

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

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

BASIC INFORMATION

Accident/Incident Location
 Nearest City/Place: Hachita State: NM
 ZIP: 88040 Country: USA
 Latitude: 31.515928 Longitude: 108.458039
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 12/03/2021 Local Time: 1000 hours
mm/dd/yyyy Time Zone: mountain
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N7116L
Manufacturer: Robinson
Model: R22 Beta II
Serial Number: 2993
Year of Manufacture: 1999
Amateur-Built: Yes No *If Yes:* Kit/Plans Original Design Make: _____

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: 1370 lbs
Weight at Time of Accident/Incident: 1238 lbs
Number of Seats: 2 Flight Crew Seats: _____
 Cabin Crew Seats: 1 Passenger Seats: 1
Number of Engines: 1

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

Type of Airworthiness Certificate
(Check all that apply)
Standard **Special**
 Normal Restricted
 Aerobatic Limited
 Balloon Provisional
 Commuter Special Flight
 Transport Experimental
 Utility Special Light-Sport
 Experimental Light-Sport
 Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear
(Check all that apply)
 Retractable
 Tricycle Tailwheel
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Other Launch/Recovery System
 None Unknown

Engine Type *(Select one)*
 Reciprocating Liquid Rocket
 Turbo Shaft Solid Rocket
 Turbo Prop Hybrid Rocket
 Turbo Jet None
 Turbo Fan Unknown
 Electric
Fuel System Type *(Reciprocating)*
 Carburetor Fuel-Injected

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	0-360-J2A	L-42112-36E		180	5322	45.7	1717
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Propeller 1 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: _____
 Model: _____

Propeller 2 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: _____
 Model: _____

Date Last Inspection: 11/05/2021
mm/dd/yyyy
Airframe Total Time: 8156.6 hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident

ELT Installed: Yes No
If Yes:
 ELT Manufacturer: _____
 Model or Part No.: _____
 TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)

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

Type of Maintenance Program *(Select one)*
 Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: 100 hour

Was ELT still mounted in aircraft? Yes No
 Was ELT still connected to antenna? Yes No
 Did ELT Activate? Yes No
If activated:
 Did ELT Aid in Locating Aircraft? Yes No

Description of Fire Extinguishing System
 None
 Specify: _____

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

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: TCWH, Inc.City: HachitaFractional Ownership Aircraft: Yes NoState: NM ZIP: 88040Country: USA**Operator of Aircraft** Same As Registered Owner Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

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: _____

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

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

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 Crosswind Unknown Final Aborted Landing (after touchdown)

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 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: _____

Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <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	Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input 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	Inflatable Restraints <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																

Pilot Certificate(s) *(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	

Medical Certificate Validity <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	Date of Last Medical _____ mm/dd/yyyy
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Principal Occupation

Pilot
 Other
 Unknown

Medical Certificate

None Class 3
 Class 1 Driver’s License (Sport Pilot only)
 Class 2 Unknown

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____
 mm/dd/yyyy

Flight Review Aircraft

Make: _____
 Model: _____

Airplane Rating(s) <i>(Check all that apply)</i> <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	Other Aircraft Rating(s) <i>(Check all that apply)</i> <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	Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <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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Type Ratings

Student Endorsements *(Include dates)*

Flight Time <i>(Enter appropriate number of hours in each box)</i>	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)

Crew Name and Address	Seat Occupied	Injury
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
Pilot Certificate(s) (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	Restraint Type: 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	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Crew Name and Address	Seat Occupied	Injury
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
Pilot Certificate(s) (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	Restraint Type: 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	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ 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	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	<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	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	<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	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	<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	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	<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

Last Departure Point Airport ID: <u>Alamo Hueco Ranch</u> City: <u>Hachita</u> State: <u>NM</u> Country: <u>USA</u>	Time of Departure Time: <u>0950 hours</u> Time Zone: <u>mountain</u>	Destination Airport ID: _____ City: _____ State: _____ Country: _____	Type Flight Plan Filed <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 type="radio"/> No <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)

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

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

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

Altitude of In-Flight Occurrence: 4600 ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

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

Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input checked="" 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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Sky/Lowest Cloud Condition <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 Lowest Cloud Condition Height _____ ft agl	Ceiling <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 Ceiling Height _____ ft agl	Temperature: _____ (C) or <u>65</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
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Wind Direction <input type="checkbox"/> Variable -or- Direction: _____ degrees true	Wind Speed <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	Wind Gusts <input type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>cavu</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain	<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower	<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower	<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle	<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals		Restriction to Visibility (Check all that apply) <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog	<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog	<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze	<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog	<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke	<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain																											
<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower																											
<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower																											
<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle																											
<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals																												
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog																												
<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog																												
<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze																												
<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog																												
<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke																												
<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown																												

Icing Forecast <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input checked="" type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input checked="" type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Icing Actual <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input checked="" type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input checked="" type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Turbulence Type (Check all that apply) <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

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

- None Substantial
 Minor Destroyed
 Unknown

Aircraft Fire

- None 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)*

Tail rotor hub and blade assembly, tail rotor gearbox, and horizontal and vertical stabilizer assemblies departed the aircraft. Substantial damage to cabin, skid assembly, engine compartment and mounts, and fuselage. Pilot seat crushed. Windscreens broken.

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

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

I departed the Alamo Hueco Ranch headquarters helipad on a cattle roundup flight and proceeded to an area known as Gilbert pasture arriving in approximately six minutes. A large herd of cows and a single bull which was the target of the roundup were in the vicinity of the Gilbert well.

As I approached with the intention of driving the cattle into the corral the bull departed the herd and headed south toward an area covered with heavy mesquite brush. I circled south and stopped the bull under a large mesquite bush. I was at a hover above the brush when the bull made a move to go behind the aircraft and I applied slight aft cyclic to back up and in so doing the tail rotor contacted a small mesquite limb approximately one-half inch in diameter resulting in a catastrophic failure.

The aircraft entered a violent spin to the right with accompanying vibration and the nose dipped forward. I was able to arrest the forward pitch with aft cyclic as I chopped the throttle to the flight idle position in an attempt to stop the spin. The aircraft made what I believe to be two and three-quarters turns before impacting the ground.

The impact was at a nearly level attitude and the heel of the right skid moved only about twelve inches sideways after impact indicating that the spin had very little inertia remaining at impact.

The right landing gear collapsed as well as the pilot seat which I occupied. The right-hand Plexiglas windscreen shattered. The pilot side door was not installed.

The engine was still running and I attempted to shut it down with the mixture control but was unable to do so. I shut off the fuel control valve to stop the engine as it was easier to reach than the magneto key. The master electrical switch was also shut off before exiting the aircraft.

The tail rotor hub and blade assembly and vertical and horizontal stabilizer assemblies were missing from the aircraft and were scattered about. The main rotor blades showed no indication of any contact with brush or the ground.

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

Operator/Owner Safety Recommendation

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

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

Total Time/Cycles On Part
 _____ Hours
 _____ Cycles

Time Since This Part Inspected/Overhauled
 _____ Hours

FUEL & SERVICES INFORMATION

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

_____ **20** _____ 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

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>12/14/2021</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <u>Richard Eugene Hays, Jr.</u> Signature: _____ <i>-- or --</i> <input checked="" type="checkbox"/> Check here to electronically sign this document
--	--

If a Person Other than Pilot/Operator is Filing Report

Name: _____ **Title:** _____
Signature: _____
-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. WPR22LA059	Reviewed by NTSB Regional Office WPR	Name of Investigator E Simpson	Date Report Received 12/14/21
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