

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT

REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
Nearest City/Place: Skwentna State: AK
ZIP: 99654 Country: USA
Latitude: N61 46.297 Longitude: W152 57.912
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
Date: 08/20/2025 Local Time:
mm/dd/yyyy HH:MM
Time Zone: AKDT
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N589SH
Manufacturer: Airbus
Model: AS350B3e
Serial Number: 7745
Year of Manufacture: 2013
Amateur-Built: No Original Design Kit/Plans

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft
Maximum Gross Weight: 4961 lbs.
Weight at Time of Accident/Incident: 3700 lbs.
Number of Seats: 6 Flight Crew Seats: 1
Cabin Crew Seats: 0 Passenger Seats: 5
Number of Engines: 1

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

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

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

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

Table with columns: Engine, Engine Manufacturer, Engine Model/Series, Engine Serial Number, Date of Mfg., Rated Power, Total Time, Time Since Inspection, Time Since Overhaul. Row 1: Eng. 1, SAFRAN, ARRIEL 2D, 56073, 11/22/2023, 331, 5, 331.

Last Inspection Type
100-Hour AAIP Annual Continuous Airworthiness Condition Unknown
Date of Last Inspection: 08/09/2025
Airframe Total Time: 5664.5 hrs
Hours measured at: Last Inspection Time of Accident/Incident

Additional Equipment
ADS-B Airframe Parachute Angle of Attack Indicator Autopilot Autopilot/FMS, Model Coupled Flight Director Data Recorder Device Stall Warning System Electronic Flight Bag or Handheld Device Electronic Multifunction Display Electronic Primary Flight Display Flight Management System
Handheld GPS Heads Up Display Night Vision Goggles Onboard Weather Primary Flight Display SAS, Number of Axes: Model: Satellite Tracking Device Stall Warning System Video Recording Device Wire Strike Detection Wire Strike Protection 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:
Description of Fire Extinguishing System
None Specify: HANDHELD 2.5LBS A/B/C

ELT Installed: Yes No If Yes:
ELT Manufacturer: KANNAD
Model or Part No.: S1854501-01
TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz)
Was ELT still mounted in aircraft? Yes No
Was ELT still connected to antenna? Yes No
Did ELT activate? Yes No
If activated: Did ELT aid in locating aircraft? Yes No
If not activated: Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged Unknown

Propeller 1
Fixed Pitch Controllable Pitch Ground Adjustable
Manufacturer:
Model:
Propeller 2
Fixed Pitch Controllable Pitch Ground Adjustable
Manufacturer:
Model:

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: CSC DELAWARE TRUST CO TRUSTEE
 City: WILMINGTON State: DE
 ZIP: 19808 Country: USA

Fractional Ownership Aircraft: Yes No

Operator of Aircraft *The Operator is also the Registered Owner*

Name: Soloy Helicopters LLC
 City: Wasilla State: AK
 ZIP: 99654 Country: USA

Same address as Registered Owner

Doing Business As: _____
 Air Carrier/Operator Designator (4-character code): _____

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 450
- 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
- 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 Unknown

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: _____ Length: _____ ft. Width: _____ ft.

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

- Asphalt Grass/Turf Ice Snow
- Concrete Gravel Macadam Water
- Dirt Helideck Metal/Wood Unknown
- Elevated Heliport Helistop Off-site landing area

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 Unknown
- VOR/DME Localizer Only Visual
- TACAN LOC-back course Contact
- RNAV Circling

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

Captain First Officer 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: Samuel
 Middle Initial: A
 Last Name: Gawith
 Age at time of Accident/Incident: 58

City of Residence: RD2 Ta anua
 State: _____ ZIP: 9672
 Country: NZ
 Date of Birth: 967 (mm/dd/yyyy)
 Certificate Number: _____

Degree of Injury <input checked="" type="radio"/> None <input type="radio"/> Serious <input type="radio"/> Unknown <input type="radio"/> Fatal <input type="radio"/> Minor	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 Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
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Pilot Certificate(s) (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input checked="" 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"/> Sport
<input type="checkbox"/> Student	<input type="checkbox"/> Flight Engineer	

Supplemental Restraint, specify: _____

Principal Occupation <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver’s License (Sport Pilot only) <input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown	Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	Date of Last Medical <u>03/26/2025</u> mm/dd/yyyy
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Medical Certificate Limitations
 Not valid for any class after 3/31/2026

Medical Certificate Special Limitations

Personal Flight Equipment (Check all that apply)

<input type="checkbox"/> Fire resistant flight suit	<input type="checkbox"/> Helmet	<input type="checkbox"/> Laser protective visor/glasses	<input type="checkbox"/> Personal locator beacon(s) (PLB)	<input type="checkbox"/> Fire resistant gloves
<input type="checkbox"/> Helmet visor	<input type="checkbox"/> Night vision goggles	<input type="checkbox"/> Personal flotation	<input type="checkbox"/> Other: _____	

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/25/2025</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Airbus</u> Model: <u>B3e</u>
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Airplane Rating(s) (Check all that apply) <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) (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	Instrument Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multiengine <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 and Applicable Logbook Endorsements	Student Endorsements (Include dates)
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Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	15.500	9.900			100		50	15.500				
Pilot in Command (PIC)	15.400	9.900			100		50	15.400				
Time as Instructor												
This Make/Model												
Last 90 Days	290	290						290				
Last 30 Days	50	50						50				
Last 24 Hours	2	2						2				

“FLIGHT CREWMEMBER 2” INFORMATION

“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident

Captain First Officer 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"/> Serious <input type="radio"/> Unknown <input type="radio"/> Fatal <input type="radio"/> Minor	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 Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <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
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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"/> Sport
<input type="checkbox"/> Student	<input type="checkbox"/> Flight Engineer	

Supplemental Restraint, specify: _____

Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <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	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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Medical Certificate Limitations

Medical Certificate Special Limitations

Personal Flight Equipment (Check all that apply)

<input type="checkbox"/> Fire resistant flight suit	<input type="checkbox"/> Helmet	<input type="checkbox"/> Laser protective visor/glasses	<input type="checkbox"/> Personal Locator Beacon(s) (PLB)	<input type="checkbox"/> Fire resistant gloves
<input type="checkbox"/> Helmet visor	<input type="checkbox"/> Night vision goggles	<input type="checkbox"/> Personal flotation	<input type="checkbox"/> Other: _____	

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) (Check all that apply) <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) (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	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multiengine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered lift <input type="checkbox"/> Sport
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Type Ratings and Applicable Logbook Endorsements	Student Endorsements (Include dates)
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Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						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.)

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single <input type="radio"/> Right <input type="radio"/> Unknown <input type="radio"/> Front	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Personal Flight Equipment (Check all that apply) <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____			
Pilot Certificate(s) (Check all the 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 Supplemental Restraint, specify: _____	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.		

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single <input type="radio"/> Right <input type="radio"/> Unknown <input type="radio"/> Front	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Personal Flight Equipment (Check all that apply) <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal Locator Beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____			
Pilot Certificate(s) (Check all the 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 Supplemental Restraint, specify: _____	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.)

Number of Passengers <u>0</u>					
Passenger Information	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 Supplemental Restraint, specify: _____	<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 years, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
Personal Flight Equipment (Check all that apply) <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> PLB <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Helmet visor <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____					

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other Personal Flight Equipment (Check all that apply) <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> PLB <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Helmet visor <input type="checkbox"/> Personal flotation <input type="checkbox"/> 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 <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <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 years, <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 Personal Flight Equipment (Check all that apply) <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> PLB <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Helmet visor <input type="checkbox"/> Personal flotation <input type="checkbox"/> 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 <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <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 years, <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 Personal Flight Equipment (Check all that apply) <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> PLB <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Helmet visor <input type="checkbox"/> Personal flotation <input type="checkbox"/> 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 <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <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 years, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: _____ City: _____ State: _____ Country: _____	Time: _____ <i>HH:MM</i> Time Zone: _____	Flight Number: _____ Operating as Flight _____	Airport ID: _____ City: _____ State: _____ Country: _____	<input type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
<input type="radio"/> None	<input checked="" type="radio"/> Substantial	<input checked="" type="radio"/> None	<input type="radio"/> Both Ground and In-Flight	<input checked="" type="radio"/> None	<input type="radio"/> Both Ground and In-Flight
<input type="radio"/> Minor	<input type="radio"/> Destroyed	<input type="radio"/> In-Flight	<input type="radio"/> Fire at Unknown Time	<input type="radio"/> In-Flight	<input type="radio"/> Fire at Unknown Time
	<input type="radio"/> Unknown	<input type="radio"/> On-Ground	<input type="radio"/> Unknown	<input type="radio"/> On-Ground	<input type="radio"/> Unknown

Description of Damage to Aircraft and Other Property *(Use additional sheet, if necessary.)*
 N589SH rotor system and main gearbox departed the fuselage. Tailboom was cracked but attached. The cabin was missing the top structure.

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.

The operation was a Part 133 flight that concluded at the drill after placing the load on the drill pad. The drillers had prepared a flat pad of rocks for the helicopter to land next to the drill, this allows for crew change near the pad. Pilot was told to land so a couple drillers could get picked up and be moved after putting down the load. Pilot landed, went to ground idle and locked the controls so he could get out and roll the longline up and take passengers when they were ready. Pilot was rolling the line up into the helicopter when it got stuck on a rock as it was very rocky off the pad. This is where he made the mistake of pulling on it accidentally and it released hard off a sharp rock and flipped up in the blades. Drillers were still over on the drill pad so was staying clear till pilot was ready for them but the line caught the blades making the rotor system imbalanced taking the gear box and blades out of the helicopter. He shut the fuel off and electrical off, no fuel spill or environmental impact.

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

We have issued an Ops Directive for the company after discussions restricting pilots and passengers from rolling up lines or hose or work under the rotor system while the blades are turning. They must remain clear of the rotor disc while doing these actions.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a separate sheet.)	
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) 90.0 _____ Gallons	Fuel Type <input type="radio"/> 100 Low Lead <input checked="" type="radio"/> Jet A <input type="radio"/> Automotive <input type="radio"/> Jet A-1 <input type="radio"/> Unleaded AV <input type="radio"/> Other, specify _____
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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: <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____

ADDITIONAL INFORMATION (Additional space for answers to any question.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
 I understand that the information provided may be subject to public release.

Date of this report: _____ <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <u>Sam Soloy</u> Signature: _____ -or- <input type="checkbox"/> Check here to electronically sign this document
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If a person other than Pilot/Operator is filing this report

Name: _____ Title: _____

Signature: _____

-or- Check here to electronically sign this document

FOR NTSB USE ONLY			
NTSB Accident/Incident No.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
ANC25LA097	Anchorage, Alaska	Johnson	09/03/2025