/Model										
Last 90 Days	144	144								
Last 30 Days	42	42								
Last 24 Hours										

Second Pilot Information					
Second Pilot Responsibilities at the Time of Accident					
1. <input type="checkbox"/> Co-Pilot	2. <input type="checkbox"/> Dual Student	3. <input type="checkbox"/> Safety Pilot	4. <input type="checkbox"/> Check Pilot	5. <input checked="" type="checkbox"/> None (Pilot-Rated Passenger)	

Pilot Name		Pilot Certificate No.		Address		Nationality	
N/A							

Certificate(s)				
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Military	9. <input type="checkbox"/> None
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. <input type="checkbox"/> Foreign	10. Specify _____

Owner/Operator Information (cont.)																	
Rating(s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea 6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane			Instrument Rating(s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			Instructor Ratings 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. Specify _____											
Type Ratings/Student Endorsements				Date of Biennial Flight Review or Equivalent (M/D/Y)			BFR Aircraft 1. Make _____ 2. Model _____										
Medical Certificate 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3			Date of Last Medical (M/D/Y)		Limitations Waivers			Date of Birth (M/D/Y)									
Degree of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal			Seat Occupied 1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Front					Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No									
Seat Belt Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source of Pilot Flight Time Information 1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operator's Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. Specify _____											
Flight Time		N/A	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Simulated	Rotorcraft	Glider	Lighter Than Air					
Total Time																	
Pilot in Command (PIC)																	
Instructor																	
This Make/Model																	
Last 90 Days																	
Last 30 Days																	
Last 24 Hours																	
Name		Seat		Address (City & State)		Crew		Passenger		Non-Occupant		FAA		Degree of Injury			
								Non-Revenue	Revenue					Fatal	Serious	Minor	None
1.						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flight Itinerary Information																	
Last Departure Point 1. Airport ID <u>GL-190A</u> 2. City/Place) _____ 3. State <u>Gulf of Mexico</u>				Time of Departure 1. Time <u>0800</u> 2. Time Zone <u>CDT</u>			Destination 1. Airport ID <u>HI-138</u> 2. City/Place) _____ 3. State <u>Gulf of Mexico</u>			Flight Plan Filed 1. <input type="checkbox"/> None 2. <input type="checkbox"/> VFR 3. <input type="checkbox"/> IFR 4. <input type="checkbox"/> VFR/IFR 5. <input checked="" type="checkbox"/> Company (VFR) 6. <input type="checkbox"/> Military (VFR)							
If Weather Was Involved, State If Weather Briefing Was Obtained Or If Weather Reports Were Checked And How It Was Accomplished N/A																	
Fuel On Board At Last Takeoff _____ Gallons 680 lbs or _____ Pounds				Fuel Type 1. <input type="checkbox"/> 80/88 2. <input type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input checked="" type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive 7. Specify _____													
Other Services, If Any, Prior To Departure																	
Weather Information At The Accident Site																	
Source Of Weather Information (Pilot/Operator, Weather Observation) Pilot observations				Light Condition 1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night					Visibility 9+ SM		Temp (°F)						

Weather Information At The Accident Site			
Dew Point (°F)	Altimeter Setting _ _inHg	Sky/Lowest Cloud Condition 1. Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input checked="" type="checkbox"/> Broken 2500 Feet AGL 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured	
Wind Information 1. Direction 180° 2. Velocity 8-10 kts 3. Gusts _____ KTS		Restriction To Visibility N/A	Type Precipitation N/A
Intensity of Precipitation N/A			
Turbulence (Multiple entry) 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clear Air 7. <input type="checkbox"/> In Clouds			
Damage To Aircraft And Other Property			
Degree of Aircraft Damage 1. None 2. <input checked="" type="checkbox"/> Minor 3. Substantial 4. <input type="checkbox"/> Destroyed			Fire 1. <input type="checkbox"/> Yes 3. <input type="checkbox"/> In-Flight 2. <input checked="" type="checkbox"/> No 4. <input type="checkbox"/> On Ground
Description of Damage to Aircraft and Other Property (NOTE: At the time of landing) Minor damage to winglets on tailboom and water impact damage to one tail rotor blade.			
Mechanical Malfunction Failure			
1. No 2. Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Damage		Total Time	
		On Part On Condition Hours	At Overhaul On Condition Hours
Collision Accident			
If Collision Accident Occurred, Complete The Information For Other Aircraft			
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree of Aircraft Damage 1. <input type="checkbox"/> Destroyed 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None
Registered Aircraft Owner		Address	
Pilot Name	Address		Pilot Certificate No.
Evacuation of Aircraft			
Assistance Received 1. <input type="checkbox"/> Outside Person(s) 3. <input type="checkbox"/> Slide 5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting 4. <input type="checkbox"/> Rope 6. <input type="checkbox"/> Specify _____			
Method of Exit (State Approximate Number of Persons Using Each of the Following) 1. Main Door 3 2. Auxiliary Door _____ 3. Emergency Exit _____			
Recommendation (How Could This Accident Have Been Prevented)			
Operator/Owner Safety Recommendation (Optional Entry)			

Additional Flight Crew Members

For Each Additional Flight Crew Members, Exclusive of Cabin Attendants, Complete the Following Information:

Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident

Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State Point of departure, time of departure, intended destination and services obtained.

The helicopter departed from Galveston 190A offshore helideck with two (2) passengers at approximately 08:00am. The destination was reported to be High Island 138. Prior to departure, a flight plan was called into Air Logistics flight following and a hover check was performed with a power setting of approximately 90% torque.

The helicopter lifted off the deck and the pilot pulled in approximately 95% torque during the climb out phase. At approximately 200 feet altitude and 40 to 50 knots airspeed, the pilot heard and felt a loud bang noise and the tail of the helicopter yawed to the right. The pilot reported that the aircraft started to descend. An emergency descent resulted in a successful water landing with the Apical floatation system deployed. During the landing phase the tail rotor system came into contact with the water.

The water landing was reported to be smooth, according to the passengers. The Mayday radio call was made after the touchdown onto the water due to the rapid descent. The pilot stated to the FAA and Air Logistics investigators that no engine noise was heard after landing and he placed the throttle from full operating to flight idle. He further stated that he had no indication of an operating engine. He secured the aircraft and waited in the helicopter for approximately five to ten minutes to await a boat to arrive. Life rafts were deployed successfully and the pilot and passengers exited. They were transported to a hospital where they were attended too. No injuries resulted from the event and they were released.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date of This Report

8 Oct 2007

Signature of Pilot/Operator

O. Ray Wall, Director of Quality & Safety

Signature of Person Filing Report Other Than Pilot/Operator

1. Signature _____

2. Type or Print Name

3. Title

For NTSB Use Only

NTSB Accident No.

DFW08IA002

Review By NTSB Office Located At

Central Region, Arlington, Texas

Name of Investigator

William H Gamble

Date Report Received

02/25/2008

NATIONAL TRANSPORTATION SAFETY BOARD
NTSB Form 6120.1/2
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT

Forms may be obtained from the National Transportation Safety Board Field Offices and the Federal Aviation Administration, Flight Standards District Office.

Rules pertaining to aircraft accident, accidents, overdue aircraft, and safety investigation are contained in Part 830 of the National Transportation Safety Board's Regulations, 49 CFR. These rules state the authority of the Board, define accidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Field Office of the National Transportation Safety Board nearest the accident or incident. The report shall be filed within ten (10) days or when after seven (7) days an overdue aircraft is still missing.

The Pilot/Operator Aircraft Accident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that **ALL** questions be answered completely and accurately to serve the above purposes.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight until such time as all such persons have disembarked, and in which any person

suffers death, or serious injury as a result of being in or upon the aircraft or by direct contact with the aircraft or anything attached thereto, or in which the aircraft receives substantial damage.

2. "Substantial Damage" means damage or structural failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure (damage limited to an engine), bent fairing or cowlings, dented skin, small punctured holes in the skin or fabric, ground damage to rotor or propeller blades, damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Demolished" includes destruction by fire

4. "Operator" means any person who causes or authorizes the operation of any aircraft, such as the owner, lessee, or bailee on an aircraft.

5. "Serious Injury" means any injury which (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) involves lacerations which cause severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately

Item 1. Location: Use the name of the nearest community that has a Post Office in the state where the accident occurred.

Date & Time: Indicate if daylight saving or standard time

Airport Identification: Provide 3 or 4 character identifier

Runway: Direction – heading being used; Surface – composition, i.e., concrete, asphalt, grass, etc.; Condition – wet, slick, soft, etc.

Phase of Operation: During what Phase of Operation did the accident occur. Note: If the accident occurred in-flight, state the altitude of occurrence.

Item 2. Aircraft Data: Make and Model – enter as shown aircraft registration certificate; Engine – enter make and model as shown on engine nameplate.

Certificated Max Gross Weight – Indicate the certificated max gross weight for the aircraft involved in the occurrence.

Type of Fire Extinguishing system – Include hand type extinguishers, if fire was involved, and extinguisher was used.

Item 3. Purpose of Flight and Type of Operation: More than one selection may be made to indicate the type of operation that was being conducted at the time of the occurrence.

Item 4. Pilot Information – Pilot-in-Command (PIC). includes solo flight time. Instructor – indicate all dual flight instruction given. *Item 5. Second Pilot Information* – Indicate the capacity in which the second pilot was acting at the time of the accident.

Item 6. Self-Explanatory

Item 7. Self-Explanatory

Item 8. Weather Information at the Accident site. Indicate the weather conditions at the accident site at the time of the occurrence.

Sky/Lowest Cloud Condition: If cloud conditions was scattered, broken or overcast, include height of clouds above ground level

Restriction to Visibility: Haze, dust, smoke, fog, etc.

Type Precipitation: Rain, snow, hail, etc.

Item 9. Collision Accident. This includes collision with parked aircraft.

Item 10-14. Are self-explanatory.

Item 15. Additional Flight Crew Members – This page should be completed if there are more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties. For aircraft requiring two flight crew members or less, and there were not other required flight crew members involved, separate this page.

FOLLOW ADDRESSING INSTRUCTIONS BELOW

When reporting an aircraft accident/incident, MAIL THIS FORM TO THE NATIONAL TRANSPORTATION SAFETY BOARD (NTSB) FIELD OFFICE NEAREST THE SCENE OF THE ACCIDENT. NTSB Field Offices are located in the following cities:

Anchorage, AK	Gardena, CA
Atlanta, GA	Miami, FL
Chicago, IL	Parsippany, NJ
Denver, CO	Seattle, WA
Arlington, TX	Washington, DC

The complete mailing address of NTSB Field Offices are listed under "U.S. GOVERNMENT" in the telephone directories of the opposite listed cities. However, if a complete mailing address is not available, address the form as follows:

NATIONAL TRANSPORTATION SAFETY BOARD
Office of Aviation Safety

(Enter City and State of Nearest Field Office)