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

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 Code of Federal Regulations (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830\_main\_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

#### A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that ALL questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

#### **B. DEFINITIONS**

- 1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.
- 2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.
- "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.
- "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.
- 5. "Serious Injury" means any injury that (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) causes 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.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION.-Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION.-These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP-Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW.-Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE—Company flying with a paid professional crew.

FERRY-Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST.-Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE-Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING—Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft.—Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMS (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report*. For additional definitions of questions and responses, please refer to www.ntsb.gov.

### 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 INFORMA	NOITA											
Accident/Incident Loc	ation					Accid	dent/Incid	ent Date/T	ime .			
Nearest City/Place: Lititz				_ State: F	PA	Date:	11/2	20/2021	Loc	cal Time:	1130	
ZIP: 17543	Country: US/	4					mm/da			-		
Latitude:		Longitude:							Tu	me Zone: _l	Eastern	
(Enter in decima	al degrees or a	legrees minutes sec	conds)			Collis	sion with	Other Air	eraft: C	) Midair	OOn-groun	d • None
<b>AIRCRAFT INFO</b>	<b>RMATIO</b>	N										
Registration Number:	N210JB					_		ped and Ce				
Manufacturer: Bell							Commerci Unmanned	al Space Fli l Aircraft	ght			
Model: <u>47</u>						Maximum Gross Weight:lbs						
Serial Number: K992						Weig	ght at Tin	ne of Accid	ent/Inci	dent:		_1bs
Year of Manufacture:	1969					Num	ber of Se	ats: 3		Flight Cre	ew Seats: 1	
Amateur-Built: OYe		Kit/Plans Mal	ke:			Cabin	Crew Seat	s:		Passenger	Seats: 2	
⊙No	(	Original Design				Num	iber of En	gines: 1				
					Landing Ge				Engine	Type (Se		
O Airplane (Check all that apply) (Check a OBalloon Standard Special					(Check all tha	i <i>t apply)</i> Retracta				procating o Shaft	OLiqui OSolid	d Rocket
OBlimp/Dirigible Normal Restricted					☐ Tricycle	Kenaca		ailwheel	O Turb		_	d Rocket
O'Glider									OTurb		ONone	
					☐ Amphibian ☐ Emergence						own	
O Powered Lift					☐ Float	,	□ S1	ki	•			
ORocket Utility Special Light- OUltralight Experimental					☐ Hull		∟Si	ki/Wheel	-		(Reciprocativ	ıg)
OUnknown Certificate of Authorization or V				_	Other Lau	nch/Re	ecovery Sys	tem	<b>⊙</b> Carb	uretor	O Fuel-	Injected
	□None		Unknown	()	None		U	nknown				
		Engine		Manuf	acturer's		Date	Rated Pow O Horsep		Total Time	Time Inspection	Since:
Engine Engine Manufa	acturer	Model/Series			Number		of Mfg. nm/dd/yyyy	O lbs of		(hours)	(hours)	(hours)
Eng 1 Lycoming		VO-435		L-1188-	31	$\perp$						
Eng 2						_						
Eng 3						+						
Eng 4			Propelle	l	OFixed Pi	itch		Prope	ller 2	0	Fixed Pitch	
Last Inspection Type			Tropen	cr 1	OControl	lable Pi		Порс	ner 2	Ŏ	Controllable l	
	tinuous Airwo ditional Inspe				OGround	-				_	Ground Adjus	
Annual OUnk		cuon										
Date Last Inspection:	10/20/2	.021	Model: _								·	
	mm/dd/yy			stalled:	OYes   O	No		Additio	_	ipment (	Check all that	apply)
Airframe Total Time: hours measured at (3		hrs	If Yes ELT Ma	nufactur	er:			Airf	rame Para			
OLast Inspection		ccident/Incident			.:			☐ Ang		ck Indicato	r	
Type of Maintenance			TSO No.:		(121.5 MHz) C	<b>)</b> C91a (	(121.5 MH	_	opnot Recorde	r		
Annual	rrogram (se	neci one)		-	6 (406 MHz)	_	_	121			Handheld De	vice
O Conditional (Amateur-huilt only)  Was ELT still mounted in								- T-1		iltifunction mary Fligh		
O Manufacturer's Inspection Program O Color A Approved Inspection Inspec						_	Jies Oivo	Han	dheld GP:	S		
O Other Approved Inspection Program (AAIP) O Continuous Airworthiness If activated									ds Up Dis oard Wea			
O Other, specify:			Did ELT	Aid in L	ocating Aircra	ft: OY	Yes ONo	Sate	llite Tracl	king Device	e	
Description of Fire Ex	tinguishing	System	If not ac						Warning	System ing Device		
None     Specify:			Indicate 1	Keason:	☐ Impact Dar ☐ Fire Damas			_	eo Kecora er, Specify	_		
Specify.					☐ Battery Exp		Damaged	1 -				
					Unknown		-					

OWNER/OPERATOR INFORMA	ATION						
Registered Aircraft Owner		City: Wilmington					
Name: Michael Granet		State: NC ZIP: 28412					
Fractional Ownership Aircraft: O Yes O	No	Country: USA					
Operator of Aircraft	gistered Owner	☐ Same Address as Registered Owner					
Name: Jessica Robinson		City: Newmanstown					
Doing Business As:		State: PA					
Air Carrier/Operator Designator (4 Characte	er Code):	Country: USA					
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)					
☑ None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental □ Air Cargo □ Foreign Air Carriers (FAR 129) □ Rotorcraft External Load (FAR 133) □ Commuter Air Carrier (FAR 135)	OFAR 91 OFAR 129 OFAR 130 OFAR 103 OFAR 133 OFAR 135 OFAR 125 OFAR 137 OFAR 135 OFAR 125 OFAR 137 OFAR	O Non-Scheduled or Air Taxi O International					
On-Demand Air Taxi (FAR 135)	O Non-US, Non-commercial	O Man Contract Only					
□ Commercial Air Tour (FAR 136) □ Agricultural Aircraft (FAR 137) □ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	OPublic Aircraft (Select one) O Armed Forces O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)  O Aerial Application O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate  O Select one O Hirefighting O Unknown O Glider Tow O Instructional O Cother Work Use O Personal O Positioning					
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving					
OYes ⊙ No	OYes ONo	Ortaly					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)					
Airport Name: Lancaster Airport Airport Identifier: KLNS Proximity to Airport: O Off Airport/Airstrip	p <b>O</b> On Airport/Airstrip <b>O</b> N/A	Distance From Airport Center:         0.1         sm           Direction From Airport:         360         degrees true           Airport Elevation:         403         ft. msl					
Runway Information		Condition of Runway/Landing Surface (Check all that apply)					
Runway ID:(L/R/C) Length:  Runway/Landing Surface (Check all that all that all the control of the	dam Water I/Wood	☐ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Slush-Covered ☐ Vegetation ☐ Unknown					
Approach/Departure Segment (Select one	)						
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Appelure/Clearance OLanding	oroach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown					
IFR Approach (Check all that apply)  ☑ None		VFR Approach (Check all that apply)  ☑None					
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ IL.S □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	□ Traffic Pattern □ Stop and Go □ Straight-In □ Touch and Go □ Valley/Terrain Following □ Simulated Forced Landing □ Go Around □ Forced Landing □ Full Stop □ Precautionary Landing □ Unknown					

"FLIGHT CREWMEMBER 1" INFORMATION												
"Flight Crewmember 1" Res O Pilot O Co-Pilot	ponsibilities at O Student Pilot	the Time of OFlight I		cident Check Pilot	O Fligh	t Engineer	O Other I	Flight Crew				
"Flight Crewmember 1" was	pilot flying	□Yes ✓ N	No									
"Flight Crewmember 1" Iden	itification											
First Name: Jessica					City of Res	idence: N	ewmansto\	wn				
Middle Initial: M					State: PA ZIP: 17073							
Last Name: Robinson					Country: USA							
Age at time of A	Accident/Incide	nt: 32	Date of B	_		•	m/dd/yyyy					
			- ertificate Nun	nber:		<u> </u>						
Degree of Injury	Seat Occup				straint Ty	pe			Inflatable F	Restraints		
O None O Fatal	O Left	O Front	O Unknow		Available		Used					
Minor O Unknown     Serious	Right     Center	O Rear O Single			O None		ONone		✓ Not Ins			
<u> </u>		O Shight			□ Lap only □ Lap only □ Installe ○ 3-point ○ 3-point □ Not De					d ployed		
Pilot Certificate(s) (Check all i		Commercial	☐ US M	ilitaev	O 4-poin		O 4-point		■ Deploye	ed		
☐ Private ☐ Recreation	onal 🗸	Airline Transp	ort 🗖 Foreig		O 5-poin		O 5-point		Unknov	vn		
☐ Student ☐ Sport		Flight Enginee	T		O Unkno	wn	O Unknov	VII				
Principal Occupation M	edical Certific	eate		Me	dical Cert	ificate Va	lidity		Date of Las	t Medical		
		Class 3			Without lim		-	nknown				
O Other ©	Class 1	Driver's Lice	ense (Sport Pilot	only)	With limitat	ions/waiver			08/2021			
	O Unknown O Class 2 O Unknown O Special Issuance mm/dd/yyyy								vyy			
Medical Certificate Limitatio	ns											
Medical Certificate Special Is	ssuance											
•												
Date of Last Flight Review		Flight	t Review Airo	raft								
or Equivalent, Including			Lear Jet									
FAR 121/135 Checks:	06/2021	Model	•									
Almalana Datina (a)	mm/dd/yyyy  Other Aircraft			4 D-4!(	<u> </u>	T44	. D -4!(-)					
Airplane Rating(s) (Check all that apply)	(Check all that a			ent Rating(s I that apply)	5)	(Check all	r Rating(s)					
None	None	11 07	☐ None			☐ None	man apply)	7	Instrument .	Airplane		
	Airship		✓ Airpla	ne		✓ Airplan	e Single-Engi	ine 🗸	Instrument			
	☐ Balloon ☐ Glider		✓ Helico			☐ Gyropla	e Multi-Engir		Helicopter Glider			
☐ Multiengine Sea	Gyroplane		Litowei	cu Lin		☐ Powere			Sport			
	<ul><li>✓ Helicopter</li><li>✓ Powered Lift</li></ul>	•										
Type Ratings	- Towered En	•				Student F	Indorsemen	nts (Include o	dates)			
LR-Jet, CL-604, LR-60								(				
Flight Time (Enter appropriate	All	This Make	Airplane Single	Airplane		Inst	rument			Lighter		
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air		
Total Time	2,855	43	935	1,365	+	+	49	555				
Pilot in Command (PIC)	2,116	23	893	747		203	49	476				
Time as Instructor	902	19	604	(				299				
This Make/Model	ee.	0	0	F.	(		0	40				
Last 90 Days	65 24	2	3	53 17	_	+	0	10				
Last 30 Days	0	0	0	17	+		0	0	-			

"FLIGHT CREWME	MBER 2" INFOR	MATION								
"Flight Crewmember 2" R OPilot OCo-Pilot		Time of Ac )Flight Instr			OFlig	ght Engineer	OOther I	light Crew		
"Flight Crewmember 2" w	as pilot flying Y	es □No	1							
"Flight Crewmember 2" I	dentification									
First Name: Michael				City	of Re	sidence:				
Middle Initial:										
Last Name: Granet										
Age at time of	f Accident/Incident:		Date of Birth:				ı/dd/yyyy			
			icate Number:							
Degree of Injury	Seat Occupied		_	Restr	aint T	ype			Inflatable R	estraints
O None O Fatal	<b>⊙</b> Left (	Front	OUnknown		vailab		Used			
Minor O Unknown     Serious		ORear OSingle			O None	e	O None		✓ Not Inst	
		Jingic			Cap (2) 3-po:		O 3-point	7	☐ Installed ☐ Not Dep	
Pilot Certificate(s) (Check of None ☐ Flight	t Instructor	nercial	US Military		O 4-po		O 4-point		Deploye	
☐ Private ☐ Recre	eational Airlin	e Transport	Foreign	(	O 5-po: O Unki		O 5-point O Unknow		Unknow	n
☐ Student ☐ Sport	☐ Flight	Engineer		`	Uliki	nown	O Chknow	'n		
Principal Occupation	Medical Certificate			Medi	cal Ce	rtificate Va	lidity		Date of Las	t Medical
O Pilot	O None O Clas			O Wi		mitations/waiv	•	nknown		
O Other			(Sport Pilot only		th limit ecial Iss	ations/waivers	ON	/A	mm/dd/yy	<u></u>
O Unknown		nown		O Spe	eciai iss	suance			,,,,,	,,,
Medical Certificate Limita	itions									
Medical Certificate Specia	l Issuance									
Date of Last Flight Review	7	Flight Re	eview Aircraft							
or Equivalent, Including FAR 121/135 Checks:		Make:								
TAR 121/100 Cheeks.	mm/dd/yyyy	Model: _								
Airplane Rating(s)	Other Aircraft Ra	ting(s)	Instrument I	Rating(s)		Instructor	Rating(s)			
(Check all that apply)	(Check all that apply)		(Check all that	11 0/		(Check all th	11 07	_		
☐ None ☐ Single-Engine Land	☐ None ☐ Airship		□ None □ Airplane			□ None □ Airplane			Instrument As Instrument H	irplane
☐ Single-Engine Sea	Balloon		Helicopter			☐ Airplane	Multi-Engine		Helicopter	encopiei
☐ Multiengine Land ☐ Multiengine Sea	Glider		☐ Powered Li	ft		Gyroplan			Glider	
☐ Mutuengine Sea	☐ Gyroplane ☐ Helicopter					☐ Powered	Lift	Ц	Sport	
	☐ Powered Lift									
Type Ratings						Student Er	idorsement	s (Include a	dates)	
Flight Time (Enter appropri	ate All Thi	s Make	Airplane	irplane		Inst	rument			Lighter
number of hours in each box)		Model		li piane litiengine	Night	t Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	+									
Last 30 Days										
Last 24 Hours	I I		ı			1	I	I	1	

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Add	ress						Seat Occupie	•d	Injury	
Middle Initial:	_	State	:		ZIP:		O Left O Center O Right	OFront ORear OSingle OUnknown	O None O Minor O Serious O Fatal O Unknown	
Pilot Certificate(s) (C None Private Student  Type Rating/Endorse Accident/Incident Ai	Flight Instructor Recreational Sport	☐ Airli		oort		hrs	Restraint Tyj Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	pe: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown	
Crew Name and Add	ress						Seat Occupie	Injury		
Middle Initial:		State	e:		ZIP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown	
Pilot Certificate(s) (C None Private Student  Type Rating/Endorse	☐ Flight Instructor ☐ Recreational ☐ Sport	oort	t the Time		Restraint Tyl Available O None O Lap Only O 3-point O 4-point O 5-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown			
Accident/Incident Ai				Accident/Inci		hrs	OUnknown	O Unknown	Chkhowh	
PASSENGER(S)	OTHER PERSO	NNEL (I	nclude c	abin crew; c	ontinue on s	eparate shee	t if necessary)	IC-4-1-1-		
Name and Address				Seat	Injury	Restraint T		Inflatable Restraints	Age	
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:	_	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown	
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	☐ Under 5 years  If Under 5,  ○ Child Restraint ○ Lap-Held ○ Unknown	
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	O 3-point O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	☐Under 5 years	
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	☐ Under 5 years	

FLIGHT ITINERAR	Y INFORMATI	ION						
Last Departure Point	Т	ime of Departure	Destination	on		Type Fligh	ıt Plan I	iled
Airport ID: KLNS		. 1000	Airport ID:	KLNS		None		O VFR/IFR
City: Lititz	1	ime: 1000	City: Lititz	2		O Company O Military		O IFR O Unknown
State: PA	Т	ime Zone: Eastern	State: PA			O VFR	VIK	Olikilowii
Country: USA			Country: U			Activated?	<b>O</b> Yes	ONo OUnknown
Type of ATC Clearance/S	Service (Check all t	hat apply)	, , ,					
□ None ☑ VFR	☐ Special VFR ☐ IFR	☐ Spe	ecial IFR R On Top		☐ VFR Flight Foll☐ Traffic Advisory		Crui	se nown / NA
Airspace where the accid							Altitu	de of In-Flight
☐ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class E	☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area	☐ Air			☐ Special ☐ Air Traffic Cont ☐ Unknown	rol Area	Occur	rrence:  3 ft msl
WEATHER INFORM	MATION AT T	HE ACCIDEN	T/INCIDEN	IT SITE				
Source of Pilot Weather				1	servation Facility	,		
(Check all that apply)								
✓ National Weather Service ☐ Flight Service Station		Company Military			me:			
TV/Radio		nternet		1				
Automated Report		Vone			Accident Site:			
☐ Commercial Weather Serv ☐ On-Board Weather	ice (DUATS)	Jnknown		1	Accident Site:			strue
Basic Conditions		Light Conditi	ion	<u>I</u>				
<b>⊙</b> VMC		ODawn	ODusk	<b>O</b> Darl	Night OUr	known		
OIMC		<b>⊙</b> Day	ONight	OBrig	ht Night			
OUnknown Sky/Lowest Cloud Condi	4	Callina			T			(T)
O Clear	O Thin Broken	Ceiling  None (Clear)	0	Obscured	Temperature:			
O Few	O Thin Overcast	O Broken	Ö	Indefinite	Dew Point: _	(0	C) or _	(F)
O Partial Obscuration O Scattered	OUnknown	O Overcast	0	Unknown	Altimeter Sett	ing:	in.	Hg
Lowest Cloud Condition	Height	Ceiling Heigh	t			or	ME	3
	ft agl			ft agl				
Wind Dinestion	Wind Sand		Wind Costs		771-21-2124			
Wind Direction	Wind Speed		Wind Gusts		Visibility		miles	
☑ Variable		/ariable	✓ Not Gustin	ng	RVR	:	feet	
-or-	-or-		-or-		RVV	:	miles	
Direction:degrees tr	ue Speed:	kts	Speed:	kts	Density Altitu	de:		_ ft
Intensity of Precipitation	Type of Preci	ipitation (Check all t	that apply)		Restriction to			hat apply)
OLight	None	Drizzle	Freezin		None			_
O Moderate O Heavy	Rain Snow	☐ Ice Pellets ☐ Snow Pellet	Snow S	hower ets Shower	☐ Blowing Du☐ Blowing Sa		Ground Fo Haze	og
⊙N/A	☐ Hail	☐ Snow Grain	s Freezin		☐ Blowing Sn		ce Fog	
OUnknown	☐ Rain Shower	rs			☐ Blowing Sp ☐ Dust		Smoke Unknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type		Amount	Type		Type (Check a	ll that apply)		verity
O None O N/A		O None O Trace	⊙N/A		✓ None  ☐ Clear Air			Light Moderate
O Trace O Rimo O Light O Clea		O Light	O Rime O Clear		Terrain-Indu	iced		Severe
O Moderate O Mixe		O Moderate	O Mixe		☐Convective	Turbulence		Extreme
O Severe O Unkn O Unknown	nown	O Severe O Unknown	O Unkr	nown				
	AIDMET- CT		in affect of	the time - f 1	ho posidov4/i	dont		
NOTAMs (D and FDC)	, AIKWIE IS, SI	GME 18, PIKEPS	s in effect at	the time of the	ue accident/inci	иент:		

DAMAGE TO AIRCRAFT A		DPERTY		
Aircraft Damage	Aircraft Fire		Aircraft Explosion	
O None O Substantial O Minor O Destroyed	O None O In-Flight	O Both Ground and In-Flight O Fire at Unknown Time	None     In-Flight	O Both Ground and In-Flight O Explosion at Unknown Time
O Unknown	O On-Ground	O Unknown	O On-Ground	O Unknown
<u>'</u>				
Description of Damage to Aircraft an	ad Other Property	(Use additional sheet if necessary)		
The aircraft was totalled at the time	of the accident. The	ere was no destruction to property	outside of the aircra	aft.
NARRATIVE HISTORY OF FLIC	GHT (Please type o	r print in ink)		
Describe what occurred in chronolog			ure of accident/incide	nt Describe terrain and include
wreckage distribution sketch if pertine				
destination. Provide as much detail as				
The student and I met the morning	- of 11/20/21 at abou	t 0930. He informed me that the h	eliconter had been r	preflighted and fueled. I did a
quick walk around, checked fuel and				
do pattern work and hovering. I had				
for the lesson. The student talked m				
started the helicopter, and I brought				
let the student take us across both r lesson, in which I felt the student wa				
radios so he could focus on flying.				
taxiway November. I then called tow				
turned my head to clear runway 26,				
helicopter was in an extremely nose	up pitch attitude. I	pushed forward on the cyclic to le	evel the skids, but we	were then descending in a
nose low attitude. I was unable to be				
on the collective in an attempt to sto low and rolled onto the left side. On				
asked him to exit the aircraft and the				
from the tanks, so I reached back in	to the aircraft and t	urned off the mags and master. I	was unable to move	away from the aircraft due to
my left leg being unable to bear wei	ght. The rest of the	firemen arrived at that time and I	was transported to t	he ambulance.

RECOMMENDATION (How	could this	accident/incident ha	ve been pre	vented?)				
Operator/Owner Safety Recomm	endation							
I'm not sure there is a reasona								a competent
manner and for reasons unknown	own to me,	he rapidly brought t	the nose of	the aircra	aft up and the ta	ail rotor struck the	ground.	
MECHANICAL MALFUN	NCTION/F	AILURE (If mor	e space is n	eeded, co	ntinue on separ	ate sheet)		
Was there Mechanical Malfun	ction/Failur	e? 🛮 Yes 🗹 No					Total Tim	e/Cycles
(If yes, list the name of the part, many	ufacturer, pari	no., serial no., and des	scribe the failu	re.)			On Part	
								Hours
								Cycles
								e This Part
							Inspected	Overhauled (
								Hours
<b>FUEL &amp; SERVICES INF</b>	ORMATI	ON						
Fuel on Board at Last Takeoff		Fuel Type						
(Convert from pounds, as necessary)		○ 80/87 ○ 100 Low Lead	O 115/145 O Jet A		O Jet B O JP8	O Other, specify _		
34	Gallons	O 100/130	O Jet A-1		O Automotive			
Other Services, if Any, Prior to	Departure							
EVACUATION OF AIRC	DACT							
EVACUATION OF AIRC	KAFI							
Was an emergency evacuation	of the aircra	ift performed?	☐ Yes	✓ No				
Method of Exit - Describe how	the occupant	s exited and how ma	ny occupant	s evacuate	d each location			
Both occupants exited through	h the broke	n bubble of the airc	raft.					
OTHER AIRCRAFT - C	OLLISIOI	(If air or ground	collision occ	curred co	mplete this sect	ion for other aircra	aft)	
							mage to Othe	er Aircraft
Aircraft Registration Number		irer:					Destroyed	Minor
							Substantial	None
Registered Owner of Other Air				Pilot of	Other Aircraft			
Name:								
City:ZIP:ZIP:				State:		ZIP:		
Country:				Country	:			

ADDITIONAL INFORMATION (Please type or print in ink)										
		is needed for any answers.								
I HEDERY CERTIE	V TU AT TL	LE ABOVE INCORMATION IS COMPLE	ETE AND ACCURATE TO THE BEST OF I	MX KNOW! EDGE						
		nu uo lessies Debinson								
Date of this Report										
12/10/2021 mm/dd/yyyy										
mmaayyyy	or	✓ Check here to electronically sign this of the control of t	document							
If a Person Other tha	n Pilot/Op	erator is Filing Report								
Name:			Title:							
		electronically sign this document								
FOR NTSB USE ONLY										
NTSB Accident/Incid	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received						
ERA22LA069		ERA	Alleyne	12/10/2021						

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

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 Code of Federal Regulations (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/ Title49/49cfr830\_main\_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

#### A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that ALL questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

#### **B. DEFINITIONS**

- 1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.
- 2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.
- 3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.
- "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.
- 5. "Serious Injury" means any injury that (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) causes 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.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid, professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft, Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

 $\ensuremath{\textit{Runway}}\xspace$ : Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/Incident site at the time of occurrence. If no weather reporting was available for the accident/Incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMS (D and FDC), AIRMETS, SIGMETS, PIREPS: Describe all NOTAMS (distant (D) or Flight Data Center (FDC), if known), AIRMETS, SIGMETS, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report*. For additional definitions of questions and responses, please refer to www.ntsb.gov.

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

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

	IC INFORM				ATTACK!		Activities to the second		e News de	e de la composition della comp	12	201 v 4 (2437 to f)
	ent/Incident Loc		77.00	Alland Zame	The state of the second	THE RELEASE OF SHIP	Accident/Inci	ident Date/	rime			
Nearest	City/Place:	ANCAS	TER		State:					Time	11:200	- A
ZIP: _	17543	Country:	USA				Date: 11/2	dd/yyyy		.ocal Lune.	11. 20 5.1	M
Latitud			Longitude: 676		7000W	<u> </u>			Т	Time Zone:	ESI	
THE REAL PROPERTY.			degrees:minutes:se	econds)			Collision with	n Other Airc	craft:	O Midair	OOn-grou	and <b>X</b> Non
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	ration Number:		В					ipped and Cer		Control of the last of the las	E CALLS THE STATE	Control of the second
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	of Manufacture:						Number of Se					
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	<b>Q</b> N₀		Original Design				Number of E	ngines:		1 assenge	a Seats.	
	ory of Aircraft		Airworthiness Co	ertificate		Landing Gear	ır	T		e Type (S	Select one)	
O Airpl O Ballo	oon	(Check all to			ļ	(Check all that	apply) Letractable		Ø Rec	ciprocating	OLiqu	id Rocket
O Blim	np/Dirigible	✓ Norma	al Restric	icted	1	☐Tricycle		Tailwheel	-	bo Shaft bo Prop		d Rocket rid Rocket
O Gyro	plane	☐ Aeroba			1	Amphibian	O Turbo Jet O None					e
<b>Helic</b>	Helicopter							High Skid Skid	O Turb O Elec		OUnkr	nown
ORock		☐ Transp☐ Utility		imental al Light-Spor		Float	□si	Ski	OLIN	tric		
O Ultra	light			imental Light		Hull					e (Reciprocation	
<b>O</b> Unkn	own	☐ Certificate	e of Authorization	or Waiver		Other Laund	ch/Recovery Sys	stem	<b>Ø</b> Carb	uretor	O Fuel	-Injected
		None		Unknown		None	<del></del> _	Unknown				
		1	Engine	1	Manuf	acturer's	Date of Mfg.	Rated Power  Horsepo		Total Time		Since:
Engine Eng. 1	Engine Manufac		Model/Series		Serial N	Number	mm/dd/yyvy	O lbs of Th		(hours)	Inspection (hours)	(hours)
Eng. 2	LYCOMING		VO-435-AII	F	L-11	88-31	TBD	165		1346	10	122
Eng. 3											<u> </u>	
Eng. 4							+				ļ	<u> </u>
Last In	spection Type			Propelle	er 1	OFixed Pitc		Propell	ler 2	0	Fixed Pitch	L
0100-н	our OContin	inuous Airwor	orthiness			OControllab OGround Ac				Ö	Controllable I	
O AAIP O Annua	O Condi	litional Inspect	tion	Manufact	turer:		Jjustable	Manufr	acturer:		Ground Adjus	stable
				Model:				Model:	_			
Date La	ast Inspection: _	mm/dd/yyy		ELT Inst	talled:	OYes ONo					Check all that	
	ne Total Time: _		hrs	If Yes:		UNKNUWN		☐ ADS-I	·B		Sheck all Inai	apply)
hours	s measured at (Sei	elect one)		ELT Man	ıufacture	er: THIS TIM		Airfran	me Para	chute		
_			ccident/Incident	Model or	Part No.:	:		Autop	oilot	ck Indicator	T.	
	Maintenance Pr	rogram (Sel	ect one)	130	OC126	(406 MHz) OCS	)la (121.5 MHz	Z) Data R	Recorder	t		
Annua O Condit	al tional (Amateur-bu	214 I-A	1	1		unted in aircraft?	OVac OVo	Electr	onic Flig	ght Bag or I	Handheld Dev Display	vice
Manuf	facturer's Inspectio	on Program		Was ELT	still conn	nected to antenna	a? OYes ONo	Electro	onic Prin	mary Flight		
O Other	Approved Inspection	ion Program (A	AAIP)	Did ELT A	Activate?	? OYes ONo		☐ Handh				
O Other,	nuous Airworthines specify:	SS		If activate		ocating Aircraft:	OV OV-	<b>DO</b> 1				·
	tion of Fire Exti	inguishing !		If not acti		cating Aircrait:	Oyes ONo	☐ Satellit	ite Tracki	ing Device	Į.	
O None		nguisming		Indicate R		☐ Impact Damag	me.	□Stall W □Video l		System ng Device		
<b>⊗</b> Specif	•					Fire Damage	-	Other,				
PURTA	BLE					☐ Battery Expire ☐ Unknown	d/Damaged					
						Unknown						

OWNER/OPERATOR INFORM	ATION	
Registered Aircraft Owner		
Name: MICHAEL ALLEN	GRANET	City: WILMINGTON
Fractional Ownership Aircraft: O Yes		State: NC ZIP: 28412  Country: USA
Operator of Aircraft ☐ Same As R	egistered Owner	
Name: JESSICA MARIE RO	BINISAN	Same Address as Registered Owner
Doing Business As: HELICECTER	INSTRUCTOR	
Air Carrier/Operator Designator (4 Charact	ter Code):	
		Country: USA
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted	d Under Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
□ None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental □ Air Cargo □ Foreign Air Carriers (FAR 129) □ Rotorcraft External Load (FAR 133)	OFAR 103 OFAR 133 OFA OFAR 121 OFAR 135 OFA OFAR 125 OFAR 137 OFA	FAR 415 FAR 431 FAR 435 FAR 437 O Scheduled or Commuter O Non-Scheduled or Air Taxi O International O Passenger
☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135)	O FAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	O Cargo O Mail Contract Only
☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141)	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)
☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	O Federal O State O Local O Unknown	O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O O Other Work Use
		O Business O Personal O Executive/Corporate O Positioning
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving
O Yes <b>⊗</b> No	O Yes Q No	
AIRPORT INFORMATION (Fill in i	f accident/incident occurred on a	approach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: LANCASTER AI	P Post	
Airport Identifier: KLNS	1/(**	Distance From Airport Center:sm
Proximity to Airport: O Off Airport/Airstrip	<b>♂</b> On Airport/Airstrip <b>O</b> N/A	Direction From Airport: 270 degrees true Airport Elevation: 402 ft. msl
Runway Information ON GRASS WE	ST OF 8-26	Condition of Punway/Landing Co. C.
Runway ID:(L/R/C) Length:	ft Width:ft	Condition of Runway/Landing Surface (Check all that apply)  Dry Snow-Compacted Water-Calm
Runway/Landing Surface (Check all that ap.  ☐ Asphalt ☐ Grass/Turf ☐ Macad. ☐ Concrete ☐ Gravel ☐ Metal/ ☐ Dirt ☐ Ice ☐ Snow	am Water	Holes
Approach/Departure Segment (Select one)		GRASS
OTaxi OTakeoff OInitial Climb OInitial Climb OFR Departure OIFR Departure OIFR Departure OIFR Departure OIFR Departure OFRAMING TAXI C	LEARANCE FROM	Approach OBase OFinal OCrosswind OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)
Z None  □ A DECIDE		None
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling	□ Traffic Pattern       □ Stop and Go         □ Straight-In       □ Touch and Go         □ Valley/Terrain Following       □ Simulated Forced Landing         □ Go Around       □ Forced Landing         □ Full Stop       □ Precautionary Landing
	Unknown	☐ Unknown

# JESSICA M. ROBINSON WILL NEED TO COMPLETE THIS PAGE (MY INSTRUCTOR)

"FLIGHT CREWME	MBER 1" INF	ORMAT	ION							/	
"Flight Crewmember 1" F	Responsibilities at O Student Pilot	the Time	of Accident/	Incident O Check Pile	. OF	inha F					
"Flight Crewmember 1" w		TZTYes □	No.	CHECK FIRE	ot OF	ight Engine	er O Oth	er Flight Crev	v		
"Flight Crewmember 1" Ic											
First Name:JESSIC	\				C:		A 115 11/10	- 10-	/		
Middle Initial: _M								MANSTO			
Last Name: RUBINS								ZIP: 170	73	_	
			D .		Country	- USA				_	
l igo at time o	of Accident/Inciden		Date of	Birth:			mm/dd/yyyy				
Degree of Injury	Seat Occupie		Certificate Nu								
O None O Fatal	O Left	O Front	O Unkn		Restraint Type				Inflatable Restraints		
O Minor O Unknown  O Serious	<b>Ø</b> Right	O Rear	-	lowii	Available Used						
	O Center	O Single	:		·					nstalled led	
Pilot Certificate(s) (Check a		O 3-point O 3-point No					Deployed				
Private Recreational Airline Transport Foreign						int int	O 4-poir O 5-poir		☐ Deplo		
☐ Student ☐ Sport		light Engine	er	'gi'	O Unk		O Unkn			OWII	
Principal Occupation	Medical Certifica	to									
~/	• 11	Class 3				rtificate V			Date of La	ast Medical	
O Other	&Class I	Driver's Lic	ense (Sport Pile	ot only)	With limit	mitations/wations/waiv	~	Unknown N/A			
O Unknown O Class 2 O Unknown O Special Issuance  Medical Certificate Limitations								mm/dd/	, 'yyyy		
Date of Last Flight Review or Equivalent, Including		Fligh	t Review Air	craft	·						
FAR 121/135 Checks:		Make:									
	mm/dd/yyyy	Model	:								
Airplane Rating(s) (Check all that apply)	Other Aircraft I (Check all that app	Rating(s)	Instrum	ent Rating(							
☐ None	□ None	139	(Check a.	ll that apply)			that apply)				
☐ Single-Engine Land ☐ Single-Engine Sea	Airship		☐ Airpla			☐ None ☐ Airpla	ne Single-Eng	rine [	Instrument Instrument	Airplane	
■ Multiengine Land	☐ Balloon ☐ Glider		☐ Helico			☐ Airplai	ne Multi-Engi	ne [	Helicopter	nelicopter	
☐ Multiengine Sea	Gyroplane		10000	ied Liit		☐ Gyropl ☐ Powere			Glider Sport		
	☐ Helicopter☐ Powered Lift							_	a Sport		
Type Ratings						Student 1	Endorseme	nts (Include	datas		
						ovadent i	ondor seme	its (metade	aaies)		
Flight Time (Enter appropriate			Airplane								
umber of hours in each box)	1	nis Make Model	Single Engine	Airplane Multiangine	Ni aha		rument			Lighter	
otal Time			Lagare	Multiengine	Night	Actual	Simulated	Rotoreraft	Glider	Than Air	
ilot in Command (PIC)											
ime as Instructor											
his Make/Model	DEFINE									स्त्रा क्षेत्रकृतकातः स्त्रा क्षेत्रकृतकातः	
ast 90 Days											
ast 30 Days ast 24 Hours											
431 24 HOURS											

"FLIGHT CREWMEN	MBER 2" II	NFORMA	TION					J. 100	5-20-579-315-650	ALC: A CONTRACTOR
"Flight Crewmember 2" R	esponsibilitie	s at the Tim	of Accident/l	Incident			450 P. P. S. W. T. B. S. S.			
OPilot OCo-Pilot "Flight Crewmember 2" w	Student Pi		ht Instructor	OCheck Pilot	OF	light Enginee	er O0th	er Flight Crev	v	
		Yes	ĎNo							
"Flight Crewmember 2" Id First Name: MICHA	tentification									
Middle Initial:	r.				City of I	Residence: _	WILMIN	VGTON		
States All									417_	
Last Name: GRANE	.]				Country	. IISA			1.2	-
Age at time of	Accident/Inci	dent: 68	Date of	Birth:			עיניתיל			-
			Certificate Nu	mber:						
O None O Fatal	Seat Occ			R	estraint	Type			Inflatable	Restraints
O Minor O Unknown	ØLeft ORight	OFror ORea		iown	Availa	ble	Used			- Acous anits
<b>⊘</b> Serious	O Center	Osing			O None O None			☑Not I	nstalled	
Pilot Certificate(s) (Check a					<b>O</b> 3-p		Ø Lap o: ○ 3-poir		☐ Instal	led Ocployed
☐ None ☐ Flight ☐ Private ☐ Recrea		Commercia			O 4-p		O 4-poir	nt	☐ Deplo	yed
☐ Student ☐ Sport		Airline Tran		ign	O 5-p O Uni	oint known	O 5-poir O Unkno		Unkn	own
	Medical Certi					ertificate V			Date of L	ast Medical
	O None O Class 1	O Class 3 O Driver's L	cense (Sport Pile	ot only)	With lim	limitations/waive	aivers O	Unknown	02/04/	2621
	<b>⊘</b> Class 2	O Unknown	coport i il	or only)	Special Is	ssuance Co	RRECTIVÉ	N/A	02/04/ mm/dd/	<u> 202  </u>
Medical Certificate Limitat								TENDE-		
MUST WEAR CORRECT	IVE LENSES									
Medical Certificate Special	Tesuance									
or meate opecial	issuance									
Date of Last Flight Review		Flio	ht Review Air	oroft						
or Equivalent, Including			e: Piper	craft						
FAR 121/135 Checks:	11   26   20; mm/dd/yyyy		el: PA32R-	2						
Airplane Rating(s)	Other Aircr									
(Check all that apply)	(Check all that			nent Rating(s	5)	(Check all t	Rating(s)			
☐ None ☐ Single-Engine Land	None		☐ None			□ None		₽ <b>7</b>	Instrument A	A imlane
☑ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Helico			Airpland	Single-Engi	ne 🔲	Instrument I	Helicopter
☐ Multiengine Land ☐ Multiengine Sea	☐ Glider		Power			☐ Gyropla	Multi-Engin		Helicopter Glider	
I Mantengine Sea	☐ Gyroplanc ☐ Helicopter					☐ Powered	Lift		Sport	
T D-0	☐ Powered Li	ft								
Type Ratings						Student E	ndorsemen	ts (Include d	lates)	
Flight Time (Enter appropriate	All	This Make	Airplane		$\Gamma$	Inst	rument		1	г—
number of hours in each hox)	Aircraft	& Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1940.3	17.6	1940.3					17.6	Sider	Than Air
Pilot in Command (PIC)	1810.7	17.6	1820.7					17.6		
Time as Instructor This Make/Model	112.1	STATE OF THE PARTY.		n if a big second						
Last 90 Days										
Last 30 Days	6.1	5.7				-		5:7		
Last 24 Hours	j. l	5.1						5.7		

ADDITIONAL I	FLIGHT CREWMEM	MBERS	(Exclu	sive of cabin	crew compl	ete the followi	NOTE ACED AND		
Crew Name and A				140	Ment combine	te the lonow.			
	Address	Cit	- of Dos	1			Seat Occup		Injury
Middle Initial:			/ Of Kesi	idence:	TID.		O Left O Center	O Front O Rear	O None O Minor
							ORight	O Single	O Minor O Serious
240.114111.			ntry:			_		OUnknown	O Fatal O Unknown
Pilot Certificate(s)	(Check all that apply)						Restraint T	vne:	<del> </del>
None	☐ Flight Instructor		mmercial		JS Military		Available	Used	Inflatable Restraints
☐ Private☐ Student	☐ Recreational	☐ Airi	rline Trans	nsport	Foreign		O None O Lap Only	O None ly O Lap Only	
Student	☐ Sport	☐ Flig	ght Engin	ieer			O 3-point	O 3-point	☐ Installed
Type Rating/Endo			Total	Flight Time	at the Time		O 4-point O 5-point	O 4-point O 5-point	☐ Not Deployed ☐ Deployed
Accident/Incident	Aircraft?	□ No	1	s Accident/In		hrs	O Unknown	n O Unknown	<b>—</b> ;
		edital discount	Properties Design	man, a consequence	Control test	12 5-3 5- 248 3 5-8	Comment of the second	<b>电影队,1985年安徽大学等的</b>	
Crew Name and A							Seat Occupi	ied	Injury
				dence:			OLeft	OFront	ONone
Middle Initial:							O Center O Right	O Rear O Single	O Minor O Serious
Last Name:		Cour	atry:					OUnknown	O Fatal
Pilot Certificate(s)	(Check all that apply)								O Unknown
None	☐ Flight Instructor	□ Cor	nmercial		o veres		Restraint Ty Available	ype: Used	Inflatable
☐ Private	☐ Recreational		nmercial line Trans	_	S Military oreign	,	O None	O None	Restraints
Student	☐ Sport		ght Engine		1015	J	O Lap Only O 3-point	O Lap Only O 3-point	☐ Not Installed☐ Installed☐
Type Rating/Endor	rsement for		Total !	Flight Time a	of the Time		O 4-point	O 4-point	☐ Not Deployed
Accident/Incident A	Aircraft? □Yes	□No	of this A	Accident/Inci	cident:	hrs	O 5-point O Unknown	O 5-point	☐ Deployed ☐ Unknown
PASSENGER(S	) / OTHER PERSON		nclude	cabin crew;	continue on s	separate shee	f if necessary	O GIRGIO	
Name and Address								Inflatable	CONTRACTOR OF THE PARTY OF THE
				Seat	Injury	Restraint Ty		Restraints	Age
	City :			OLeft	ONone	Available ONone	Used O None		
Middle Initial:				OCenter	OMinor	O Lap Only	O Lap Only	Not Deployed Deployed Unknown	☐ Under 5 years
Last Name:	Country:		_	ORight OUnknown	O Serious O Fatal	O3-point O4-point	O 3-point O 4-point O 5-point		
<b>O</b> Crew	OPassenger	O Otho	ver	Row:	O Unknown	O5-point			O Child Restraint O Lap-Held
				1000.		OUnknown	O Unknown		O Unknown
First Name:	City :			01-0	200	Available O None	Used O None		
Middle Initial:	State: ZI			OLeft OCenter	O None O Minor	O Lap Only	O Lap Only	☐ Not Installed ☐ Installed	☐ Under 5 years
Last Name:				ORight	OSerious	O3-point O4-point	O 3-point	☐ Not Deployed	
O Crew	OPassenger	O Othe	or	OUnknown Row:	OFatal OUnknown	O5-point	O 4-point O 5-point	☐ Deployed ☐ Unknown	O Child Restraint O Lap-Held
				Kow.		OUnknown	O Unknown		O Lap-Held O Unknown
	City :			OLeft		Available ONone	Used O None		
Middle Initial:				OCenter	O None O Minor	O Lap Only	O Lap Only	□ Not Installed □ Installed	☐Under 5 years
Last Name:	Country:			ORight	O Serious O Fatal	O3-point O4-point		☐ Not Deployed	
<b>O</b> Crew	OPassenger	O Othe		Row:	O Fatal O Unknown	O5-point	O 5-point	☐ Deployed ☐ Unknown	O Child Restraint O Lap-Held
				NO		OUnknown	O Unknown		O Unknown
	City :			OLeft		Available ONone	Used O None		
Middle Initial:			_	OCenter	ONone OMinor	O Lap Only	O Lap Only	☐ Not Installed ☐ Installed	Under 5 years
Last Name:	Country:		_	ORight	OScrious	O3-point O4-point	O 3-point	☐ Not Deployed	
<b>O</b> Crew	OPassenger	O Other			OFatal OUnknown	O 5-point	O 5-point	☐ Deployed ☐ Unknown	O Child Restraint
•	CI GOSOMEON	C Cum	4 .	Row.	-			- Onkiro	O Lap-Held
		0 0	1			OUnknown	O Unknown		O Unknown

FLIGHT ITINERARY	/ INFORMATIC	ON.	Kensel All	ACTION AND A	To the second of the second	45.002 Saller (1.00)		
Last Departure Point		me of Departur	re Destination	ion		Type Fligh	4 Dlan Fi	
Airport ID: KLNS			A : VD	EKLNS	1	W None		iled O VFR/IFR
City: LANCASTE	<u> </u>	me: 10:15 AM		LANCAST	TÉR	O Company	y VFR	O IFR
State: PA	Tir	me Zone: £5T		PA		O Military		O Unknown
Country: USA			Country:				Oves	ONo OUnknow
Type of ATC Clearance/Se	ervice (Check all the	at apply)				710		ONO COMMO
□ None □ VFR	☐ Special VFR ☐ IFR	□ S <sub>F</sub>	Special IFR /FR On Top		☐ VFR Flight Follo☐ Traffic Advisory	owing	☐ Cruise	e own / NA
Airspace where the accident	nt/incident occurre							e of In-Flight
☐ Class B	□Class G □Demo Area	ПА	filitary Operations Airport Advisory Ar	Area (MOA)	Special		Occurr	
Class C	☐Warning Area	☐ Jet	et Training Area	rea	☐ Air Traffic Contro	ol Arca		3 ft msl
	☐ Prohibited Area ☐ Restricted Area	□ TR	RSA AR 93					11 11101
WEATHER INFORM		_		IT CITE			ALLES CALLED	
Source of Pilot Weather In	formation	-AVVIDE	MINIODEN		bservation Facility			
(Check all that apply)	_		J	1	KLN_S			
☐ National Weather Service ☐ Flight Service Station	☐ Con ☐ Mili		J		ime: 10-15 AM			
☐ TV/Radio	<b>☑</b> Inter	ernet	1	Time Zone:				
Automated Report Commercial Weather Service	☐ Non	ne	1	_	Accident Site: O			
On-Board Weather	ce (DUATS)  Unk	nown	J	l .	Accident Site:		_ nm	
Basic Conditions		Light Condit	tion	Direction non.	Accident Site.		degrees tr	rue
<b>⊘</b> VMC		ODawn	ODusk	ODarl	k Night OUnk			
O IMC O Unknown		<b>Ø</b> Day	ONight		ght Night	nown		
Sky/Lowest Cloud Condition								
<b>A</b>	OThin Broken	Ceiling  None (Clear)		-	Temperature:	((	C) or	45 (F)
<b>⊘</b> Few	O Thin Overcast	O Broken		Obscured Indefinite	Dew Point:			
O **	O Unknown	O Overcast		Unknown				
Lowest Cloud Condition H	Faladis	O-Was Unial			Altimeter Settin	ıg:	in. Hg MB	,
Lonest Cloud Condition	ft agl	Ceiling Heigh	At	^ 1		or	MD	
				ft agl	1			
Wind Direction	Wind Speed		Wind Gusts		Visibility	710	- 1-2	
✓ Variable	Calm		☑ Not Gusting	g	-			
-or-	Light and Varia	ible		,	1			
Direction:degrees true		kts	Speed:	kts				
Intensity of Precipitation	Type of Precipita			K13	Density Altitude		ft	
OLight	None	Drizzle	Freezing 1	Dain	Restriction to Vi			apply)
O Moderate	Rain	Ice Pellets	☐ Snow Sho	nower	☐ Blowing Dust	☐ Fog ☐ Gro	g ound Fog	
O Heavy ON/A	□ Snow □ Hail	☐ Snow Pellets	ts 🛘 Ice Pellets	ts Shower	☐ Blowing Sand	☐ Haz	zc	
OUnknown	Rain Showers	☐ Snow Grains ☐ Ice Crystals		Drizzle	☐ Blowing Snow ☐ Blowing Spray	_		
					Dust		oke known	
Icing Forecast Amount Type		Icing Actual			Turbulence			
Amount Type  None O N/A	1	Amount None	Type		Type (Check all 1	hat apply)	Severi	
O Trace O Rime		O Trace	O N/A O Rime		☑None □Clear Air		Ligh	
O Light O Clear O Moderate O Mixed		O Light	O Clear		☐ Terrain-Induce		☐ Mod	
O Moderate O Mixed O Unknown		O Moderate O Severe	O Mixed		Convective Tur		Extr	
OUnknown	, I	O Unknown	O Unknow	wn				
NOTAMs (D and FDC), A	IRMETs. SIGM		in affect at th	to time of the	1 -4/5- aid a			
,,	Title 10, 010	E 13, I III.	In eneci ai in	ie time oi tiie	e accident/incidei	nt:		

DAMAG	E TO AIRCRAF	T AND OTHER PR	ROPERTY		
Aircraft Da O None O Minor	Substantial O Destroyed O Unknown	Aircraft Fire  None  In-Flight  On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosion	The second secon
Description	of Damage to Aircr	aft and Other Property	(Use additional sheet if necessary)		
AIRCR					

MIKERAFT SUBSTANTIALLY DAMAGED NO OTHER PROPERTY DAMAGE

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

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

On the morning of 11/20/2021, I met my helicopter instructor, Jessica Robinson, for a training flight at 10:00AM. After a preflight inspection and briefing, we boarded. I started and warmed up Bell 47 N210JB. Jessica took the controls and hover-taxied from the hangar area to the east ramp at KLNS. She contacted the tower and was granted clearance to hover-taxi to Area 17, the practice area for helicopter training east of runway 8-26. We exchanged controls and proceeded with the lesson. This included hovering, hover- taxi, take offs from a hover, landings to a hover, pattern work, pedal turns, and turns about a point. After an hour, I told Jessica that I had reached my limit, we exchanged controls, and she hover-taxied to a position between the tower and runway 8-26. Jessica was granted clearance from the tower to return to the east ramp of KLNS. With no warning, the helicopter pitched up abruptly, the tail and/or left skid hit the ground, and yawed to the right. Within a second, the helicopter pitched forward, rolled to the left, and one of the rotors hit the ground. I unlatched my belt, exited the aircraft, and helped Jessica exit the aircraft. Jessica remained between the bubble and the left skid crouched down unable to move. At that point, the EMT's put me on a stretcher and escorted me to a hospital in Lancaster. I was released several hours later. My sternum had been broken, and I had several cuts and bruises to my neck, arms, and legs.

RECOMMENDATION (H	low could this	s accident/incident	have been pre	vented?)			on The case	Salve Secrets	eaction agreement
Operator/Owner Safety Recon	nmendation	The second second		Vented.,					
I understand the any definitive re- hard to learn how manipulator of the one second we w	w to pilo he contr	t correctly mols at the time	a studen luch less le of the a	t pilot how t	tearly in to to cor	my hel rect err	icopte	r trainin	ıg, it's
MECHANICAL MALFU	INCTION	FAILURE (If mo	re snace is ne	adad co					
Was there Mechanical Malfur	nction/Failur	e? D Ves M No			ntinue on sej	parate shee	()	Total Tin	ne/Cvcles
(If yes, list the name of the part, ma	nufacturer, par	t no., serial no., and de	escribe the failur	e.)				On Part	
									Hours
									Cycles
									ce This Part Overhauled
									Hours
FUEL & SERVICES INF	OPMATI	AND SECTION OF THE SE	e e valave sad	to stage the	Safe That was a ballo	- Same of the monthly of the			
Fuel on Board at Last Takeoff		JN Fuel Type	2.0		to the second	1			The State
Convert from pounds, as necessary,	Gallons	O 80/87 O 100 Low Lead O 100/130	O 115/145 O Jet A		O Jet B O JP8	O Other,	specify		
ther Services, if Any, Prior to	o Departure	0 100/130	O Jet A-1		O Automotive				
VACUATION OF AIRC									
Vas an emergency evacuation				] No					
lethod of Exit - Describe how	the occupants	s exited and how man	ny occupants e	vacuated	each location				
THE TWO OF US REI	MOVED DU	R SEATBELTS	AND EX	TED TH	18 LEFT 1	DOOR WIT	H EMT	ASSISTAN	KE
THER MIDORAGE A		And Andreas have a figure in 7 and	Manager of the section of the sectio						
THER AIRCRAFT - CO	OLLISION	(If air or ground c	ollision occur	red, comp	olete this sec	tion for oth	er aircraft)	100	
ircraft Registration Number	Manufactur	rer:						ge to Other	
esister 10 COU	Model:							stroyed ostantial	☐ Minor ☐ None
egistered Owner of Other Air				ilot of Ot	her Aircraft				
ame:ity:				ame:					
ity: ZIP:			C	ity: tate:		7IP-			
ountry:				ountry:					

ADDITIONAL IN	FORMA	TION (Please type or print in ink)			
Use this space if add	ditional spa	ace is needed for any answers.	CONTROL SELECTION OF THE PARTY	TO THE RESERVE TO BE A SECOND OF THE RESERVE TO SECOND OF THE SECOND OF T	
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LHEREBY CERTIFY	THAT T	HE AROVE INCORMATION IS COMP	TET AND ACOUR		
Date of this Report	Name of	Pilot/Operator: MICHAEL ALLE	COALET		
12/01/2021	Clanatur	Pilot/Operator: MICHAEL ALLER	N GRANE!	OWNER/STUDEN	<u>/T</u>
mm/dd/yyyy	Dignature	·			
	or		document		
		perator is Filing Report			
Name:				Title:	
Signature:					
or Ch	eck here to	o electronically sign this document			
		FOR NTSB (	USE ONLY		
NTSB Accident/Incide ERA22LA069	ent No.	Reviewed by NTSB Regional Office ERA	Name of Investigat Alleyne	tor	Date Report Received
	$\overline{}$				4