

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>FOURCHIN</u> State: <u>LA</u> ZIP: <u>70351</u> Country: <u>LAFOURCH</u> Latitude: <u>290101</u> (dd:mm:ss N/S) Longitude: <u>901201</u> (ddd:mm:ss E/W)		Date/Time Date: <u>12-05-2013</u> Local Time: <u>0820</u> mm/dd/yyyy Time Zone: <u>C</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>40'</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>SIKORSKY</u> Model: <u>SK-76B</u> Serial Number: <u>760327</u> Registration Number: <u>N707MY</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>11700</u> lbs Weight at Time of Accident/Incident: <u>11696</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>199.2</u> inches from ☐ nose or ☒ datum 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 (Check all that apply) Standard ☐ Normal ☐ Utility ☐ Acrobatic ☒ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport		Number of Seats: _____ If Large Aircraft, how many seats for: Flight Crew: <u>2</u> Cabin Crew: <u>8</u> Passengers: <u>8</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	
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Type of Maintenance Program ☐ Annual ☐ Conditional (Amateur-built only) ☒ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____		Last Inspection Type ☒ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☐ Annual ☐ Unknown		Date Last Inspection: <u>12-2-13</u> mm/dd/yyyy	
				Airframe Total Time: <u>9228.2</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident/Incident	

IFR Equipped ☒ Yes ☐ No ☐ Unknown		Stall Warning System Installed ☐ Yes ☒ No ☐ Unknown		Type of Fire Extinguishing System ☐ None ☒ Specify <u>ENGINE FIRE BOTTLE</u>	
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ELT Installed ☒ Yes ☐ No ELT Activated ☐ Yes ☒ No		ELT Manufacturer: <u>ARTEX</u> Model/Series: <u>406</u> Serial Number: <u>32893-055</u> Battery Type: <u>LITHIUM</u> Battery Exp. Date: <u>11-29-15</u>			
ELT Aided in Locating Accident/Incident ☐ Yes ☐ No					

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. mm/dd/yyyy	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	PRATT & WHITNEY	PT-6B	PT-0015	6/96	1033 HP	5897.0	69.8	3014.6
Eng. 2	PRATT & WHITNEY	PT-6B	PT-0010	6/96	1033 HP	5972.3	69.8	2990.9
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>MAYEUX'S FLYING SVC</u>		Owner [REDACTED] City: _____ State: <u>CA</u> ZIP: <u>70070</u> Country: <u>USA</u>
Fractional Ownership Aircraft: ☐ Yes ☒ No		Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: <u>MVA</u> Air Carrier/Operator Designator (4 Character Code): _____
Regulation Flight Conducted Under ☐ FAR 91 ☐ FAR 129 ☐ FAR 103 ☒ FAR 133 ☐ FAR 121 ☒ FAR 135 ☐ FAR 125 ☐ FAR 137 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Armed Forces ☐ Public Use (select type) ☐ Federal ☐ State ☐ Local ☐ Unknown		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 (Select 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: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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.)		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
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

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

BELLY L&R MIDDLE PANELS MISSING; AFT FUEL
CELL PANELS DAMAGED WITH LOSS OF INTEGRITY; L HORIZONTAL
STABILIZER MISSING; 4/4 LANDING GEAR SHATTERED

OTHER PROPERTY: 2 JUNK BASKETS

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: _____		Distance From Airport Center: _____ SM	
Airport Name: _____		Direction From Airport: _____ degrees MAG	
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip		Airport Elevation: _____ ft. MSL	
Approach Segment (Select one)			
☐ On Instrument Approach	☐ Landing	☐ Base leg	☐ Final
☐ Crosswind	☐ Downwind	☐ Low Approach	☐ Aborted Landing (after touchdown)
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)	
☐ None	☐ PAR	☐ None	☐ Stop and Go
☐ ADF/NDB	☐ Sidestep	☐ Traffic Pattern	☐ Touch and Go
☐ SDF	☐ ILS	☐ Straight-In	☐ Simulated Forced Landing
☐ VOR/TVOR	☐ Localizer Only	☐ Valley/Terrain Following	☐ Forced Landing
☐ VOR/DME	☐ LOC-back course	☐ Go Around	☐ Precautionary Landing
☐ TACAN	☐ RNAV	☐ Full Stop	☐ Unknown
☐ MLS	☐ LDA	☐ GPS	
☐ Practice	☐ ASR	☐ Loran	
☐ Visual	☐ Contact	☐ Unknown	
☐ Circling			
Runway Information		Condition of Runway/Landing Surface (Check all that apply)	
Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		☐ Dry	
Runway/Landing Surface (Check all that apply)		☐ Snow-Compacted	
☐ Asphalt	☐ Grass/Turf	☐ Macadam	☐ Water
☐ Concrete	☐ Gravel	☐ Metal/Wood	☐ Water-Calm
☐ Dirt	☐ Ice	☐ Snow	☐ Water-Choppy
☐ Water	☐ Unknown	☐ Ice Covered	☐ Snow-Crusted
		☐ Rough	☐ Snow-Dry
		☐ Rubber Deposits	☐ Snow-Wet
		☐ Slush Covered	☐ Soft
			☐ Vegetation
			☐ Wet
			☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point		Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>9LA3</u>		Time: <u>0820</u>	Airport ID: <u>GC 18</u>	☒ None ☐ VFR/IFR
City: <u>FOURCHON</u>		Time Zone: <u>C</u>	City: <u>OFFSHORE</u>	☒ Company VFR ☐ IFR
State: <u>LA</u>			State: _____	☐ Military VFR ☐ Unknown
Country: <u>LAFOURCH</u>			Country: _____	☐ VFR
				Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service (Check all that apply)

☒ None	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following	☐ Cruise
☐ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory	☐ Unknown / NA

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

☐ Class A	☐ Class E	☐ Prohibited Area	☐ Jet Training Area	☐ Special
☐ Class B	☒ Class G	☐ Restricted Area	☐ TRSA	☐ Air Traffic Control Area
☐ Class C	☐ Demo Area	☐ Military Operations Area (MOA)	☐ FAR 93	☐ Unknown
☐ Class D	☐ Warning Area	☐ Airport Advisory Area		

Aircraft Load Description (Check all that apply)

☐ None	☐ Towing Glider	☐ Parachutists	☐ Livestock
☒ Passengers	☐ Towing Banner	☐ Water	☐ Unknown
☐ Cargo	☐ Other External	☐ Chemical/Fertilizer/Seeds	

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type
<u>170</u> Gallons	☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
	☐ 100 Low Lead ☒ Jet A ☐ JP4
	☐ 100/130 ☐ Automotive ☐ JP5

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

R/H CABIN EMERGENCY EXIT - 8 PAX
4H - 0

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: LS-99

Observation Time: 0800

Time Zone: C

Distance from Accident Site: .5 NM

Direction from Accident Site: EAST degrees MAG

Source of Weather Information

(Check all that apply)

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

Method of Briefing

(Check all that apply)

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

Briefing Type/Completeness

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

Light Condition

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

Visibility

3 miles

Sky/Lowest Cloud Condition

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

Ceiling

- SCATTERED
☐ None (clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility (Check all that apply)

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

Lowest Cloud Condition Height

600 ft AGL

Ceiling Height

1000 ft AGL

Wind Direction

- ☐ Indicated:
_____ degrees MAG
☒ Variable 5-SW

Wind Speed

- Velocity: 12 KTS
-or-
☐ Calm
☐ Light and Variable

Wind Gusts

- Velocity: 15 KTS
☒ Gusting
☐ Not Gusting

Type of Turbulence (Check all that apply)

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

Severity of Turbulence

- ☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☒ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

N/A

Temperature: _____ (C)
or 65 (F)

Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: 0 ft

Dew Point: _____ (C)
or 63 (F)

Icing Forecast

- Amount
☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Icing Actual

- Amount
☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

- ☒ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets 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: Timothy City: Louis
 Middle Initial: J State: LA ZIP: 70070
 Last Name: MAYEUX Country: USA
 Age at time of Accident/Incident: 49 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>3-04-13</u> mm/dd/yyyy
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Medical Certificate Limitations EYE GLASSES FOR NEAR VISION

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 12/2/12
mm/dd/yyyy

Flight Review Aircraft

Make: SIKORSKY
 Model: SK-76B

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	20000+	500						20000+		
Pilot in Command (PIC)	20000+	500								
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

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

Medical Certificate Limitations

Medical Certificate Waivers

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)

☐ 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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

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>JASON</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>KLEINHANS</u> Country: _____											
First Name: <u>FAUSTINO</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>GOTIGERREZ</u> Country: _____											
First Name: <u>STEVEN</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>HOPKINS</u> Country: _____											
First Name: <u>RYAN</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>BACK</u> Country: _____											
First Name: <u>MICHAEL</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>FURMAN</u> Country: _____											
First Name: <u>CAROL L</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>JONES</u> Country: _____											
First Name: <u>DEMARCO</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>DAIANAY</u> Country: _____											
First Name: <u>PETER</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>DEVAISS</u> Country: _____											

Timothy
Bourgeois

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 ATTACHED

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

Operator/Owner Safety Recommendation

MORE FLYWAY

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

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

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

Date of this Report <u>12-10-13</u> mm/dd/yyyy	Signature and Name of Pilot/Operator Signature:  Type or Print Name: <u>Timothy James Mayeux</u>		
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. CEN14CA082	Reviewed by NTSB Regional Office Denver, CO	Name of Investigator Edward Malinowski	Date Report Received 12/10/13