

**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: MENARD State: TX  
ZIP: 76859 Country: MENARD TX USA  
Latitude: \_\_\_\_\_ (dd:mm:ss N/S) Longitude: \_\_\_\_\_ (ddd:mm:ss E/W)

**Date/Time**

Date: 3-22-13 Local Time: 8:00 PM  
mm/dd/yyyy Time Zone: CDT

**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**

ft MSL

**AIRCRAFT INFORMATION**

Manufacturer: ROBINSON  
Model: R44 II  
Serial Number: \_\_\_\_\_  
Registration Number: N44MD Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2500 lbs  
Weight at Time of Accident/Incident: 1955 lbs  
Location of Center of Gravity at Time of Accident/Incident:  
APP 100 inches from ☐ nose or ☒ datum  
-or- \_\_\_\_\_ Percent Mean Aerodynamic Cord (% MAC)

**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: 4

If Large Aircraft, how many seats for:

Pilot Crew: \_\_\_\_\_

Cabin Crew: \_\_\_\_\_

Passengers: \_\_\_\_\_

**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

**Type of Maintenance Program**

☒ Annual  
☐ Conditional (Amateur-built only)  
☐ Manufacturer's Inspection Program  
☐ Other Approved Inspection Program (AAIP)  
☐ Continuous Airworthiness  
Other, specify: 100 HR

**Last Inspection Type**

☒ 100 Hour ☐ Continuous Airworthiness  
☐ AAIP ☐ Conditional Inspection  
☐ Annual ☐ Unknown

Date Last Inspection: 9-23-13  
mm/dd/yyyy

Airframe Total Time: 653.6 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 NO

**ELT Installed**

☒ Yes ☐ No

**ELT Activated**

☒ Yes ☐ No

**ELT Aided in Locating Accident/Incident**

☐ Yes ☒ No

**ELT Manufacturer:** \_\_\_\_\_

**Model/Series:** \_\_\_\_\_

**Serial Number:** \_\_\_\_\_

**Battery Type:** \_\_\_\_\_

**Battery Exp. Date:** \_\_\_\_\_

**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:** HA

**Model:** \_\_\_\_\_

| Engine | Engine Manufacturer | Engine Model/Serial | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Engine Rated Power Measured as<br>(check one)<br><input checked="" type="checkbox"/> Horsepower or<br><input type="checkbox"/> lbs of Thrust | Total Time<br>(hours) | Time Since Inspection<br>(hours) | Time Since Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|--------------------------------|
| Eng. 1 | <u>LYCOMING</u>     | <u>FO-540-AE1A5</u> | <u>L32270-4915</u>           | <u>5-24-07</u>             | <u>245</u>                                                                                                                                   | <u>653.6</u>          |                                  |                                |
| Eng. 2 |                     |                     |                              |                            |                                                                                                                                              |                       |                                  |                                |
| Eng. 3 |                     |                     |                              |                            |                                                                                                                                              |                       |                                  |                                |
| Eng. 4 |                     |                     |                              |                            |                                                                                                                                              |                       |                                  |                                |

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Registered Aircraft Owner</b><br>Name: <u>RANCHO BONITO LIVESTOCK</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Owner Address</b><br>City: <u>[REDACTED]</u><br>State: <u>TX</u> ZIP: <u>76859</u><br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner<br>Name: <u>LEE CALLAN Z LIVE AT [REDACTED]</u><br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Regulation Flight Conducted Under</b><br><input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type)<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local<br><input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Purpose of Flight</b><br>for FAR 91, 103, 133, 137 (Select one)<br><input checked="" type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown                                  | <b>Revenue Operation</b><br>for FAR 121, 125, 129, 135 (Select one)<br><input type="checkbox"/> Scheduled or Commuter<br><input type="checkbox"/> Non-Scheduled or Air Taxi <u>NA</u><br><br><b>Domestic or International</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> International<br><br><b>Cargo Operation</b><br><input type="checkbox"/> Passenger/Cargo<br><input type="checkbox"/> Passenger _____ How many? <u>NA</u><br><input type="checkbox"/> Cargo _____ lbs.<br><input type="checkbox"/> Mail | <b>Type of Commercial Operating Certificate Held</b><br>(Select all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (129)<br><input type="checkbox"/> Commuter Air Carrier (135)<br><input type="checkbox"/> On-Demand Air Taxi (135)<br><input type="checkbox"/> Large Helicopter (127)<br><input type="checkbox"/> Rotorcraft External Load (133)<br><input type="checkbox"/> Agricultural Aircraft (137)<br><input type="checkbox"/> Other Operator of Large Aircraft |
| <b>OTHER AIRCRAFT – COLLISION</b> (If air or ground collision occurred, complete this section for other aircraft)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Aircraft Registration Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Manufacturer: <u>NA</u><br>Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Registered Owner of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Pilot of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>MECHANICAL MALFUNCTION/FAILURE</b> (If more space is needed, continue on separate sheet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Total Time/Cycles On Part</b><br>_____<br>Hours<br>_____<br>Cycles<br><br><b>Time Since This Part Inspected/Overhauled</b><br>_____<br>Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Aircraft Damage</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial<br><input type="checkbox"/> Minor <input type="checkbox"/> Destroyed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Aircraft Fire</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground                                                                                                                                                                                                                                                                                           | <b>Aircraft Explosion</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground                                                                                                                                                                                                                                                                                                                                                                                                                               |

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

MAIN ROTOR

BENT SKIN TUBING AND FINE WALL

RIGHT SIDE

TAIL CONE

LANDING SKIDS

RIGHT WINDSHIELD

ROTOR MAST

TAIL ROTOR

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

Airport Identifier: NA

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

## IFR Approach (Check all that apply)

☐ None☐ PAR☐ MLS☐ Practice☐ ADF/NDB☐ Sidestep☐ LDA☐ GPS☐ SDF☐ ILS☐ ASR☐ Loran☐ VOR/TWOR☐ Localizer Only☐ Visual☐ Unknown☐ VOR/DME☐ LOC-back course☐ Contact☐ TACAN☐ RNAV☐ Circling

## VFR Approach (Check all that apply)

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

## Runway Information

Runway ID: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

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

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

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

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

## 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☐ Company VFR☐ Military VFR☐ VFR☐ VFR/IFR☐ IFR☐ UnknownActivated? ☐ Yes ☐ No

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

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

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

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

## Aircraft Load Description (Check all that apply)

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

## FUEL &amp; SERVICES INFORMATION

## Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

RPP 135 LBS 20 Gallons

## Fuel Type

☐ 80/87☐ 100 Low Lead☐ 100/130☐ 115/145☐ Jet A☐ Automotive☐ JP3☐ JP4☐ JP5☐ 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

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

### Weather Observation Facility

Facility ID: \_\_\_\_\_

Observation Time: \_\_\_\_\_

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 ☐ 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

10 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:  
 APP 300 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

NA

Temperature: \_\_\_\_\_ (C)  
 or 75 (F)

Altimeter Setting: \_\_\_\_\_ in HG  
 or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ 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: LEE CALLAN

Middle Initial: R

Last Name: CALLAN

City: MENARD

State: TX

ZIP: 76859

Country: USA

Age at time of Accident/Incident: 59

Date of Birth: mm/dd/yyyy

Certificate Number:                     

## 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

9-21-13  
mm/dd/yyyy

## Medical Certificate Limitations

GLASSES FOR NEAR VISION  
INTERMEDIATE VISION

## Medical Certificate Waivers

NA

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

3-17-12  
mm/dd/yyyy

## Flight Review Aircraft

Make: ROBINSON  
Model: R44 II

## 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  
☐ Glider  
☐ 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                                                  | <u>APP</u>   | <u>6335.3</u>     | <u>348</u>             |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                      |              | <u>348</u>        |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              | <u>0</u>          |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                |              | <u>40.9</u>       |                        |                      |       |            |           |            |        |                  |
| Last 30 Days                                                |              | <u>22.5</u>       |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               |              | <u>4.8</u>        |                        |                      |       |            |           |            |        |                  |

NA

# 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: \_\_\_\_\_ mm/dd/yyyy Certificate Number: \_\_\_\_\_

|                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                                                                                                         |                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single | <b>Seat Belt</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Shoulder Harness</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Pilot Certificate(s) (Check all that apply)

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

|                                                                                                                                     |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Principal Occupation</b><br><input type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers<br><input type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown | <b>Date of Last Medical</b><br>_____ 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: \_\_\_\_\_

|                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> 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                                               |              |                   |                        |                      |       |            |           |            |        |                  |

NA

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

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

THE WEATHER WAS CLEAR WIND LIGHT FROM N.W  
WHILE PRACTICING AUTOMATIONS ON RANCH STRIP CONTACT WAS  
MADE WITH THE GROUND DURING THE ADDING OF POWER AND  
RECOVERY. THE TAIL STRUCK THE GROUND CAUSING THE HELI  
TO TILT FORWARD CUTTING THE TAIL OFF WITH MAIN ROTOR  
BLADES. THE MAIN ROTOR ALSO STRUCK THE GROUND, HELI  
ROLLED OVER ON RIGHT SIDE

**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<br><u>4-6-14</u><br><small>mm-dd-yyyy</small>                                                                        | Signature and Name of Pilot/Operator<br>Signature: <br>Type or Print Name: <u>LEE CALLAN</u> |
| Signature and Name of Person Filing Report if Other than Pilot/Operator<br>Signature: _____<br>Type or Print Name: _____<br>Title: _____ |                                                                                                                                                                                 |

**FOR NTSB USE ONLY**

|                                                 |                                                        |                                   |                                         |
|-------------------------------------------------|--------------------------------------------------------|-----------------------------------|-----------------------------------------|
| NTSB Accident/Incident No.<br><u>CEN14LA197</u> | Reviewed by NTSB Regional Office<br><u>Chicago, IL</u> | Name of Investigator<br><u>MG</u> | Date Report Received<br><u>04/06/14</u> |
|-------------------------------------------------|--------------------------------------------------------|-----------------------------------|-----------------------------------------|