

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: DUSTIN State: OK

ZIP: 74839 Country: USA

Latitude: _____ Longitude: _____

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 03/26/2021 Local Time: 3:00 P
mm/dd/yyyy

Time Zone: CST

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

AIRCRAFT INFORMATION

Registration Number: N178DF

Manufacturer: ROBINSON HELICOPTER COMPANY

Model: R-44 Raven II

Serial Number: 11969

Year of Manufacture: 2007

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

- ☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 2500 lbs

Weight at Time of Accident/Incident: 2461 lbs

Number of Seats: 4 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 3

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

Landing Gear

(Check all that apply)

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

Engine Type (Select one)

- ☒ Reciprocating
☐ Turbo Shaft
☐ Turbo Prop
☐ Turbo Jet
☐ Turbo Fan
☐ Electric
☐ Liquid Rocket
☐ Solid Rocket
☐ Hybrid Rocket
☐ None
☐ 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	LYCOMING	FD540 A21AS	L-30374-48	8/25/2007	290	2238	95	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 6/18/2021
mm/dd/yyyy

Airframe Total Time: 2238 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

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: POINTER

Model or Part No.: 4000-11A

TSO No.: ☐ C91 (121.5 MHz) ☒ C91a (121.5 MHz)
☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☐ Yes ☒ No

Did ELT Activate? ☐ Yes ☐ No UNSURE

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

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

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

Additional Equipment (Check all that apply)

- ☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ 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: _____

Registered Aircraft OwnerName: Brushpopper Aviation, L.L.C.Fractional Ownership Aircraft: ☐ Yes ☒ No

City: _____

State: _____

ZIP: _____

Country: _____

Operator of Aircraft☐ Same As Registered Owner☒ Same Address as Registered OwnerName: Gerald Cape Drew, Jr.

Doing Business As: _____

City: _____

State: _____

ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- ☒ 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 (Select one)

- ☐ Armed Forces
☐ Federal
☐ State
☐ Local

☐ Unknown**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
☐ Non-Scheduled or Air Taxi ☐ International

☐ Passenger
☐ Cargo
☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- ☐ 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

Revenue Sightseeing Flight☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION** (If an accident or incident occurred on approach, landing, takeoff, or departure within 5 miles of an airport, N/A)

Airport Name: _____

Airport Identifier: _____

Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. msl

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 ☐ Unknown

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

- ☐ 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

Approach/Departure Segment (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base
☐ Initial Climb ☐ Final
☐ Crosswind

- ☐ Low Approach
☐ Go Around
☐ Aborted Landing (after touchdown)
☐ Unknown

IFR Approach (Check all that apply)

- ☐ 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 (Check all that apply)

- ☐ 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																																																																																																			
"Flight Crewmember 1" Identification First Name: <u>Gerald</u> Middle Initial: <u>C</u> Last Name: <u>Drew, Jr.</u>					City of Residence: [REDACTED] State: [REDACTED] ZIP: [REDACTED] Country: <u>USA</u> mm/dd/yyyy																																																																																														
Age at time of Accident/Incident: <u>59</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																			
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☒ Serious		Seat Occupied ☐ Left ☒ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown		Used ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																											
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☒ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer																																																																																																			
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 ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance		Date of Last Medical <u>03-26-2021</u> mm/dd/yyyy																																																																																													
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/03/2020</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Robinson</u> Model: <u>R44 Raven II</u>																																																																																															
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ 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 <u>N/A</u>																																																																																													
Type Ratings <u>Single Engine Land None</u>						Student Endorsements (include dates)																																																																																													
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>3687</td> <td>1447</td> <td>995</td> <td>0</td> <td>100</td> <td>5</td> <td>9</td> <td>2620</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>3552</td> <td>1447</td> <td>995</td> <td>0</td> <td>100</td> <td>0</td> <td>0</td> <td>2620</td> <td>0</td> <td>0</td> </tr> <tr> <td>Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>5.7</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>124</td> <td>112</td> <td>7</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>112</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 30 Days</td> <td>82</td> <td>75</td> <td>7</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>75</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 24 Hours</td> <td>3</td> <td>3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>3</td> <td>0</td> <td>0</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	3687	1447	995	0	100	5	9	2620	0	0	Pilot in Command (PIC)	3552	1447	995	0	100	0	0	2620	0	0	Time as Instructor	0	0	0	0	0	0	0	0	0	0	This Make/Model					5.7	0	0				Last 90 Days	124	112	7	0	0	0	0	112	0	0	Last 30 Days	82	75	7	0	0	0	0	75	0	0	Last 24 Hours	3	3	0	0	0	0	0	3	0	0
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Last 24 Hours	3	3	0	0	0	0	0	3	0	0																																																																																									

N/A

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																			
"Flight Crewmember 2" 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 ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown											
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance		Date of Last Medical _____ mm/dd/yyyy													
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Limitations 				Medical Certificate Special Issuance 											
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 ☐ 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 						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 ☐ Actual ☐ Simulated		Rotorcraft		Glider		Lighter Than Air	
Total Time																			
Pilot in Command (PIC)																			
Time as Instructor																			
This Make/Model																			
Last 90 Days																			
Last 30 Days																			
Last 24 Hours																			

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

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center ☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right ☐ Single	☐ Serious
		☐ Unknown	☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
	☐ Commercial	☐ 3-point	☐ 3-point
	☐ Airline Transport	☐ 4-point	☐ 4-point
	☐ Flight Engineer	☐ 5-point	☐ 5-point
	☐ US Military	☐ Unknown	☐ Unknown
	☐ Foreign		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center ☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right ☐ Single	☐ Serious
		☐ Unknown	☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
	☐ Commercial	☐ 3-point	☐ 3-point
	☐ Airline Transport	☐ 4-point	☐ 4-point
	☐ Flight Engineer	☐ 5-point	☐ 5-point
	☐ US Military	☐ Unknown	☐ Unknown
	☐ Foreign		
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 cabin crew, complete on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Stanton</u> City: [REDACTED]	☒ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: [REDACTED]	☐ Center	☒ Minor	☐ None	☐ None	☐ If Under 5,
Last Name: <u>Beckham</u> Country: <u>USA</u>	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Child Restraint
☐ Crew ☒ Passenger ☐ Other	☐ Unknown	☐ Fatal	☒ 3-point	☒ 3-point	☐ Lap-Held
	Row: _____	☐ Unknown	☐ 4-point	☒ 4-point	☐ Unknown
			☐ 5-point	☐ 5-point	
			☐ Unknown	☐ Unknown	
First Name: <u>Jon</u> City: [REDACTED]	☒ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: [REDACTED]	☐ Center	☒ Minor	☐ None	☐ None	☐ If Under 5,
Last Name: <u>Service</u> Country: <u>USA</u>	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Child Restraint
☐ Crew ☒ Passenger ☐ Other	☐ Unknown	☐ Fatal	☒ 3-point	☒ 3-point	☐ Lap-Held
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown
			☐ 5-point	☐ 5-point	
			☐ Unknown	☐ Unknown	
First Name: <u>Jeremy</u> City: [REDACTED]	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: [REDACTED]	☐ Center	☒ Minor	☐ None	☐ None	☐ If Under 5,
Last Name: <u>Graf</u> Country: <u>USA</u>	☒ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Child Restraint
☐ Crew ☒ Passenger ☐ Other	☐ Unknown	☐ Fatal	☒ 3-point	☒ 3-point	☐ Lap-Held
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown
			☐ 5-point	☐ 5-point	
			☐ Unknown	☐ Unknown	
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	☐ If Under 5,
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Child Restraint
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Lap-Held
	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown
			☐ 5-point	☐ 5-point	
			☐ Unknown	☐ Unknown	

FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>F10</u> City: <u>HENRYETTA</u> State: <u>OK</u> Country: <u>USA</u>		Time of Departure Time: <u>~ 1:30 pm</u> Time Zone: <u>CENTRAL</u>		Destination Airport ID: <u>OFF AIRPORT</u> City: <u>DUSTIN</u> State: <u>OK</u> Country: <u>USA</u>	
Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown					
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					
Altitude of In-Flight Occurrence: <u>825</u> ft msl					
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: _____ 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 ☒ Day ☐ Night ☐ Bright Night		☐ Unknown	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered Lowest Cloud Condition Height _____ ft agl		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	
Wind Direction ☒ Variable <u>SE / SW</u> Direction: _____ degrees true		Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>~ 8</u> kts		Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	
Visibility <u>10 +</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: N/A					

Aircraft Damage			Aircraft Fire			Aircraft Explosion		
☐ None	☐ Substantial	☒ Destroyed	☒ None	☐ In-Flight	☐ On-Ground	☐ Both Ground and In-Flight	☐ Fire at Unknown Time	☐ Unknown
☐ Minor	☐ Unknown					☐ None	☐ In-Flight	☐ On-Ground
						☐ Both Ground and In-Flight	☐ Explosion at Unknown Time	☐ Unknown
Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)								
Extensive damage to aircraft - destroyed. No damage to other property. I was taken directly to hospital with injuries. Unsure of details. FAA + Insurance representatives visited sight site; conducted investigation and surveyed area.								
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.								
On March 26, 2021, I was hired by property owner for hog depredation. Ranch employees and guests acted as gunners and guide. We departed the ranch and flew to Henryetta Airport (F20). There I got fuel and added a quart of oil during pre-flight. We departed airport and returned to the ranch. We flew for about an hour and 20 minutes prior to accident without incidents or concerns. It was a clear day with variable winds. The ranch terrain included hills, valleys, river and trees. At approximately 3pm we experienced difficulty. We were flying low and slow. I noticed insufficient power while flying east. I turned north and the low rotor warning immediately came on. I applied full throttle and turned south to locate a landing area. I attempted to regain power and rotor RPM. However, it was not possible and I was forced to land immediately. I advised the passengers to brace themselves for a hard landing. Approximately 5ft before reaching the ground, the main rotor blades struck a dead tree, rolling the aircraft and making contact with the ground on its right side.								

Operator/Owner Safety Recommendation

Operating aircraft at a lower gross weight.

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.)

Total Time/Cycles
On Part

Hours

Cycles

Time Since This Part
Inspected/Overhauled

Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

40

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

Quart of oil added to crankcase during pre-flight.

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

Each occupant was able to evacuate at the closest exit on the left side of the aircraft.

OTHER AIRCRAFT COLLISION (If an on-ground collision occurred, include the name of the other aircraft.)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed

☐ Minor

☐ Substantial

☐ None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

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.

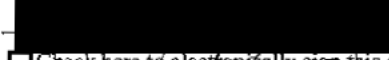
Date of this Report

04/15/2021
(mm/dd/yyyy)

Name of Pilot/Operator:

CRAWFORD C. CREW JR.

Signature:



- or -

☐ Check here to electronically sign this document**If a Person Other than Pilot/Operator is Filing Report**

Name: _____

Title: _____

Signature: _____

- or -

☐ Check here to electronically sign this document**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

CEN21LA173

Reviewed by NTSB Regional Office

Central

Name of Investigator

Mitchell Gallo

Date Report Received

4/15/2021