

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>Leary</u> State: <u>Texas</u> ZIP: <u>75561</u> Country: <u>USA</u> Latitude: <u>33: 32:152N</u> (dd:mm:ss N/S) Longitude: <u>094:11:59W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>06/23/2014</u> Local Time: <u>1345</u> <i>mm/dd/yyyy</i> Time Zone: <u>Central</u>	
Phase of Operation ☐ Standing ☐ Takeoff (incl. initial climb) ☒ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☐ Landing ☐ Approach ☐ Unknown		Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None	
		Altitude of In-Flight Occurrence <u>1,000</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Eurocopter (Airbus)</u> Model: <u>AS350B-2</u> Serial Number: <u>1906</u> Registration Number: <u>N407EM</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>4,962</u> lbs Weight at Time of Accident/Incident: <u>4,638</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from ☐ nose or ☐ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
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Category of Aircraft ☐ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☒ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> 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: _____ 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
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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>06/17/2014</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>10,504</u> hrs hours measured at <i>(check one)</i> ☐ 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>Hand-Held</u>
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ELT Installed ELT Activated ☒ Yes ☐ No ☒ Yes ☐ No	ELT Manufacturer: <u>ARTEX</u> Model/Series: <u>C406-N HM</u> Serial Number: <u>2DC843BFC4FFBFF</u> Battery Type: <u>LiMnO2</u> Battery Exp. Date: <u>03/15/2015</u>	
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No		

Engine Type ☐ Reciprocating ☐ Turbo Jet ☒ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown	Reciprocating Fuel System Type ☐ Carburetor ☐ Fuel Injected	Propeller ☐ Fixed Pitch ☐ Controllable Pitch Manufacturer: _____ Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Honeywell	LTS 101-700-D2	LE-46006C	09/01/1980	732	9,012	40	647
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>EagleMed LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Wichita</u> State: <u>Kansas</u> ZIP: <u>67207</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: <u>EagleMed LLC</u> Doing Business As: <u>EagleMed</u> Air Carrier/Operator Designator (4 Character Code): <u>7EMA575M</u>		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under ☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ FAR 121 ☒ FAR 135 ☐ Non-US, Non-commercial ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces ☐ Public Use (select type) ☐ Federal ☐ State ☐ Local ☐ Unknown		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☒ Yes ☐ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☒ Non-Scheduled or Air Taxi Domestic or International ☒ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	
Type of Commercial Operating Certificate Held (Check all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☒ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft			
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number <u>Not Applicable</u>		Manufacturer: _____ Model: _____	
Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None			
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☒ Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> Engine over speed is suspected; however cause is unknown. Engine will be removed and sent to Honeywell test facility in Phoenix for evaluation. Malfunction is under investigation and cause is unknown.			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed		Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	
Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground			

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

Tail Boom damaged due to main rotor blade strike on ground. Left front skid tube damaged and separated on ground due to run-on landing. Aircraft nose sustained damage from impact with ground during run-on landing. Tail rotor drive shaft severed by main rotor blade. Tail rotor pitch change control rod severed by main rotor blade. Right side engine cowling damaged by tail rotor drive Thomas Coupling failure.

There was slight damage to soybean crop in field.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: KTXKDistance From Airport Center: 10 SMAirport Name: Texarkana Regional Airport - Webb FieldDirection From Airport: 300 degrees MAGProximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On AirstripAirport Elevation: 390 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
☐ ADF/NDB
☐ SDF
☐ VOR/TVOR
☐ VOR/DME
☐ TACAN☐ PAR
☐ Sidestep
☐ ILS
☐ Localizer Only
☐ LOC-back course
☐ RNAV☐ MLS
☐ LDA
☐ ASR
☐ Visual
☐ Contact
☐ Circling☐ Practice
☐ GPS
☐ Loran
☐ Unknown**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
☐ Precautionary Landing
☐ Unknown**Runway Information**

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

Runway/Landing Surface (Check all that apply)☐ Asphalt
☐ Concrete
☐ Dirt☐ Grass/Turf
☐ Gravel
☐ Ice☐ Macadam
☐ Metal/Wood
☐ Snow☐ Water
☐ Unknown**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: 1OK4City: Idabel, McCurtain County HospState: OKCountry: USA**Time of Departure**Time: 1320Time Zone: Central**Destination**Airport ID: AR37City: Texarkana, St. Michael's HospState: ARCountry: USA**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 & SERVICES INFORMATION****Fuel on Board at Last Takeoff**
(convert from pounds, as necessary)78 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**

None

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

Passengers exited through rear cabin doors. Pilot and crew removed patient on litter through cabin door. Normal exits were used.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**

Facility ID: KTXK

Observation Time: @1330

Time Zone: Central

Distance from Accident Site: 12 NM

Direction from Accident Site: 125 degrees MAG

Source of Weather Information

(Check all that apply)

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

(Check all that apply)

☐ In Person☐ Teletype☒ Telephone/Computer☒ Aircraft Radio☐ TV/Radio☐ Unknown**Briefing Type/Completeness**☐ Full☒ Partial / Limited By Pilot☐ Partial / Limited By Briefer☐ Abbreviated☐ Unknown☐ Not Pertinent**Light Condition**☐ Dawn☒ Day☐ Dusk☐ Night☐ Dark Night☐ Bright Night☐ Not Reported**Visibility**

9 miles

Sky/Lowest Cloud Condition☐ Clear☒ Few☐ Partial Obscuration☐ Scattered☐ Thin Broken☐ Thin Overcast☐ Unknown**Ceiling**☒ None (clear)☐ Broken☐ Overcast☐ Obscured☐ Indefinite☐ Unknown**Restriction to Visibility (Check all that apply)**☒ None☐ Blowing Dust☐ Blowing Sand☐ Blowing Snow☐ Blowing Spray☐ Dust☐ Fog☐ Ground Fog☐ Haze☐ Ice Fog☐ Smoke☐ Unknown**Lowest Cloud Condition Height**

2,600 ft AGL

Ceiling Height

ft AGL

Wind Direction☐ Indicated:

degrees MAG

☒ Variable**Wind Speed**

Velocity: 9 KTS

-or-

☐ Calm☐ Light and Variable**Wind Gusts**

Velocity: KTS

☐ Gusting☐ Not Gusting**Type of Turbulence (Check all that apply)**☒ None☐ Clear Air☐ In Clouds☐ Vicinity of Thunderstorm**Severity of Turbulence**☐ Extreme☐ Severe☐ Moderate☐ Moderate Chop☐ Light**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident**

None

Temperature: (C)
or (F)Altimeter Setting: in. HG
or MB

Density Altitude: ft

Dew Point: (C)
or (F)**Icing Forecast**

Amount

☒ None☐ Trace☐ Light☐ Moderate☐ Severe

Type

☐ Rime☐ Clear☐ Mixed**Icing Actual**

Amount

☒ None☐ Trace☐ Light☐ Moderate☐ Severe

Type

☐ Rime☐ Clear☐ Mixed**Type of Precipitation (Check all that apply)**☒ None☐ Rain☐ Snow☐ Hail☐ Rain Showers☐ Freezing Rain☐ Snow Shower☐ Drizzle☐ Ice Pellets☐ Snow Pellets☐ Snow Grains☐ Ice Crystals☐ Ice Pellets Shower☐ Freezing Drizzle**Intensity of Precipitation**☐ Light☐ Moderate☐ Heavy

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

Pilot "A" Identification

City: XXXXXXXXXX
State: Texas ZIP: 77090
Country: USA

Certificate Number: _____

Seat Occupied

Seat Belt

Shoulder Harness

Used ☒ Yes ☐ No
Available ☒ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

Principal Occupation

Medical Certificate

Medical Certificate Validity

Date of Last Medical

01/27/2014
mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Waivers

None

**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

Type Ratings

Sikorsky S-92

Student Endorsements *(Include dates)*

7

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

Pilot "B" Identification

City: _____

State: _____ ZIP: _____

Country: _____

Certificate Number: _____

mm/dd/yyyy

☐ None	☐ Fatal
☐ Minor	☐ Unknown
☐ Serious	

☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

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

☐ Pilot
☐ Other
☐ Unknown

☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

☐ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

mm/dd/yyyy

Medical Certificate Waivers

mm/dd/yyyy

Make: _____

Model: _____

☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

☐ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift

☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Student Endorsements	(Include dates)
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8

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																
Pilot Name and Address First Name: Not Applicable 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: Betty City: Hugo Middle Initial: _____ State: Oklahoma ZIP: 74743 Last Name: Bailey Country: USA						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: Mike City: Hugo Middle Initial: _____ State: Oklahoma ZIP: 74743 Last Name: Langford Country: USA						_____	_____	_____	_____	_____	_____	_____	_____	_____		
First Name: Natasha City: Idabel Middle Initial: _____ State: Oklahoma ZIP: 74745 Last Name: Gamble Country: USA						_____	_____	_____	_____	_____	_____	_____	_____	_____		
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.

Pilot Doug Hensley Statement

We were flying from McCurtain County Hospital in Idabel Oklahoma enroute to Christus St. Michael's Hospital in Texarkana Texas after picking up a patient. The weather at KTXK was reporting 9 miles visibility and few clouds at 3500 feet winds generally out of the west-southwest. We were flying at an approximate 1000 AGL and on a 125 degree magnetic heading in VMC. No flight plan was filed in the national airspace system but was given to the EagleMed communication center prior to take-off from McCurtain County Hospital

The aircraft was at approximately 4638 lbs aircraft gross weight with approximately 55 percent fuel remaining at the beginning of the engine malfunction. During straight and level cruise flight, rotor RPM rapidly increased up to approximately 415 RPM with N2 needles joined and aural high rotor (pulsing) tone alerting. Simultaneously, T4 was in yellow arc at approximately 875 degrees Celsius.

To confirm diagnosis of malfunction, I tried lowering collective which resulted in an increase and slight split of rotor and N2 needles with what I think was the N2 higher than Rotor RPM. I returned collective to previous position which brought rotor RPM down slightly. Rotor RPM still remained higher than normal operating ranges.

I then attempted to control rotor rpm with throttle which was not as effective as I felt comfortable manipulating for safe flight. I assessed that an autorotation to the farm field was the safest course of action. I informed the crew that "We have an engine over-speed and I have to autorotate"

I then activated the ELT from the console mounted switch and activated the emergency button on the Sat-Comm. I then brought the throttle back to off and entered autorotation at approximately 80 knots

Airspeed bled as I entered autorotation until I was able to maintain approximately 63 knots during autorotation with Rotor RPM dropping to approximately 350 to 355 rpm with the alert of the low rotor aural warning and executed a right turn with full down collective to recover RPM and set up for flare. The flare was executed at approximately 50 feet AGL and added collective to cushion with increased rotor pitch which bled rotor RPM below 360 causing the alert of low rotor aural warning.

As skids touched the ground the aircraft started a short ground run. The aircraft rocked forward on the forward portion aircraft's skids (skid toes) as tail rotor authority simultaneously decreased. I felt feedback in the controls as the main rotor struck the tail boom and the aircraft listed to the left (port) and came to rest.

I then pulled the full cut-off lever and stopped the rotor utilizing the rotor-brake and completed the emergency shutdown sequence.

RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

Cause of accident under investigation at this time.

ADDITIONAL INFORMATION (Please type or print in ink)

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

Paramedic Mike Landford Statement

ON 06/23/2014 AT 1319 HOURS, I MIKE LANGFORD LIFTED OFF FROM THE MCCURTAIN MEMORIAL HOSPITAL HELIPAD WITH ONE PATIENT AND OUR REMAINING CREW CONSISTING OF PILOT DOUG HENSLEY AND NURSE BETTY BAILEY. THE DEPARTURE AND INITIAL IN FLIGHT TRANSPORT SEEMED TO BE PROGRESSING WITHOUT INCIDENT. AT APPROXIMATELY 10 MINUTES OUT A PATIENT REPORT WAS CALLED TO THE RECEIVING FACILITY BY BETTY BAILEY. OUR LOCATION AT THE TIME OF THE REPORT WAS SOMEWHERE JUST NW OF TEXARKANA AT AN APPROXIMATE ALTITUDE OF 1000 TO 1200 FT. AT APPROXIMATELY 1345 HOURS AND 5 MINUTES OUT FROM LANDING AT ST MICHAELS HOSPITAL, THE AIRCRAFT BEGAN TO SHAKE VERY NOTICEABLY. I ALSO HEARD THE AIRCRAFT MAKE WHAT APPEARED TO BE A HIGH PITCH SOUND FROM ABOVE US. I NOTICED THE PILOT REACH FOR THE COLLECTIVE. I NOTED THE SHAKING OF THE AIRCRAFT TO RESOLVE FOR JUST A FEW SECONDS WHEN IT BEGAN TO VIBRATE VERY NOTICEABLY AGAIN. I AGAIN HEARD THE AIRCRAFT MAKE AN ABNORMAL HIGHER PITCH SOUND. AT THAT TIME, THE PILOT ASKED THE CREW TO CONFIRM THAT ALL OF OUR RESTRAINTS WERE SECURE AND TO PUSH THE EMERGENCY BUTTON. HE STATED THAT WE WERE GOING TO HAVE TO DO AN AUTO ROTATION. I ALSO NOTED A HORN OR BUZZING TYPE WARNING COMING FROM WITHIN THE AIRCRAFT JUST BEFORE AUTO ROTATION. I, MYSELF, ALONG WITH BETTY BAILEY PREPARED FOR AN EMERGENCY LANDING. I ALSO CHECKED AND CONFIRMED THAT THE PATIENT WAS SECURED. VERY SHORTLY THEREAFTER, I NOTED THAT THE AIRCRAFT BECAME QUIET WITH RESOLVEMENT OF ALL VIBRATIONS AND NOISES. THE TRANSITION TO THE AUTO ROTATION WAS SMOOTH AS WAS THE DESCENT. I NOTED THE PROBABLE LOCATION OF TOUCH DOWN WAS GOING TO BE IN AN OPEN FARM FIELD JUST IN FRONT OF US. AS WE NEARED CONTACT WITH THE GROUND, IT APPEARED THAT THE PILOT LIFTED THE NOSE OF THE AIRCRAFT IN PREPARATION FOR LANDING. THE SKIDS OF THE AIRCRAFT HIT THE GROUND AND APPEARED TO SKIP FORWARD AND WITH THE TAIL MOVING SLIGHTLY LEFT. IT APPEARED THAT WE MADE A SECOND CONTACT, FIRMLY WITH THE GROUND. THE AIRCRAFT SEEMED TO NOSE DOWN SHARPLY INTO THE SOIL AND THEN ROTATED BACK ONTO THE SKIDS IN AN UPRIGHT POSITION. I NOTED THAT THE OVERHEAD ROTORS HAD STOPPED ALONG WITH ALL AIRCRAFT MOVEMENT. THE PILOT EXITED THE AIRCRAFT AND WALKED TO THE FRONT. HE STATED THAT IT WAS SAFE TO EXIT. BETTY AND I EXITED THE AIRCRAFT WITHOUT INCIDENT AND CONTINUED ASSESSMENT AND CARE OF THE PATIENT. END OF REPORT!

Nurse Betty Bailey Statement

Our altitude was approximately 1500 feet. I heard the horn go off two or three times at the same time I could feel extreme vibrations. Everything stopped for a few seconds. The pilot said we are in an emergency and will auto rotate down. Pilot said to hit the emergency button. I leaned over and hit the emergency button. The horn started going off again with extreme vibrations. Then silence and the helicopter seem (sic) to just float to the ground. When the helicopter hit the ground it felt like a sled a little. I felt the helicopter turn slightly to the left then straighten up. The nose went down and we came to an abrupt stop. The blades were stopped we could see one of them at the nose of the helicopter. The pilot got out and we followed him to the front of the helicopter. The pilot visually assessed the helicopter and said it was safe, so the Medic and I returned to assess the patient.

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

Date of this Report

07/02/2014
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

Douglas R. Hensley

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

Title: Director of Operations

Andy Falot

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NTSB Accident/Incident No.
CEN14LA312Reviewed by NTSB Regional Office
DENVER, COName of Investigator
AGUILERADate Report Received
7/3/2014