

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: San Benito State: TX
 ZIP: _____ Country: U.S.A.
 Latitude: _____ (decimal degrees N/S) Longitude: _____ (E/W)

Date/Time

Date: 04/21/2016 Local Time: apx. 10:00 am.
 mm/dd/yyyy Time Zone: Central

Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N64702
 Manufacturer: Bell
 Model: 47 G2A
 Serial Number: 2706
 Year of Manufacture: 1962

Amateur-built: ☐ Yes ☒ No
☐ Kit/Plans
 Make: _____
☐ Original Design

Maximum Gross Weight: 2,850 lbs
 Weight at Time of Accident/Incident: 2,320* lbs
 Number of Seats: 2 Flight Crew Seats: 2
 Cabin Crew Seats: 0 Passenger Seats: 0
 Number of Engines: 1

* approximate

Category of Aircraft

- ☐ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☐ Glider
- ☐ Gyrocraft
- ☒ Helicopter
- ☐ Powered lift
- ☐ Ultralight
- ☐ Unmanned
- ☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard

- ☐ Unknown
- ☒ Normal
- ☐ Utility
- ☐ Acrobatic
- ☐ Transport

Special

- ☒ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ Light Sport

Landing Gear

(Check all that apply)

- ☐ Tricycle
- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull
- ☐ None
- ☐ Unknown
- ☐ Retractable
- ☐ Tailwheel
- ☐ High Skid
- ☒ Skid
- ☐ Ski
- ☐ Ski/Wheel

Engine Type

- ☒ Reciprocating
- ☐ Turbo Shaft
- ☐ Turbo Prop
- ☐ Turbo Jet
- ☐ Turbo Fan
- ☐ Electric
- ☐ Unknown

Fuel System Type

- (Reciprocating)
- ☒ Carburetor
- ☐ Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>V0435-A1F</u>	<u>L 2586-52</u>	<u>N/A</u>	<u>260</u>	<u>N/A</u>	<u>450</u>	<u>450</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 03/14/2016
 mm/dd/yyyy

Airframe Total Time: 12,920 hrs

hours measured at (check one)

- ☐ Last Inspection
- ☒ Time of Accident/Incident

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: _____

Additional Equipment (Check all that apply)

- ☐ Airframe Parachute
- ☐ Angle of Attack Indicator
- ☐ Auto-Pilot
- ☒ Data Recorder
- ☒ Electronic Multifunction Display
- ☐ Electronic Primary Flight Display
- ☒ Handheld GPS
- ☐ Heads Up Display
- ☐ IFR Equipment
- ☒ Onboard Weather
- ☐ Stall Warning System

Type of Maintenance Program

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

Propeller

- ☐ Fixed Pitch
- ☐ Controllable Pitch

Manufacturer: _____

Model: _____

Type of Fire Extinguishing System

- ☐ None
- ☒ Specify Halon

PILOT "B" INFORMATION																																																																																																				
Pilot "B" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "B" Identification First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____ mm/dd/yyyy																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Available Restraint Type ☐ None ☐ 4-point ☐ Lap only ☐ 5-point ☐ 3-point ☐ Unknown			Restraint Used ☐ None ☐ 4-point ☐ Lap only ☐ 5-point ☐ 3-point ☐ Unknown																																																																																											
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 ☐ Special Issuance ☐ N/A			Date of Last Medical mm/dd/yyyy																																																																																												
Medical Certificate Limitations																																																																																																				
Medical Certificate Waivers																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____																																																																																																
Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicopter ☐ Airplane Multi-Engine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered Lift ☐ Sport																																																																																														
Type Ratings				Student Endorsements (Include dates)																																																																																																
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> <tr> <td>Total Time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)						
Pilot Name and Address		Degree of Injury				
First Name: _____ City: _____		☐ None ☐ Fatal				
Middle Initial: _____ State: _____ ZIP: _____		☐ Minor ☐ Unknown				
Last Name: _____ Country: _____		☐ Serious				
Pilot Certificate(s) (Check all that apply)		Seat Occupied				
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ 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		Degree of Injury				
First Name: _____ City: _____		☐ None ☐ Fatal				
Middle Initial: _____ State: _____ ZIP: _____		☐ Minor ☐ Unknown				
Last Name: _____ Country: _____		☐ Serious				
Pilot Certificate(s) (Check all that apply)		Seat Occupied				
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ 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		Degree of Injury				
First Name: _____ City: _____		☐ None ☐ Fatal				
Middle Initial: _____ State: _____ ZIP: _____		☐ Minor ☐ Unknown				
Last Name: _____ Country: _____		☐ Serious				
Pilot Certificate(s) (Check all that apply)		Seat Occupied				
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ 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	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
☐ Crew ☐ Passenger ☐ Other						
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
☐ Crew ☐ Passenger ☐ Other						
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
☐ Crew ☐ Passenger ☐ Other						
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
☐ Crew ☐ Passenger ☐ Other						
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
☐ Crew ☐ Passenger ☐ Other						

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>TGS</u> City: <u>Weslaco</u> State: <u>IL</u> Country: <u>U.S.A.</u>	Time of Departure Time: <u>N/A</u> Time Zone: _____	Destination Airport ID: <u>N/A</u> City: <u>Various Work Sites</u> State: <u>TX</u> Country: <u>U.S.A.</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No
Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ Special VFR ☐ 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 E ☐ Class B ☒ Class G ☐ Class C ☐ Demo Area ☐ Class D ☐ 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			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
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)		Weather Observation Facility Facility ID: <u>N/A</u> Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees	
Basic Conditions ☒ VMC ☐ IMC	Light Condition ☐ Dawn ☐ Dusk ☒ Day ☐ Night	☐ Dark Night ☐ Bright Night ☐ Not Reported	Temperature: _____ (C) or <u>90</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☒ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered Lowest Cloud Condition Height <u>N/A</u> ft AGL		Ceiling ☒ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft AGL	
Wind Direction ☐ Variable ☒ Indicated: <u>SE</u> degrees	Wind Speed ☐ Calm ☐ Light and Variable -or- Velocity: <u>7</u> KTS	Wind Gusts ☐ Not Gusting ☐ Gusting Velocity: <u>0</u> KTS	Visibility <u>8</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>1000</u> ft
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A	Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		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
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed		Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ In Clouds ☐ Vicinity of Thunderstorm Severity ☐ Light ☐ Moderate ☐ Moderate Chop ☐ Severe ☐ Extreme
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 			

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

Phase of Operation

☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☒ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Altitude of In-Flight Occurrence

15 ft MSL AGL

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

AIRCRAFT Completely Destroyed, Fire on ground consumed Aircraft. 2 Power lines cut, Fire to Pasture grass, Several bushes.

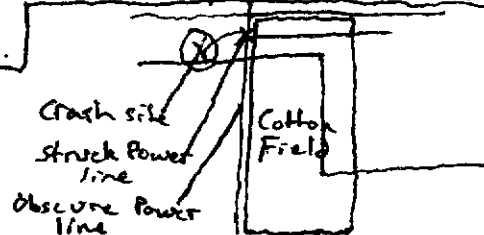
NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

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.

On April 21, 2016, N64702 was spraying a Cotton field near San Benito, Tx. A ground Observer was in contact with the Pilot. The pilot informed the observer to move some horses near the field. The pilot then performed another spray run on the North side of the field to the west. The spray run was between two power lines and the helicopter struck a third set in a perpendicular manner. The cause of the strike is still unknown. The lines that were struck were hard to see due to trees along the lines. When the helicopter struck the lines, one or 2 lines held on to the helicopter and drag it to the ground. The powerlines were still hot which caused a large fire. The pilot escaped the helicopter on his own, but suffered many severe burns and is in critical condition. Fire and ambulance services were on scene within 15 minutes. Pilot rushed to hospital and later air-lifted to Brooke Medical in San Antonio, Tx.

*This is a 3rd Person Account to the best of our knowledge.

— Powerline
— Flight Path

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

Scout and observe obstructions more vigorously. Inform Power company to not allow trees to grow into their powerlines.

RECOMMENDATION (How could this accident/incident have been prevented?)			
Operator/Owner Safety Recommendation			
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>			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff <i>(convert from pounds, as necessary)</i> _____ 55 _____ 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 Unknown			
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
Registered Owner of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____	

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

05/06/2016

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: _____

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

Signature: _____

Type or Print Name: CAMERON HENDRICKSONTitle: OPERATIONS MANAGER**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

CEN16LA161

Reviewed by NTSB Regional Office

DENVER, COLORADO

Name of Investigator

ARNOLD W. SCOTT

Date Report Received

MAY 09, 2016