

**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: <u>Stony Ridge</u> State: <u>OH</u> ZIP: <u>43551</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>01-15-2018</u> Local Time: <u>11:40 AM</u> <i>mm/dd/yyyy</i> Time Zone: <u>EASTERN</u>
Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input type="radio"/> None	

AIRCRAFT INFORMATION

Registration Number: <u>N40X</u> Manufacturer: <u>MD Helicopters</u> Model: <u>369HM</u> Serial Number: <u>610209M</u> Year of Manufacture: <u>1971</u> Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design	<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>VARIES W/CG - 97-106"</u> Weight at Time of Accident/Incident: _____ lbs Number of Seats: <u>3</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: <u>1</u> Number of Engines: <u>1</u>
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Category of Aircraft <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	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table border="0" style="width:100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input checked="" type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type <i>(Select one)</i> <input type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input checked="" type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type <i>(Reciprocating)</i> <input type="radio"/> Carburetor <input type="radio"/> Fuel-Injected
Standard	Special																		
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

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	<u>Allison-Rolls Royce</u>	<u>RR-250-C20B</u>	<u>CAE 832735</u>		<u>420</u>			
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>10-25-2017</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>7205</u> hrs hours measured at <i>(Select one)</i> <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident	Propeller 1 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____ Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program <i>(Select one)</i> <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: _____	ELT Installed: <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input type="radio"/> C126 (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 If activated: Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown
Description of Fire Extinguishing System <input checked="" type="radio"/> None <input type="radio"/> Specify: _____	Additional Equipment <i>(Check all that apply)</i> <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input checked="" type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																			
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input checked="" type="radio"/> Other Flight Crew																																																																																																			
"Flight Crewmember 2" was pilot flying <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																			
"Flight Crewmember 2" Identification First Name: <u>Jeffrey</u> City of Residence: <u>FAIRMONT</u> Middle Initial: <u>L</u> State: <u>WV</u> ZIP: <u>26554</u> Last Name: <u>FLUHARTY</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>102</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: _____																																																																																																			
Degree of Injury <input type="radio"/> None <input checked="" 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 checked="" type="radio"/> Right <input checked="" type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			Restraint Type Available <input type="radio"/> None <input checked="" 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 checked="" 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																																																																																											
Pilot Certificate(s) (Check all that apply) <input checked="" 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																																																																																																			
Principal Occupation <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown		Medical Certificate <input checked="" 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																																																																																											
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) (Check all that apply) <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		Other Aircraft Rating(s) (Check all that apply) <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		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 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																																																																																													
Type Ratings _____						Student Endorsements (Include dates) _____																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 5%;">This Make & Model</th> <th rowspan="2" style="width: 5%;">Airplane Single Engine</th> <th rowspan="2" style="width: 5%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										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										
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																																																																																			
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Last 24 Hours																																																																																																			

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address NONE			Seat Occupied		Injury	
First Name: _____	City of Residence: _____		<input type="radio"/> Left	<input type="radio"/> Front	<input type="radio"/> None	
Middle Initial: _____	State: _____	ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Rear	<input type="radio"/> Minor	
Last Name: _____	Country: _____		<input type="radio"/> Right	<input type="radio"/> Single	<input type="radio"/> Serious	
				<input type="radio"/> Unknown	<input type="radio"/> Fatal	
					<input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military	Available	Used	<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"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign	<input type="radio"/> None	<input type="radio"/> None	
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer		<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	
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: _____		<input type="radio"/> Left	<input type="radio"/> Front	<input type="radio"/> None	
Middle Initial: _____	State: _____	ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Rear	<input type="radio"/> Minor	
Last Name: _____	Country: _____		<input type="radio"/> Right	<input type="radio"/> Single	<input type="radio"/> Serious	
				<input type="radio"/> Unknown	<input type="radio"/> Fatal	
					<input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military	Available	Used	<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"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign	<input type="radio"/> None	<input type="radio"/> None	
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer		<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	
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 NONE		Seat	Injury	Restraint Type		Inflatable Restraints
First Name: _____	City: _____	<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="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____			<input type="radio"/> None	<input type="radio"/> None	
Last Name: _____	Country: _____			<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
<input type="radio"/> Crew	<input type="radio"/> Passenger			<input type="radio"/> 3-point	<input type="radio"/> 3-point	
<input type="radio"/> Other				<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"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____	City: _____	<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="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____			<input type="radio"/> None	<input type="radio"/> None	
Last Name: _____	Country: _____			<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
<input type="radio"/> Crew	<input type="radio"/> Passenger			<input type="radio"/> 3-point	<input type="radio"/> 3-point	
<input type="radio"/> Other				<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"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____	City: _____	<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="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____			<input type="radio"/> None	<input type="radio"/> None	
Last Name: _____	Country: _____			<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
<input type="radio"/> Crew	<input type="radio"/> Passenger			<input type="radio"/> 3-point	<input type="radio"/> 3-point	
<input type="radio"/> Other				<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"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____	City: _____	<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="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____			<input type="radio"/> None	<input type="radio"/> None	
Last Name: _____	Country: _____			<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
<input type="radio"/> Crew	<input type="radio"/> Passenger			<input type="radio"/> 3-point	<input type="radio"/> 3-point	
<input type="radio"/> Other				<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"/> 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>1G0</u> City: <u>Bowling Green</u> State: <u>OH</u> Country: <u>USA</u>	Time of Departure Time: <u>9:30 AM</u> Time Zone: <u>EASTERN</u>	Destination Airport ID: <u>1G0</u> City: <u>Bowling Green</u> State: <u>Ohio</u> Country: <u>USA</u>	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 checked="" 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: 750? ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <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 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
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Basic Conditions <input type="radio"/> VMC <input checked="" type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <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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Sky/Lowest Cloud Condition <input 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 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 _____ (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 type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	Wind Gusts <input type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility _____ 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 type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input 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) <input 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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Icing Forecast <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input 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 type="radio"/> None	<input 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 type="radio"/> None</td> <td><input 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 type="radio"/> None	<input 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 <table style="width:100%;"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td><input 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>	Type	Severity	<input 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)

LGA Gear broken, Tail cone broken, MAIN ROTORS 2 of 4 bent.

Landed in open FARM field, No other property damage

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

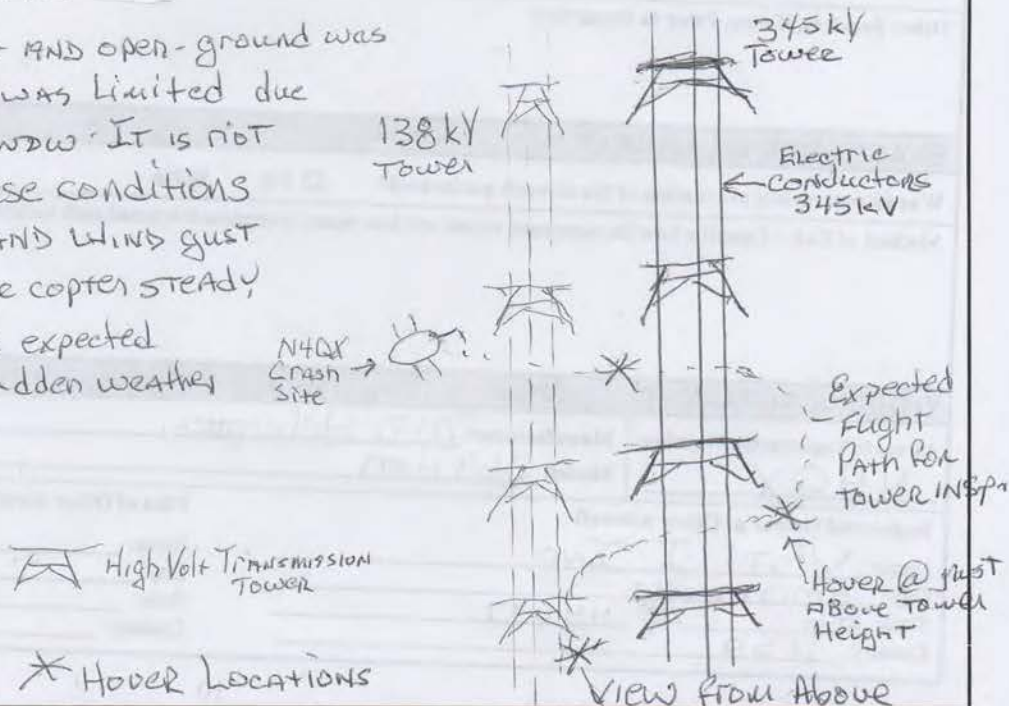
Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide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

SEE ATTACHMENT FOR ORDER OF EVENTS

Purpose of flight to inspect Electric Transmission Lines for problems and grade condition of structures. The inspector, Mr. Fluharty is in the rear seat - RT side inspecting with binoculars, the attachment wear points, insulators, conductors, attachment hardware - ETC.

The pilot, Mr. Snyder positions the helicopter in a hover at an altitude just above the top wires. The crew covers 2 to 3 miles per hour, normal leg is a 1:45 to 2:00 hr flight, Normal day is 5 to 7 hrs flight time.

The terrain is flat AND open-ground was snow covered, Visibility was limited due to snow and blowing snow. It is not normal to inspect in these conditions due to poor visibility AND wind gust make it hard to fly the copter steady in hover. I would have expected they were caught in sudden weather change.



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

Operator/Owner Safety Recommendation

Mr. Snyder, the pilot, used ForeFlight APP to monitor weather. The conditions of the weather 1-15-2018 MAY have been changing faster than shown on the ForeFlight APP.

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)

600 Gallons

Fuel Type

- 80/87
 100 Low Lead
 100/130

- 115/145
 Jet A
 Jet A-1

- Jet B
 JP8
 Automotive

Other, specify _____

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: _____

Time line to date:

I was contacted by Chris Sanders of Highline Helicopters ([REDACTED]) at 12:10 PM with the news that there had been a helicopter crash in the area, but he didn't have any other information. I call both Jeff Fluharty and Tyson Snyder to confirm they were OK but neither answered. I called the Wood County Ohio Sheriff's office ([REDACTED]) to find more information about the crash. At that point I was informed that it was N4QX, and that there were two fatal. I was told to contact Sgt Gregory Panning ([REDACTED]) office, as he was at the site, and could give directions on how to find them. Carol Sturges, Vista I office manager, and I drove to the scene, while en-route Paul Barkoukis of First Energy called my cell to request information. I did not have details, and families of the crew may not have been notified. I requested that no public announcements be made till the families knew about their loss. We arrived at the crash site around 3:45 PM. The Wood County Coroner had been there, and pronounced them as deceased. The crew had not been removed from the helicopter tho. I was not allowed to approach the wreckage more than 100 ft. The helicopter was resting on it's left side. The cabin belly showed uniform damage that would indicate it landed skids down in somewhat level attitude. The tail cone was broken also. The main rotor blades were still attached with minimal crash damage. We left the crash site after 15min.

Next we went to the Wood County Airport to ask if any of the crew gear was left in the hangar. They were scheduled to be in Toledo Edison for 2 weeks, and base from that airport. Mark Black, the airport manager ([REDACTED]) advised that they did take on fuel, but did not off load any of their gear. He provided a fuel log that shows N4QX added 20.68 gal of fuel from pump 3 (Jet A Fuel) at 9:26 AM that morning. It was his only fuel sale so far due to the weather. Mark Black commented: "At the time N4QX landed at Wood Co Airport it was snowing heavy. I was surprised to see N4QX land." Jeff's car was parked at the airport, I confirmed with Mark Black that it would be OK to have it parked there till someone with keys could arrive.

Next I went to the Falcon Plaza Best Western ([REDACTED]) to advise them of the crash, and that the crew would not be coming. Jeff Fluharty had driven to Bowling Green on Sunday 1/14/2018 and stayed there one night. Tyson Snyder had flown the helicopter from our base at the Wayne County Airport in Smithville, OH to Wood County Airport that morning. At the time he left around 8:20 am it was overcast with good visibility and no snow. The plan was to have Jeff's car there for ground transportation. I canceled Tyson Snyders reservation and ask the manager Nichole Carpenter to secure Jeff's room.

Aircraft logs were given to authorities on Tuesday 1/16/2018. NTSB contracted a firm from TN to recover the wreckage and contents. It was loaded and taken there on Tuesday evening after the NTSB had conducted their investigation.

I met with the NTSB investigator Jennifer S. Rodi PhD ([REDACTED]) on Wed 1/17/2018 1:00PM in Cleveland to discuss the findings to date. She advised that the engine appeared not to be producing power at impact, the main rotor blades did not show signs of coning which would indicate that there was not lift being created at low rotor RPM. There was fuel on the ground at the site which would indicate they did not run out of fuel. She showed pictures of the aircraft bottom side, and rotor blade damage that led her to believe the ship came straight down. I shared with Jennifer pictures of defects that Jeff Fluharty had taken on previous inspection flights so that she could better understand the flight altitude, speed, and what we were there to accomplish.

Pg 2 N40X 1-15-2018

She ask to copy the picture files to her computer to which I agreed. Jennifer traveled to the TN location that day to start disassembling the components of the wreckage to find a cause of the crash. On Thursday 01/18/2018 evening at 9PM she texted me that nothing anomalous was found with the airframe, or engine, and that the accessories will be sent to the lab for further exam and testing. The preliminary report should be published by 1/26/2018 with final report to take several months.

Below is a link to 13ABC news report from Toledo Ohio. It gives a good report of the weather conditions at the time of the crash, info from witness and the Wood Co Sheriff.

<http://www.13abc.com/content/news/Reported-crash-involving-aircraft-469384613.html>

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 01-23-2018 <small>mm/dd/yyyy</small>	Name of Pilot/Operator: _____ Signature: _____ -- or -- <input type="checkbox"/> Check here to electronically sign this document
If a Person Other than Pilot/Operator is Filing Report	
Name: <u>William E Bolin</u>	Title: <u>President, VISTA I, INC</u>
Signature: _____	
-- or -- <input type="checkbox"/> Check here to electronically sign this document	

FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN18FA074	Reviewed by NTSB Regional Office Central Region	Name of Investigator Jennifer S Rodi	Date Report Received January 23, 2018
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