

**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>Presidio</u> State: <u>TEXAS</u> ZIP: <u>79845</u> Country: <u>USA</u> Latitude: <u>29°38'11.62"N</u> (dd:mm:ss N/S) Longitude: <u>103°58'53.42"W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>02/24/2014</u> Local Time: <u>1:30 PM</u> mm/dd/yyyy 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>4260'</u> ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Robinson</u> Model: <u>R44 II</u> Serial Number: <u>12594</u> Registration Number: <u>360 AH</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>2500</u> lbs Weight at Time of Accident/Incident: <u>2351.6</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>94.9</u> 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 (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: <u>1</u> Cabin Crew: <u>—</u> Passengers: <u>3</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>02/10/2013</u> mm/dd/yyyy Airframe Total Time: <u>543</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 <u>REGULAR FIRE EXTINGUISHER</u>
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ELT Installed ☒ Yes ☐ No	ELT Activated ☐ Yes ☐ No <u>UNKNOWN</u>	ELT Manufacturer: <u>KANNAO</u> Model/Series: <u>406 AF</u> Serial Number: <u>2620025-0076</u> Battery Type: <u>Li MN02 TWO ELEMENT</u> Battery Exp. Date: <u>Jan 9, 2015</u>
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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: <u>N/A</u> 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	LYCOMING	IO-540-AE1AS	L-33287-48E	7/17/2008	205 HP CONTINUED	543	110	N/A
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>NOPAL SERVICES, LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>FOWLERTON</u> State: <u>TEXAS</u> ZIP: <u>78021</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>JAMES L. DONNEU, JR.</u> Doing Business As: <u>N/A</u> Air Carrier/Operator Designator (4 Character Code): <u>N/A</u>		Operator Address ☐ Same As Registered Owner City: <u>FOWLERTON</u> State: <u>TEXAS</u> ZIP: <u>78021</u> Country: <u>USA</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 <u>N/A</u> ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International <u>N/A</u> Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many _____ ☐ Cargo _____ lbs <u>N/A</u> ☐ Mail	Type of Commercial Operating Certificate Held (Select all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo <u>N/A</u> ☐ 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.) <u>N/A</u>		Total Time/Cycles On Part <u>N/A</u> Hours Cycles Time Since This Part Inspected/Overhauled <u>N/A</u> 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)

SUBSTANTIAL DAMAGE - HELICOPTER ROLLED ONTO SIDE

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 ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

☐ None ☐ PAR ☐ MLS ☐ Practice ☒ N/A
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS ☐ N/A
☐ SDF ☐ ILS ☐ ASR ☐ Lorah ☐ N/A
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ N/A
☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ N/A
☐ TACAN ☐ RNAV ☐ Circling ☐ N/A

VFR Approach (Check all that apply)

☐ None ☐ Stop and Go ☐ N/A
☐ Traffic Pattern ☐ Touch and Go ☐ N/A
☐ Straight-In ☐ Simulated Forced Landing ☐ N/A
☐ Valley/Terrain Following ☐ Forced Landing ☐ N/A
☐ Go Around ☐ Precautionary Landing ☐ N/A
☐ Full Stop ☐ Unknown ☐ N/A

Runway Information

Runway ID: _____ (L/R/C) **Length:** _____ ft **Width:** _____ ft

Runway/Landing Surface (Check all that apply)

☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ N/A
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ N/A
☐ Dirt ☐ Ice ☐ Snow ☐ N/A

Condition of Runway/Landing Surface (Check all that apply)

☐ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ N/A
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ N/A
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ N/A
☐ Rough ☐ Snow-Wet ☐ Wet ☐ N/A
☐ Rubber Deposits ☐ Soft ☐ Unknown ☐ N/A
☐ Slush Covered ☐ Vegetation ☐ N/A

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: _____
City: _____
State: _____
Country: _____

Time of Departure

Time: _____
Time Zone: _____

Destination

Airport ID: _____
City: _____
State: _____
Country: _____

Type Flight Plan Filed

☐ None ☐ VFR/IFR ☒ N/A
☐ Company ☐ IFR ☐ N/A
☐ Military VFR ☐ Unknown ☐ N/A
☐ VFR ☐ N/A
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)

40 Gallons

Fuel Type

☐ 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

N/A

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: _____

Observation Time: N/A

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

- ☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☒ TV/Radio VISUAL ☐ 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

Visibility

UNLIMITED 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

N/A ft AGL

Ceiling Height

N/A ft AGL

Wind Direction

☐ Indicated: _____ degrees MAG

☒ Variable

Wind Speed

Velocity: _____ KTS

-or-

- ☐ Calm
☒ Light and Variable

Wind Gusts

Velocity: 0 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

NONE

Temperature: _____ (C)

or 83 (F)

Altitude Setting: SET AT KNOWN LOCAL in Hg
or _____ MB ALTITUDE

Density Altitude: 7,000 ft

Dew Point: _____ (C)

or _____ (F)

Icing Forecast

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

- Type
☐ Rime
☐ Clear
☐ Mixed

Icing Actual

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

- Type
☐ Rime
☐ Clear
☐ Mixed

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: <u>JAMES</u> City: <u>FOWLERTON</u> Middle Initial: <u>L.</u> State: <u>TEXAS</u> ZIP: <u>78021</u> Last Name: <u>DONNELL, JR.</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>48</u> Date of Birth: [REDACTED] Certificate Number: [REDACTED] mm/dd/yyyy																																																																																																			
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied <u>FRONT 2 SEATS</u> ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single <u>RIGHT REAR SEAT</u>		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 <u>11/11/2013</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations NONE																																																																																																			
Medical Certificate Waivers NONE																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>08/30/2013</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>ROBINSON</u> Model: <u>R44 II</u>																																																																																															
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																																																																																													
Type Ratings N/A						Student Endorsements (Include dates) N/A																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td><u>239.44</u></td> <td><u>239.44</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u>239.44</u></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td><u>166.23</u></td> <td><u>166.23</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u>166.23</u></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><u>22.5</u></td> <td><u>22.5</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u>22.5</u></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td><u>12.4</u></td> <td><u>12.4</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u>12.4</u></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td><u>4.5</u></td> <td><u>4.5</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u>4.5</u></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	<u>239.44</u>	<u>239.44</u>						<u>239.44</u>			Pilot in Command (PIC)	<u>166.23</u>	<u>166.23</u>						<u>166.23</u>			Time as Instructor											This Make/Model											Last 90 Days	<u>22.5</u>	<u>22.5</u>						<u>22.5</u>			Last 30 Days	<u>12.4</u>	<u>12.4</u>						<u>12.4</u>			Last 24 Hours	<u>4.5</u>	<u>4.5</u>						<u>4.5</u>		
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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

N/A

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 ☐ 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>JAMES</u> City: <u>LAREDO</u> Middle Initial: _____ State: <u>TEXAS</u> ZIP: <u>78040</u> Last Name: <u>ORNELAS</u> Country: <u>USA</u>						REAR R16M	☒	☐	☐	☐	☐	☐	☐	☐	☒	☐	
First Name: <u>DAMIAN</u> City: <u>LAREDO</u> Middle Initial: _____ State: <u>TEXAS</u> ZIP: <u>78040</u> Last Name: <u>GOMEZ</u> Country: <u>USA</u>						FRONT LEFT	☒	☐	☐	☐	☐	☐	☒	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐		
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							☐	☐	☐	☐	☐	☐	☐	☐	☐		

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.

I WAS HOVERING ABOVE THE GROUND AT ABOUT 12'-15' (feet), STARTED TO LEAVE AREA AND LOST SUFFICIENT POWER TO MAINTAIN ALTITUDE, LOW ROTOR RPM HORN SOUNDED, DROPPED THE COLLECTIVE, TRIED TO "FLY OUT OF IT", BUT TOO CLOSE TO THE GROUND, LOST TAIL ROTOR EFFECTIVENESS, STARTED TO SPIN AT 5' (feet) ABOVE THE GROUND, MADE 1 (ONE) REVOLUTION, THEN TRIED TO SET HELICOPTER DOWN, GROUND WAS UNLEVEL, "PICKED" HELICOPTER BACK UP, BUT COULD NOT RECOVER. HIT SURFACE FROM A COUPLE OF FEET ABOVE THE GROUND. HELICOPTER ROLLED OVER ON SIDE.

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

Operator/Owner Safety Recommendation

PAY CLOSER ATTENTION TO THE EFFECTS OF DENSITY ALTITUDE, TO MAINTAIN MORE THAN ADEQUATE POWER SO THAT I CAN STAY IN A SAFER FLYING ENVIRONMENT.

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**03/03/2014
*mm/dd/yyyy***Signature and Name of Pilot/Operator**Signature: Type or Print Name: JAMES L. DONNELL, JR.**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.**
CEN14LA149**Reviewed by NTSB Regional Office**
NCR-A**Name of Investigator**
Pam Sullivan**Date Report Received**
03/0/2014