

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

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

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Lake Ozark</u> State: <u>MO</u> ZIP: <u>65049</u> Country: <u>United States</u> Latitude: <u>38.0960</u> (dd:mm:ss N/S) Longitude: <u>92.5490</u> (ddd:mm:ss E/W)		Date/Time Date: <u>6/28/2013</u> Local Time: <u>12:20</u> <i>mm/dd/yyyy</i> Time Zone: <u>Central</u>	
Phase of Operation ☐ Standing ☐ Takeoff (incl. initial climb) ☒ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☐ Landing ☐ Approach ☐ Unknown		Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None	
		Altitude of In-Flight Occurrence <u>1,500</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Bell</u> Model: <u>47</u> Serial Number: <u>480</u> Registration Number: <u>N78900</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from ☐ nose or ☐ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
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Category of Aircraft ☐ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☒ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport </td> <td style="vertical-align: top;"> Special ☒ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport </td> </tr> </table>	Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport	Special ☒ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>3 Pax</u> If Large Aircraft, how many seats for: Flight Crew: <u>1</u> Cabin Crew: _____ Passengers: <u>2</u>	Landing Gear ☐ Retractable Check any additional landing gear configuration that applies: ☐ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☒ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown
Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport	Special ☒ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport				

Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☒ Other, specify: <u>Oil change every 25hr within 100hr</u>	Last Inspection Type ☒ 100 Hour ☒ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☐ Annual ☐ Unknown	Date Last Inspection: <u>05/30/2013</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>7,653</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident/Incident
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IFR Equipped ☐ Yes ☒ No ☐ Unknown	Stall Warning System Installed ☐ Yes ☒ No ☐ Unknown	Type of Fire Extinguishing System ☒ None ☐ Specify _____
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ELT Installed ELT Activated ☐ Yes ☒ No ☐ Yes ☒ No	ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____	
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Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown	Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected	Propeller ☐ Fixed Pitch ☐ Controllable Pitch Manufacturer: _____ Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Franklin	6V-335-6B	AF33-600-32020		235	1,003	5	13
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>Lake Ozark Helicopters INC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: [REDACTED] State: [REDACTED] Country: <u>United States</u>
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Lake Ozark Helicopters INC</u> Doing Business As: <u>Tour operator</u> Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: [REDACTED] State: [REDACTED] Country: <u>United States</u>
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☒ Yes ☐ No Air Medical Flight ☐ Yes ☐ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☒ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☒ Non-Scheduled or Air Taxi Domestic or International ☒ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Check all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft

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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		

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

Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No ☐ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) Engine failure while in cruise flight	Total Time/Cycles On Part _____ 13 Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage ☐ None ☐ Substantial ☒ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground
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EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location

One N78900 was on the ground all electronics and fuel systems wereshut off and once rotors stopped turning the pilot and passanger exited the aircraft in a normal manner but expediated.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KAIZObservation Time: 10:00Time Zone: CentralDistance from Accident Site: 10 NMDirection from Accident Site: 090 degrees MAG**Source of Weather Information**

(Check all that apply)

- | | |
|---|--|
| ☐ National Weather Service | ☐ Company |
| ☐ Flight Service Station | ☐ Military |
| ☐ TV/Radio | ☒ Internet |
| ☒ Automated Report | ☐ Unknown |
| ☐ Commercial Weather Service (DUATS) | |

Method of Briefing

(Check all that apply)

- | |
|--|
| ☐ In Person |
| ☐ Teletype |
| ☒ Telephone/Computer |
| ☐ Aircraft Radio |
| ☐ TV/Radio |
| ☐ Unknown |

Briefing Type/Completeness

- | | |
|---|--|
| ☐ Full | ☐ Abbreviated |
| ☐ Partial / Limited By Pilot | ☐ Unknown |
| ☐ Partial / Limited By Briefer | ☐ Not Pertinent |

Light Condition

- | | | |
|---|--------------------------------|---------------------------------------|
| ☐ Dawn | ☐ Dusk | ☐ Dark Night |
| ☒ Day | ☐ Night | ☐ Bright Night |
| | | ☐ Not Reported |

Visibility50 miles**Sky/Lowest Cloud Condition**

- | | |
|--|--|
| ☒ Clear | ☐ Thin Broken |
| ☐ Few | ☐ Thin Overcast |
| ☐ Partial Obscuration | ☐ Unknown |
| ☐ Scattered | |

Ceiling

- | | |
|--|-------------------------------------|
| ☒ None (clear) | ☐ Obscured |
| ☐ Broken | ☐ Indefinite |
| ☐ Overcast | ☐ Unknown |

Restriction to Visibility (Check all that apply)

- | | |
|--|-------------------------------------|
| ☒ None | ☐ Fog |
| ☐ Blowing Dust | ☐ Ground Fog |
| ☐ Blowing Sand | ☐ Haze |
| ☐ Blowing Snow | ☐ Ice Fog |
| ☐ Blowing Spray | ☐ Smoke |
| ☐ Dust | ☐ Unknown |

Lowest Cloud Condition Height

ft AGL

Ceiling Height

ft AGL

Wind Direction

- ☒ Indicated:
200 degrees MAG
- ☐ Variable

Wind Speed

- Velocity: _____ KTS
- or-
- ☒ Calm
- ☐ Light and Variable

Wind Gusts

- Velocity: _____ KTS
- ☐ Gusting
- ☒ Not Gusting

Type of Turbulence (Check all that apply)

- | | |
|--|---|
| ☒ None | ☐ In Clouds |
| ☐ Clear Air | ☐ Vicinity of Thunderstorm |

Severity of Turbulence

- | | | |
|----------------------------------|--|--------------------------------|
| ☐ Extreme | ☐ Moderate | ☐ Light |
| ☐ Severe | ☐ Moderate Chop | |

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident**Temperature:** 80 (C)
or _____ (F)**Altimeter Setting:** _____ in. HG
or _____ MB**Density Altitude:** _____ ft**Dew Point:** _____ (C)
or _____ (F)**Icing Forecast**

- | Amount | Type |
|--|--------------------------------|
| ☒ None | ☐ Rime |
| ☐ Trace | ☐ Clear |
| ☐ Light | ☐ Mixed |
| ☐ Moderate | |
| ☐ Severe | |

Icing Actual

- | Amount | Type |
|--|--------------------------------|
| ☒ None | ☐ Rime |
| ☐ Trace | ☐ Clear |
| ☐ Light | ☐ Mixed |
| ☐ Moderate | |
| ☐ Severe | |

Type of Precipitation (Check all that apply)

- | | |
|--|---|
| ☒ None | ☐ Drizzle |
| ☐ Rain | ☐ Ice Pellets |
| ☐ Snow | ☐ Snow Pellets |
| ☐ Hail | ☐ Snow Grains |
| ☐ Rain Showers | ☐ Ice Crystals |
| ☐ Freezing Rain | ☐ Ice Pellets Shower |
| ☐ Snow Shower | ☐ Freezing Drizzle |

Intensity of Precipitation

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| ☐ Light | ☐ Moderate | ☐ Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

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

Pilot "A" Identification

First Name: Ryan City: [REDACTED]
 Middle Initial: M State: [REDACTED]
 Last Name: Madigan Country: United States
 Age at time of Accident/Incident: 34 Date of Birth: [REDACTED] Certificate Number: [REDACTED]
 mm/dd/yyyy

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Seat Belt Used ☒ Yes ☐ No Available ☐ Yes ☐ No	Shoulder Harness Used ☒ Yes ☐ No Available ☐ Yes ☐ No
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Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☒ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☒ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation ☒ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown	Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown	Date of Last Medical <u>06/17/2013</u> mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

12/05/2012

mm/dd/yyyy

Flight Review Aircraft

Make: Hughes

Model: 269-C

Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☒ Helicopter ☐ Powered Lift	Instrument Rating(s) (Check all that apply) ☐ None ☐ Airplane ☒ Helicopter ☐ Powered Lift	Instructor Rating(s) (Check all that apply) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☒ Helicopter ☐ Glider ☐ Sport
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Type Ratings

Student Endorsements (Include dates)

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	638	19			20		52	20		
Pilot in Command (PIC)	581	19						581		
Time as Instructor	66							66		
This Make/Model										
Last 90 Days	212	19						212		
Last 30 Days	108	6						108		
Last 24 Hours	0	0						0		

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

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

Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Seat Belt Used ☐ Yes ☐ No Available ☐ Yes ☐ No	Shoulder Harness Used ☐ Yes ☐ No Available ☐ Yes ☐ No
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Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation ☐ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	Medical Certificate Validity ☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown	Date of Last Medical _____ mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

Flight Review Aircraft

Make: _____
 Model: _____

Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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Type Ratings

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Carl</u> City: <u>[REDACTED]</u> Middle Initial: <u>R</u> State: <u>[REDACTED]</u> Last Name: <u>Hamilton</u> Country: <u>United States</u>	<u>PAX</u>	☐	☐	☒	☐	☐	☐	☐	☐	☒	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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 time and point of departure, intended destination, and services obtained.

See Attachment.

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

Operator/Owner Safety Recommendation

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**

07/10/2013

*mm/dd/yyyy***Signature and Name**

Signature: _____

Type or Print Name: Ryan M Madigan**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY**NTSB Accident/Incident No.**

CEN13LA396

Reviewed by NTSB Regional Office

Chicago, IL

Name of Investigator

MG

Date Report Received

07/10/13

To: Mr. Val Zidin/Allan Martens Kansas City, MO FSDO.

Subject: Bell 47 N78900 Lake Ozark Helicopters INC.

From: Ryan Madigan FAA Certificate [REDACTED]

Mr. Zidin/Martens, below is my official statement in regards to the engine failure involving Bell 47 Helicopter N78900.

On the morning of Friday the 28th of June 2013, I was piloting Helicopter N78900 on a photo flight for Lake Ozark Helicopters INC.

On the morning of the 28th I arrived at work at 09:30. I checked the weather and found winds were mild and the sky's were clear and the temperature in the mid 80's.. I conducted a preflight on N78900 and determined N78900 airworthy for flights that day and signed all pertinent paperwork for our records. I then briefed my only passenger on all the safety procedures and made sure he had a life vest and was briefed on how to use it in case of a water landing and egress procedures. At approximately 10:20am, I departed on a photo flight for Lake Ozark Helicopters INC with approximately 22 gallons of fuel(1.8hrs). At approximately 11:05am I returned to lake Ozark Helicopter INC base to add fuel to N78900, once I had fueled N78900 I departed again on the photo flight at approximately 11:10am with 22 gallons of fuel(1.8hrs). After completing the photo flight at 12:18pm I started my return to Lake Ozark Helicopters INC base, at this time we were over Camden On the Lake Resort mile marker 8. The flight from Camden on the Lake to Lake Ozarks Helicopters was approximately 4.5 minutes. During the flight I was monitoring the CHT, Oil Press, Engine/Transmission temp, carb heat and Ammeter and everything was indicating correctly. Approximately 2 minutes later over the Four Seasons resort the engine on N78900 sputtered. At this point I rolled the throttle on and the engine came back on, then seconds later the engine quit. At this point I was indicating 1500MSL and immediately entered an autorotation and was able to find a clearing at 1062 Susan road, Lake Ozark. This occurred at approximately 12:20pm. Once N78900 was on the ground and I determined that my passenger and no one on the ground was injured I preformed an emergency shutdown off all electronics and fuel on N78900 and exited the aircraft. At this point I called Jerry Bice the owner of Lake Ozark Helicopters INC to inform him of the incident. Once everything on the ground was secure with N78900 I rechecked the fuel gauge which was still indicating 1/4 tank and physically checked the tank with a yard stick we keep behind the seat in N78900 which indicated just below 6 gallons(30mins).

Flight Hours:

Total Time: 639.6

Last 90 Days: 212.3

Last Year: 518.0

Last BFR(CFI Check ride): 12/05/2013

Make & Model

Bell 47: 19.0

H269: 240.8

R44: 378.3

Rotorway: 1.5

Sincerely

Ryan Madigan