

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: BEACH CITY 207 State: OHIO
 ZIP: 44608 Country: USA
 Latitude: 40.6469 N Longitude: 81.5557 W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 06/25/2018 Local Time: 0930
 mm/dd/yyyy
 Time Zone: EST

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

AIRCRAFT INFORMATION

Registration Number: N32KS
 Manufacturer: KEVIN L. SIBILA
 Model: MH1
 Serial Number: MH12014-01
 Year of Manufacture: JULY 2017
 Amateur-Built: ☒ Yes If Yes: ☒ Kit/Plans Make: MILLENNIUM MH1
☐ No ☐ Original Design

☐ IFR-Equipped and Certified
☐ Commercial Space Flight N/A
☐ Unmanned Aircraft

Maximum Gross Weight: 1180 lbs
 Weight at Time of Accident/Incident: 849 lbs
 Number of Seats: 1 Flight Crew Seats: _____
 Cabin Crew Seats: _____ Passenger Seats: _____
 Number of Engines: 1

Category of Aircraft

- ☐ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyroplane
☒ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

- Standard** **Special**
☐ Normal ☐ Restricted
☐ Aerobatic ☐ Limited
☐ Balloon ☐ Provisional
☐ Commuter ☐ Special Flight
☐ Transport ☒ Experimental
☐ Utility ☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear

(Check all that apply)

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

Engine Type (Select one)

- ☒ Reciprocating ☐ Liquid Rocket
☐ Turbo Shaft ☐ Solid Rocket
☐ Turbo Prop ☐ Hybrid Rocket
☐ Turbo Jet ☐ None
☐ Turbo Fan ☐ Unknown
☐ Electric

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>YAMAHA</u>	<u>GENESIS</u>	<u>8HC-001272</u>	<u>01/01/2008</u>	<u>120</u>	<u>9.1</u>	<u>9.1</u>	<u>9.1</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- AIRCRAFT NOT CERTIFICATE ISSUED
☐ 100-Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☐ Annual ☐ Unknown

Date Last Inspection: 03/27/2018
 mm/dd/yyyy

Airframe Total Time: 8 hrs
 hours measured at (Select one)
☐ Last Inspection ☒ Time of Accident/Incident

Type of Maintenance Program (Select one)

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

Description of Fire Extinguishing System

- ☐ None
☒ Specify: HAND HELD

Propeller 1

- ROTOR BLADE
☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: REVOLUTION

Model: OEM STANDARD BLADE

Propeller 2

- ROTOR BLADE
☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: REVOLUTION

Model: OEM STANDARD BLADE

ELT Installed: ☐ Yes ☒ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☐ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☐ Yes ☐ No

Was ELT still connected to antenna? ☐ Yes ☐ No

Did ELT Activate? ☐ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☐ No

If not activated:

- Indicate Reason: ☐ Impact Damage
☐ Fire Damage
☐ Battery Expired/Damaged
☐ Unknown

Additional Equipment (Check all that apply)

- ☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator N/A
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Other, Specify: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>KEVIN SIBILA</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>ZOAR</u> State: <u>OHIO</u> ZIP: <u>44697</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation ☐ Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ FAR 103 ☐ FAR 133 ☐ FAR 431 ☐ FAR 121 ☐ FAR 135 ☐ FAR 435 ☐ FAR 125 ☐ FAR 137 ☐ FAR 437 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☒ N/A ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☒ No	Air Medical Flight ☐ Yes ☒ No	Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Firefighting ☐ Unknown ☐ Aerial Observation ☒ Flight Test ☐ Air Drop ☐ Glider Tow ☐ Air Race/Show ☐ Instructional ☐ Banner Tow ☐ Other Work Use ☐ Business ☐ Personal ☐ Executive/Corporate ☐ Positioning ☐ External Load ☐ Skydiving ☐ Ferry	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>BEACH CITY</u> Airport Identifier: <u>2D7</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>ON PROPERTY</u> sm Direction From Airport: <u>ON PROPERTY</u> degrees true Airport Elevation: <u>984</u> ft. msl	
Runway Information Runway ID: <u>10/28</u> (L/R/C) Length: <u>3175</u> ft Width: <u>115</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Slush-Covered ☐ Vegetation ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☒ Downwind ☐ Low Approach ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ Final ☐ Aborted Landing (after touchdown) ☐ Crosswind ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual ☐ VOR/DME ☐ Localizer Only ☐ Contact ☐ TACAN ☐ LOC-back course ☐ Circling ☐ RNAV ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☒ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☐ Touch and Go ☐ Valley/Terrain Following ☐ Simulated Forced Landing ☐ Go Around ☒ Forced Landing ☐ Full Stop ☐ Precautionary Landing ☐ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
"Flight Crewmember 1" was pilot flying ☐ Yes ☐ No N/A																																																																																																				
"Flight Crewmember 1" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
Degree of Injury ☐ None ☐ Fatal N/A ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Right ☐ Center ☐ Front ☐ Rear ☐ Single ☐ Unknown N/A			Restraint Type N/A Available ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints N/A ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																											
Pilot Certificate(s) (Check all that apply) N/A ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign					Medical Certificate N/A ☐ None ☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown			Medical Certificate Validity N/A ☐ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A		Date of Last Medical N/A mm/dd/yyyy																																																																																										
Medical Certificate Limitations N/A																																																																																																				
Medical Certificate Special Issuance N/A																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: N/A mm/dd/yyyy					Flight Review Aircraft N/A 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) N/A ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) N/A ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) N/A (Check all that apply) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings N/A						Student Endorsements (Include dates) N/A																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 15%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <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> </tbody> </table>											Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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																																																																																										
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"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

☐ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew

"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No **N/A**

"Flight Crewmember 2" Identification

First Name: _____

City of Residence: _____

Middle Initial: _____ **N/A**

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury

☐ None
 ☐ Fatal **N/A**
☐ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

☐ Left
 ☐ Front
 ☐ Unknown
☐ Right
 ☐ Rear **N/A**
☐ Center
 ☐ Single

Restraint Type

Available

☐ None
☐ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Used

☐ None **N/A**
☐ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Inflatable Restraints

☐ Not Installed **N/A**
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Flight Instructor
 ☐ Commercial
 ☐ US Military **N/A**
☐ Private
 ☐ Recreational
 ☐ Airline Transport
 ☐ Foreign
☐ Student
 ☐ Sport
 ☐ Flight Engineer

Principal Occupation

☐ Pilot **N/A**
☐ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

☐ Without limitations/waivers **N/A**
☐ With limitations/waivers
☐ Special Issuance
☐ Unknown
☐ N/A

Date of Last Medical

N/A
 mm/dd/yyyy

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

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

N/A

mm/dd/yyyy

Flight Review Aircraft

Make: _____ **N/A**

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 **N/A**
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None **N/A**
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☐ None **N/A**
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift

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

Type Ratings

N/A

Student Endorsements (Include dates)

N/A

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						N/A				
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ <i>N/A</i> State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single <i>N/A</i> ☐ Unknown		Injury ☐ None ☐ Minor <i>N/A</i> ☐ Serious <i>N/A</i> ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military <i>N/A</i> ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown <i>N/A</i> ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown <i>N/A</i>	
Type Rating/Endorsement for Accident/Incident Aircraft? <i>N/A</i> ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: <i>N/A</i> hrs			
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ <i>N/A</i> State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single <i>N/A</i> ☐ Unknown		Injury ☐ None <i>N/A</i> ☐ Minor <i>N/A</i> ☐ Serious <i>N/A</i> ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military <i>N/A</i> ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: <i>N/A</i> Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown <i>N/A</i> ☐ Unknown		Inflatable Restraints <i>N/A</i> ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? <i>N/A</i> ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: <i>N/A</i> hrs			
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew, continue on separate sheet if necessary)						
Name and Address First Name: _____ City: _____ Middle Initial: _____ <i>N/A</i> State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		Seat ☐ Left <i>N/A</i> ☐ Center <i>N/A</i> ☐ Right <i>N/A</i> ☐ Unknown <i>N/A</i> Row: _____	Injury ☐ None <i>N/A</i> ☐ Minor <i>N/A</i> ☐ Serious <i>N/A</i> ☐ Fatal <i>N/A</i> ☐ Unknown <i>N/A</i>	Restraint Type Available Used <i>N/A</i> ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown <i>N/A</i> ☐ Unknown	Inflatable Restraints <i>N/A</i> ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Age <i>N/A</i> ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ <i>N/A</i> State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left <i>N/A</i> ☐ Center <i>N/A</i> ☐ Right <i>N/A</i> ☐ Unknown <i>N/A</i> Row: _____	☐ None <i>N/A</i> ☐ Minor <i>N/A</i> ☐ Serious <i>N/A</i> ☐ Fatal <i>N/A</i> ☐ Unknown <i>N/A</i>	Available Used <i>N/A</i> ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown <i>N/A</i> ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ <i>N/A</i> State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left <i>N/A</i> ☐ Center <i>N/A</i> ☐ Right <i>N/A</i> ☐ Unknown <i>N/A</i> Row: _____	☐ None <i>N/A</i> ☐ Minor <i>N/A</i> ☐ Serious <i>N/A</i> ☐ Fatal <i>N/A</i> ☐ Unknown <i>N/A</i>	Available Used <i>N/A</i> ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown <i>N/A</i> ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ <i>N/A</i> State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left <i>N/A</i> ☐ Center <i>N/A</i> ☐ Right <i>N/A</i> ☐ Unknown <i>N/A</i> Row: _____	☐ None <i>N/A</i> ☐ Minor <i>N/A</i> ☐ Serious <i>N/A</i> ☐ Fatal <i>N/A</i> ☐ Unknown <i>N/A</i>	Available Used <i>N/A</i> ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown <i>N/A</i> ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: _____ <u>N/A</u> City: _____ State: _____ Country: _____	Time of Departure Time: <u>0900</u> Time Zone: <u>EST</u>	Destination Airport ID: _____ <u>N/A</u> City: _____ State: _____ Country: _____	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☐ Class 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 Altitude of In-Flight Occurrence: <u>UNKNOWN</u> ft msl <u>ESTIMATE 20 TO 30 FT</u>			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather ☐ Company ☐ Military ☐ Internet ☒ None ☐ Unknown		Weather Observation Facility Facility ID: _____ <u>N/A</u> Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl	
Lowest Cloud Condition Height _____ ft agl		Temperature: _____ (C) or <u>70's</u> (F) Dew Point: _____ (C) or <u>?</u> (F) Altimeter Setting: <u>?</u> in. Hg or _____ MB	
Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u><5</u> kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>CLR</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle	
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			
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	
Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme			
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>N/A</u>			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- ☐ None ☒ Substantial
☐ Minor ☐ Destroyed
☐ ☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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

- BOTH LANDING SKIDS
- TAIL BOOM
- MAIN ROTOR BLADES
- TAIL ROTOR BLADES
- EXHAUST SYSTEM
- CANOPY
- PLASTIC GLASS WINDSCREENS

- PROPERTY DAMAGE
 FEW CORN STALKS
 FARMER NOTIFIED

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 departure time and location, services obtained, and intended destination. Provide as much detail as possible.

FLIGHT STARTED AT 0900 06/25/2018 AT PRIVATELY OWNED BEACH CITY AIRPORT (2D7) FOR PURPOSE OF BALANCING MAIN ROTOR BLADES IN FORWARD FLIGHT. PIC JOHN HAINES FLEW FIRST CIRCUIT UP/DOWN RUNWAY. HELICOPTER RETURNED FOR LANDING. ADJUSTMENT MADE TO ONE MAIN ROTOR BLADE TRIM TAB. SECOND CIRCUIT FLOWN. HELICOPTER RETURNED FOR LANDING. BALANCE CHECK SATISFACTORY. THIRD CIRCUIT FLOWN, AS JOHN WAS FLYING EASTBOUND ON RUNWAY 10 JUST NORTH OF THE GRASS RUNWAY OVER THE CORN FIELD, ESTIMATED ALTITUDE 20 TO 30 FEET IT APPEARED JOHN WAS SLOWING TO START A RIGHT TURN TO THE RUNWAY AND CONTINUING FLYING ANOTHER CIRCUIT. IT APPEARED THE HELICOPTER ENTERED A STEADY DESCENT FLYING EASTWARD UNTIL IT HIT THE GROUND JUST NEXT TO THE RUNWAY IN THE CORN FIELD. I ESTIMATE THE HELICOPTER WENT DOWN AROUND 3,000 FT FROM MY POSITION. I RAN TO THE HELICOPTER AND UPON REACHING I SAW PILOT JOHN HAINES STANDING NEXT TO THE HELICOPTER. I ASKED JOHN IF HE WAS INJURED HE STATED HIS BACK HURT AND THE ENGINE JUST QUIT. MR. AND MRS. RON PRINCE DROVE UP IN GOLF CART AND WE LOADED JOHN. RON DROVE HIM TO HOSPITAL. I SMELLED FUEL SO I MOVED SOME DEBRIS IN ORDER TO TURN OFF THE FUEL SHUTOFF. ANOTHER WITNESS WAS PRESENT, AND THE AIRPORT MANAGER WAS AT THE SCENE. STATE HIGHWAY PATROL STARTED ARRIVING.

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

Operator/Owner Safety Recommendation

UNKNOWN AT THIS TIME.

ENGINE FAILURE WITH NO APPARENT REASON.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

UNKNOWN AT THIS TIME

Total Time/Cycles
On Part

N/A

Hours

Cycles

Time Since This Part
Inspected/Overhauled

N/A

Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

APPROX 17 Gallons

Fuel Type

☐ 80/87☐ 115/145☐ Jet B☐ Other, specify _____☐ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☒ Automotive

Other Services, if Any, Prior to Departure

N/A

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☐ No N/A

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

N/A

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

N/A

Manufacturer:

N/A

Model:

Registered Owner of Other Aircraft

N/A

Pilot of Other Aircraft

N/A

Name:

City:

State:

ZIP:

Country:

Name:

City:

State:

ZIP:

Country:

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

N/A

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

07/02/2018
mm/dd/yyyy

Name of Pilot/Operator:

KEVIN SIBILASignature: 

-- or --

☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: N/A

Title: _____

Signature: _____

-- or --

☐ Check here to electronically sign this document**FOR NTSB USE ONLY**NTSB Accident/Incident No.
CEN18LA239Reviewed by NTSB Regional Office
CENName of Investigator
SillimanDate Report Received
7/2/18