

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**  
This form to be used for reporting civil and public aircraft accidents and incidents

**BASIC INFORMATION**

<b>Accident/Incident Location</b>		<b>Accident/Incident Date/Time</b>	
Nearest City/Place: <u>Deer Valley Airport</u> State: <u>AZ</u>		Date: <u>09/30/2021</u> Local Time: <u>8:15 AM</u>	
ZIP: <u>85027</u> Country: <u>USA</u>		<i>mm/dd/yyyy</i>	Time Zone: <u>MST</u>
Latitude: <u>33.69N</u> Longitude: <u>112.08W</u>			
<i>(Enter in decimal degrees or degrees:minutes:seconds)</i>		<b>Collision with Other Aircraft:</b> <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None	

**AIRCRAFT INFORMATION**

<b>Registration Number:</b> <u>N74706</u>		<input type="checkbox"/> IFR-Equipped and Certified	
<b>Manufacturer:</b> <u>Robinson</u>		<input type="checkbox"/> Commercial Space Flight	
<b>Model:</b> <u>R-44</u>		<input type="checkbox"/> Unmanned Aircraft	
<b>Serial Number:</b> <u>11065</u>		<b>Maximum Gross Weight:</b> <u>2500</u> lbs	
<b>Year of Manufacture:</b> <u>2006</u>		<b>Weight at Time of Accident/Incident:</b> <u>2092</u> lbs	
<b>Amateur-Built:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If Yes:</i> <input type="radio"/> Kit/Plans <input type="radio"/> Make		<b>Number of Seats:</b> <u>4</u> Flight Crew Seats: <u>1</u>	
<input type="radio"/> Original Design		Cabin Crew Seats: <u>N/A</u> Passenger Seats: <u>3</u>	
		<b>Number of Engines:</b> <u>1</u>	

<b>Category of Aircraft</b> <input type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input checked="" type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <b>Standard</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Aerobatic <input type="checkbox"/> Balloon <input type="checkbox"/> Commuter <input type="checkbox"/> Transport <input type="checkbox"/> Utility  <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None	<b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Special Flight <input type="checkbox"/> Experimental <input type="checkbox"/> Special Light-Sport <input type="checkbox"/> Experimental Light-Sport  <input type="checkbox"/> Unknown	<b>Landing Gear</b> <i>(Check all that apply)</i> <input type="checkbox"/> Retractable  <input type="checkbox"/> Tricycle <input type="checkbox"/> Amphibian <input type="checkbox"/> Emergency Float <input type="checkbox"/> Float <input type="checkbox"/> Hull <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None	<b>Engine Type (Select one)</b> <input checked="" type="radio"/> Reciprocating <input type="radio"/> Turbo Shaft <input type="radio"/> Turbo Prop <input type="radio"/> Turbo Jet <input type="radio"/> Turbo Fan <input type="radio"/> Electric  <input type="radio"/> Liquid Rocket <input type="radio"/> Solid Rocket <input type="radio"/> Hybrid Rocket <input type="radio"/> None <input type="radio"/> Unknown

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	IO-540-AE1A5	L-31818-48A	10/25/2006	300	3520.4	75.1	1288.9
Eng. 2								
Eng. 3								
Eng. 4								

<b>Last Inspection Type</b> <input checked="" type="radio"/> 100-Hour <input type="radio"/> AAIP <input type="radio"/> Annual <input type="radio"/> Continuous Airworthiness <input type="radio"/> Conditional Inspection <input type="radio"/> Unknown  <b>Date Last Inspection:</b> <u>07/21/2021</u> <i>mm/dd/yyyy</i>  <b>Airframe Total Time:</b> <u>3444.7</u> hrs hours measured at <i>(Select one)</i> <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident	<b>Propeller 1</b> <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>RHC MR Blade</u> Model: <u>RHC P/N C016-7</u>	<b>Propeller 2</b> <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>RHC MR Blade</u> Model: <u>RHC P/N C016-7</u>
	<b>Type of Maintenance Program (Select one)</b> <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	<b>ELT Installed:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If Yes:</i> ELT Manufacturer: <u>N/A</u> Model or Part No.: <u>N/A</u> TSO No.: <input type="radio"/> OC91 (121.5 MHz) <input type="radio"/> OC91a (121.5 MHz) <input type="radio"/> OC126 (406 MHz)  Was ELT still mounted in aircraft? <input type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input type="radio"/> No <i>If activated:</i> Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input type="radio"/> No <i>If not activated:</i> Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown
<b>Description of Fire Extinguishing System</b> <input checked="" type="radio"/> None <input type="radio"/> Specify: _____		

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: Alba Aviation Services

Fractional Ownership Aircraft:  Yes  No

City: Scottsdale

State: AZ

ZIP: 85260

Country: USA

**Operator of Aircraft**

Same As Registered Owner

Name: UHI Inc.

Doing Business As: Universal Helicopters

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Same Address as Registered Owner

City: Scottsdale

State: AZ

ZIP: 85260

Country: USA

**Operating Certificates Held**

(Check all that apply)

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

**Regulation Flight Conducted Under**

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

**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

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

**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

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

**Revenue Sightseeing Flight**

Yes  No

**Air Medical Flight**

Yes  No

**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**

Airport Name: \_\_\_\_\_

Airport Identifier: \_\_\_\_\_

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

Distance From Airport Center: \_\_\_\_\_ sm

Direction From Airport: \_\_\_\_\_ degrees true

Airport Elevation: \_\_\_\_\_ ft. msl

**Runway Information**

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

**Runway/Landing Surface (Check all that apply)**

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

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

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

**Approach/Departure Segment (Select one)**

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

**IFR Approach (Check all that apply)**

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

**VFR Approach (Check all that apply)**

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

**"FLIGHT CREWMEMBER 1" INFORMATION**

**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

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

"Flight Crewmember 1" was pilot flying  Yes  No

**"Flight Crewmember 1" Identification**

First Name: Stephen City of Residence: Yucca Valley  
 Middle Initial: W State: California ZIP: 92284  
 Last Name: Whitfield Country: USA  
 Age at time of Accident/Incident: 40 Date of Birth: [REDACTED] mm/dd/yyyy  
 Certificate Number: Student Pilot

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

<b>Principal Occupation</b> <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown	<b>Medical Certificate</b> <input type="radio"/> None <input checked="" type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	<b>Medical Certificate Validity</b> <input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	<b>Date of Last Medical</b> <u>06/25/2021</u> mm/dd/yyyy
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**Medical Certificate Limitations**  
 None

**Medical Certificate Special Issuance**

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: _____ Model: _____
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<b>Airplane Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s) (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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**Type Ratings**

**Student Endorsements (Include dates)**  
 SFAR 73 Awareness before manipulating 6/02/2021  
 Initial solo Endoresment 08/29/2021  
 SFAR 73 Awareness solo 08/29/2021  
 Solo takeoff and Landings at airport within 25nm 09/30/2021

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	58.2	58			3.4			58		
Pilot in Command (PIC)	8.7	9						9		
Time as Instructor										
This Make/Model										
Last 90 Days	58	58			3			58		
Last 30 Days	18.1	18.1						18.1		
Last 24 Hours	.6	.6						.6		

**"FLIGHT CREWMEMBER 2" INFORMATION**

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

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

"Flight Crewmember 2" was pilot flying    Yes    No

**"Flight Crewmember 2" Identification**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

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

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

\_\_\_\_\_

**Medical Certificate Special Issuance**

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

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

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

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

**PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)**

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____  <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5: <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____  <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5: <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____  <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5: <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____  <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <b>Used</b> <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5: <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>KSDL</u> City: <u>Scottsdale</u> State: <u>AZ</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>7:45 AM</u> Time Zone: <u>MST</u>	<b>Destination</b> Airport ID: <u>KSDL</u> City: <u>Scottsdale</u> State: <u>AZ</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
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**Type of ATC Clearance/Service (Check all that apply)**

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

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

<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	<b>Altitude of In-Flight Occurrence:</b> _____ ft msl
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

<b>Source of Pilot Weather Information (Check all that apply)</b> <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Weather Observation Facility</b> Facility ID: <u>KDVT</u> Observation Time: <u>14:53Z</u> Time Zone: <u>Arizona</u> Distance from Accident Site: <u>6</u> nm Direction from Accident Site: <u>015</u> degrees true
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<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	<b>Light Condition</b> <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night
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<b>Sky/Lowest Cloud Condition</b> <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered <b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling</b> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown <b>Ceiling Height</b> _____ ft agl	<b>Temperature:</b> <u>22</u> (C) or _____ (F) <b>Dew Point:</b> <u>12</u> (C) or _____ (F) <b>Altimeter Setting:</b> <u>29.96</u> in. Hg or _____ MB
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<b>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction: <u>040</u> degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>8</u> kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>10SM</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> <u>2200</u> ft
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<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	<b>Restriction to Visibility (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
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<b>Icing Forecast</b> Amount: <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type: <input checked="" type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	<b>Icing Actual</b> Amount: <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type: <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	<b>Turbulence</b> Type (Check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme
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**NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**  
 NONE

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

- None       Substantial  
 Minor       Destroyed  
                  Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Aircraft was damaged substantially due to the hard landing  
There was no damage to property due to it occurred in the open desert.

**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.

I was on my second flight pattern departure from a hover when winds shifted direction. Upon making my clearing turn the helicopter caught the wind on its tail and spun the helicopter around abruptly. I then proceeded to make the necessary corrections with left and right pedal inputs. Seeing that I was close to the ground I began to increase my distance from the ground. Once at about 20-30 ft AGL the helicopter began spinning in a clockwise direction at a rate which was not seeming to be correctable by the pedals which made me try to increase my altitude a bit more and give myself more room to correct the spinning. Once at about 50-60 ft AGL I felt there was not going to be a corrective action that I could do so I began an autorotation decent. Once I got closer to the ground I braced for impact and began to focus on the keeping of the helicopter at a level attitude. After impacting the ground, I tried to turn off the fuel and stop the rotors from spinning but was unable due to impact altering the functionality of those controls. I then exited the helicopter to the right side and called for help.

**RECOMMENDATION (How could this accident/incident have been prevented?)****Operator/Owner Safety Recommendation**

UHI has not had a solo incident ever in our 21 years in business.

This student accumulated over 40 hours of dual in the R-44 prior to his first solo. He had already performed solo flights and 2 solo X/C's that included the long X/C without incident.

The instructor even did pickups and set downs along with proper pedal turns just prior to Mr. Whitfield Departing on this last required solo flight.

My recommendation would be to treat each and every solo as if it is the students very first solo. This would include giving the same amount of scenario based oral quizzing (to include mock emergency procedure) as preformed in preparation for the 1st solo.

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

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

**Total Time/Cycles On Part**

\_\_\_\_\_ Hours  
 \_\_\_\_\_ Cycles

**Time Since This Part Inspected/Overhauled**

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

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

46.5 \_\_\_\_\_ Gallons

**Fuel Type**

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

**Other Services, if Any, Prior to Departure**

**EVACUATION OF AIRCRAFT**

Was an emergency evacuation of the aircraft performed?  Yes  No

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

Exited the right side of the helicopter.

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

**Aircraft Registration Number**

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

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

**Damage to Other Aircraft**

- Destroyed                       Minor  
 Substantial                       None

**Registered Owner of Other Aircraft**

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

**Pilot of Other Aircraft**

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



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

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

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

Date of this Report <u>10/12/2021</u> <small>mm/dd/yyyy</small>	Name of Pilot/Operator <u>[Redacted]</u> Signature: <u>[Redacted]</u> <small>-- or --</small> <input type="checkbox"/> Check here to electronically sign this document
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If a Person Other than Pilot/Operator is Filing Report

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

-- or --  Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No. WPR21LA359	Reviewed by NTSB Regional Office WPR	Name of Investigator Fabian Salazar	Date Report Received 10/12/2021
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