

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

REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

**BASIC INFORMATION****Accident/Incident Location**Nearest City/Place: Thibodaux State: LAZIP: 70301 Country: USALatitude: 29 47'07.7"N Longitude: 90 46'58.0W

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

**Accident/Incident Date/Time**Date: 07/23/2025 Local Time: 06:35  
mm/dd/yyyy HH:MMTime Zone: CSTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N2611Manufacturer: Bell HelicopterModel: 206L1Serial Number: 45417Year of Manufacture: 1,980Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/PlansMake: BHT☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 4,150 lbs.Weight at Time of Accident/Incident: 3,860 lbs.Number of Seats: 7 Flight Crew Seats: 2Cabin Crew Seats:        Passenger Seats: 5Number of Engines: 1**Category of Aircraft**  
(Select one)

- ☐ 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  
☐ Tailwheel  
☐ Emergency Float  
☐ Float  
☐ Amphibian  
☐ Other Launch/Recovery System  
☐ None
- ☒ High Skid  
☐ Skid  
☐ Ski/Wheel  
☐ Hull  
☐ Ski  
☐ 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 | Engine Serial Number | Date of Mfg.<br>(mm dd/yyyy) | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> Lbs. of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|----------------------|------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Rolls Royce         | 250-C30P            | CAE-895601           |                              | 650                                                                                                   | 13,601                | 8                                    |                     |
| Eng. 2 |                     |                     |                      |                              |                                                                                                       |                       |                                      |                     |
| Eng. 3 |                     |                     |                      |                              |                                                                                                       |                       |                                      |                     |
| Eng. 4 |                     |                     |                      |                              |                                                                                                       |                       |                                      |                     |

**Last Inspection Type**

- ☒ 100-Hour  
☐ AAIP  
☐ Annual  
☐ Continuous Airworthiness  
☐ Condition  
☐ Unknown

Date of Last Inspection: 07/18/2025  
mm/dd/yyyyAirframe Total Time: 35,235.7 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: Handheld Halon

**Additional Equipment**

- ☒ ADS-B  
☐ Airframe Parachute  
☐ Angle of Attack Indicator  
☐ Autopilot  
☐ Autopilot/FMS, Model: \_\_\_\_\_  
☐ Coupled Flight Director  
☐ Data Recorder  
☐ Device Stall Warning System  
☐ Electronic Flight Bag or Handheld Device  
☐ Electronic Multifunction Display  
☐ Electronic Primary Flight Display  
☐ Flight Management System

- ☐ Handheld GPS  
☐ Heads Up Display  
☐ Night Vision Goggles  
☒ Onboard Weather  
☐ Primary Flight Display  
☐ SAS, Number of Axes: \_\_\_\_\_ Model: \_\_\_\_\_  
☒ Satellite Tracking Device  
☐ Stall Warning System  
☐ Video Recording Device  
☐ Wire Strike Detection  
☒ Wire Strike Protection  
☒ Other, Specify: AG NAV

ELT Installed: ☒ Yes ☐ No If Yes:ELT Manufacturer: ACR/ArtexModel or Part No.: 455-6604TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)☒ C126 (406 MHz)Was ELT still mounted in aircraft? ☒ Yes ☐ NoWas ELT still connected to antenna? ☒ Yes ☐ NoDid ELT activate? ☐ Yes ☒ NoIf activated: Did ELT aid in locating aircraft? ☐ Yes ☒ NoIf not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery Expired/Damaged ☒ UnknownPropeller 1 ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

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

Propeller 2 ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**

Name: JBH South Leasing  
 City: Abbeville, State: LA  
 ZIP: 70510 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☐ No

**Operator of Aircraft**

☐ The Operator is also the Registered Owner

☐ Same address as Registered Owner

Name: Joe Brigham Inc.  
 City: Pembroke State: NH  
 ZIP: 03275 Country: USA

Doing Business As: JBH Helicopters  
 Air Carrier/Operator Designator (4-character code): FTYG

**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 450  
☐ 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  
☐ 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 ☐ Unknown

**Revenue Sightseeing Flight**

☐ Yes ☒ No

**Air Medical Flight**

☐ Yes ☒ No

**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**

Airport Name: N/A

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: \_\_\_\_\_ Length: \_\_\_\_\_ ft. Width: \_\_\_\_\_ ft.

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

- ☐ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow  
☐ Concrete ☐ Gravel ☐ Macadam ☐ Water  
☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown  
☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area

**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 ☐ Low Approach  
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around  
☐ Initial Climb ☐ Final ☐ Aborted Landing (after touchdown)  
☐ Crosswind ☐ Unknown

**IFR Approach (Check all that apply)**

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

**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**

☐ Captain ☐ First Officer ☒ 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: StanleyCity of Residence: PerryMiddle Initial: JState: LAZIP: 70575Last Name: Hebert Jr.Country: USAAge at time of Accident/Incident: 67Date of Birth: [REDACTED] (mm/dd/yyyy)Certificate Number: [REDACTED]**Degree of Injury**

☐ None ☐ Serious  
☐ Unknown ☒ Fatal  
☐ Minor

**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 ☐ Sport  
☐ Student ☐ Flight Engineer

Supplemental Restraint, specify: \_\_\_\_\_

**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**

02/25/2025  
 mm/dd/yyyy

**Medical Certificate Limitations**

Not valid for any class after 2/28/2026. Must use corrective lens(es) to meet vision standards at all required distances.

**Medical Certificate Special Limitations****Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves  
☒ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☒ Other: Corrective lenses found in wreckage

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

02/26/2025  
 mm/dd/yyyy

**Flight Review Aircraft**Make: Bell HelicopterModel: 206L1**Airplane Rating(s)**  
(Check all that apply)

☒ 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 ☒ Instrument Airplane  
☒ Airplane Single-Engine ☒ Instrument Helicopter  
☒ Airplane Multiengine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered lift ☐ Sport

**Type Ratings and Applicable Logbook Endorsements****Student Endorsements** (Include dates)

| Flight Time (Enter hours for each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air | Multi-engine Rotorcraft | Tail-wheel |
|----------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|-------------------------|------------|
|                                        |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |                         |            |
| Total Time                             | 28,528       | 9,443             | 13,500                 | 1,000                | 1,500 | 200        | 300       | 14,328     |        |                  |                         | 10,000     |
| Pilot in Command (PIC)                 | 28,328       | 9,443             | 13,500                 | 1,000                | 1,480 | 200        | 300       | 14,328     |        |                  |                         | 10,000     |
| Time as Instructor                     |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| This Make/Model                        |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 90 Days                           | 78           | 78                |                        |                      |       |            |           | 78         |        |                  |                         |            |
| Last 30 Days                           | 78           | 78                |                        |                      |       |            |           | 78         |        |                  |                         |            |
| Last 24 Hours                          | 4            | 4                 | 0                      | 0                    | 0     | 0          | 0         | 4          | 0      | 0                | 0                       | 0          |

**"FLIGHT CREWMEMBER 2" INFORMATION****"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☐ 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: NA

City of Residence: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last Name: \_\_\_\_\_

Country: \_\_\_\_\_

Age at time of Accident/Incident: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Certificate Number: \_\_\_\_\_

**Degree of Injury**

☐ None ☐ Serious  
☐ Unknown ☐ Fatal  
☐ Minor

**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 ☐ Sport  
☐ Student ☐ Flight Engineer

Supplemental Restraint, specify: \_\_\_\_\_

**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**

\_\_\_\_\_  
 mm/dd/yyyy

**Medical Certificate Limitations****Medical Certificate Special Limitations****Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves  
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: \_\_\_\_\_

**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)

☐ 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 ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multiengine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered lift ☐ Sport

**Type Ratings and Applicable Logbook Endorsements****Student Endorsements** (Include dates)

| Flight Time (Enter hours for each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air | Multi-engine Rotorcraft | Tail-wheel |
|----------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|-------------------------|------------|
|                                        |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |                         |            |
| Total Time                             |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Pilot in Command (PIC)                 |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Time as Instructor                     |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| This Make/Model                        |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 90 Days                           |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 30 Days                           |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 24 Hours                          |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |

**ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)**

|                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Additional Crewmember Information</b>                                                                                                                                                                                                                                                                                                                                                                                      |                          | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Injury</b>                                                                                                                                                                                  |
| First Name: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Front                                                                                                                                                                                                                                                                                                                | <input type="radio"/> Rear<br><input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                    |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                         | State: _____ Zip: _____  |                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                     |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                              | Country: _____           |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| <b>Personal Flight Equipment (Check all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| <b>Pilot Certificate(s) (Check all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                            |                          | <b>Restraint Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Inflatable Restraints</b>                                                                                                                                                                   |
| <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer           |                          | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>                                                                                                                                                                                                                                                                                                                                                                |                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs.                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                      |                          | <b>Supplemental Restraint, specify:</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                |

|                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Additional Crewmember Information</b>                                                                                                                                                                                                                                                                                                                                                                                      |                          | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Injury</b>                                                                                                                                                                                  |
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                             | City of Residence: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Front                                                                                                                                                                                                                                                                                                                | <input type="radio"/> Rear<br><input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                    |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                         | State: _____ Zip: _____  |                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                     |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                              | Country: _____           |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| <b>Personal Flight Equipment (Check all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal Locator Beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| <b>Pilot Certificate(s) (Check all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                            |                          | <b>Restraint Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Inflatable Restraints</b>                                                                                                                                                                   |
| <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer           |                          | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>                                                                                                                                                                                                                                                                                                                                                                |                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs.                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                      |                          | <b>Supplemental Restraint, specify:</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                |

**PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)**

|                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                |                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Number of Passengers</b> <u>0</u>                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                |                                                                                                                                                                                  |
| <b>Passenger Information</b>                                                                                                                                                                                                                                                                                                                                                                        | <b>Seat</b>                                                                                                                              | <b>Injury</b>                                                                                                                                              | <b>Restraint Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Inflatable Restraints</b>                                                                                                                                                                   | <b>Age</b>                                                                                                                                                                       |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                         | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| <b>Personal Flight Equipment (Check all that apply)</b>                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                |                                                                                                                                                                                  |
| <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Helmet visor <input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                |                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                 |                                                                                                                                                                                                |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years:<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years:<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years:<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

### FLIGHT ITINERARY INFORMATION

| Last Departure Point                                                                   | Time of Departure                                                   | Flight Information                                | Destination                                                                            | Type Flight Plan Filed                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Airport ID: _____<br>City: <u>Thibodaux</u><br>State: <u>LA</u><br>Country: <u>USA</u> | Time: <u>06:27</u><br><small>HH:MM</small><br>Time Zone: <u>CST</u> | Flight Number: _____<br>Operating as Flight _____ | Airport ID: _____<br>City: <u>Thibodaux</u><br>State: <u>LA</u><br>Country: <u>USA</u> | <input checked="" type="radio"/> None<br><input type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br><input type="radio"/> VFR/IFR<br><input type="radio"/> IFR<br><input type="radio"/> Unknown<br>Activated? <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Unknown |

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

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

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

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

Altitude of In-Flight Occurrence: \_\_\_\_\_ ft. MSL

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Source of Pilot Weather Information**

(Check all that apply)

- ☐ National Weather Service    ☐ Company  
☐ Flight Service Station    ☐ Military  
☐ TV/Radio    ☐ Internet  
☐ Automated Report    ☐ None  
☒ Electronic Flight Bag-Application:    ☒ Unknown

☒ On-Board Weather**Weather Observation Facility**

Facility ID: KL83  
 Observation Time: 6:30  
 Time Zone: CST  
 Distance from Accident Site: 4.10 nm  
 Direction from Accident Site: 190.00 degrees true

**Basic Conditions**

- ☒ VMC  
☐ IMC  
☐ Unknown

**Lowest Cloud Condition**

Height \_\_\_\_\_ ft. AGL

**Light Condition**

- ☐ Dawn    ☐ Dusk    ☐ Dark Night    ☐ Unknown  
☒ Day    ☐ Night    ☐ Bright Night

**Sky/Lowest Cloud Condition**

- ☒ Clear    ☐ Thin Broken  
☐ Few    ☐ Thin Overcast  
☐ Partial    ☐ Unknown  
☐ Obscuration  
☐ Scattered

**Ceiling**

- ☒ None (Clear)  
☐ Broken  
☐ Overcast  
☐ Obscured  
☐ Indefinite  
☐ Unknown

**Ceiling Height**

\_\_\_\_\_ ft. AGL

Temperature: \_\_\_\_\_ (°C) or 83.4 (°F)Dewpoint: \_\_\_\_\_ (°C) or 78.6 (°F)**Altimeter Setting:**30.07 (Hg), or \_\_\_\_\_ (mb)**Wind Direction**☐ Variable

or

Direction: 300.00  
degrees true**Wind Speed**☐ Calm☐ Light and Variable

or

Speed: 6.0 kts**Wind Gusts**☒ Not Gustingor  
Speed: \_\_\_\_\_ kts**Visibility**10.0 miles

RVR: \_\_\_\_\_ feet

RVV: \_\_\_\_\_ miles

Density Altitude: \_\_\_\_\_ ft.

**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  
☐ Unknown  
**Type**  
☐ ON/A  
☐ Rime  
☐ Clear  
☐ Mixed  
☐ Unknown

**Intensity of Precipitation**

- ☐ Light  
☐ Moderate  
☐ Heavy  
☒ N/A  
☐ Unknown

**Icing Actual**

- Amount**  
☒ None  
☐ Trace  
☐ Light  
☐ Moderate  
☐ Severe  
☐ Unknown  
**Type**  
☐ ON/A  
☐ Rime  
☐ Clear  
☐ Mixed  
☐ Unknown

**Turbulence** (Check all that apply)

- Type**  
☒ None  
☐ Clear Air  
☐ Terrain-Induced  
☐ Convective  
**Severity**  
☐ Light  
☐ Moderate  
☐ Severe  
☐ Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- ☐ None  
☐ Minor  
☒ Substantial  
☒ Destroyed  
☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

The helicopter impacted a shield wire (#7 Alumoweld) associated with a 115kV transmission line owned by Entergy. The collision severed the shield wire and resulted in structural damage to two adjacent wooden utility poles. The aircraft sustained substantial damage as defined by 49 CFR 830.2. Post-accident measurements indicated the conductors were located 38 feet above ground level (AGL), and the shield wire was positioned at 54 feet AGL within the flight path of the aircraft.

**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 the day prior to the accident, the aircraft and crew mobilized to Thibodaux, Louisiana from base of operations in Abbeville, LA, in preparation for aerial application operations in the surrounding area. The accident flight was the first aerial application mission of the day. The pilot was provided with geospatial data (shapefile loaded in AgNav Guidance System) and maps for the treatment area. The electrical transmission infrastructure and impacted wire were marked on the companies internal mapping system, which was overlaid with the application area.

At approximately 0530 local time, the pilot and ground crew convened and performed standard preflight and operational briefings. The helicopter support vehicle proceeded to the loading area approximately 4 nautical miles east of the crews hotel. The pilot departed the hotel in the helicopter at approximately 0627 and conducted a landing at the designated loading area near the treatment site. After loading 80 gallons of the spray mixture, the helicopter departed the landing platform of the support vehicle at approximately 0631 and proceeded to the treatment area, located approximately 0.75 nautical miles to the north.

It is presumed the pilot conducted a reconnaissance pass before initiating the first application swath. The initial flight leg was approximately 0.53 statute miles in length on a magnetic heading of 029°. Shortly after arriving at the treatment site, the helicopter contacted the shield wire of a transmission line. Witnesses on the ground reported hearing an abnormal sound followed by the appearance of dust and a sudden loss of aircraft engine noise. The ground crew immediately responded, arriving at the accident site and contacting emergency services via 911 at 0637. Company management was notified at 0639. Upon arrival at the accident site, emergency responders determined the pilot had sustained fatal injuries. First responders remained on scene pending arrival of investigative authorities.

**OPERATOR/OWNER SAFETY RECOMMENDATION** *(How could this accident/incident have been prevented?)*

The following safety measures and operational controls were in place prior to the accident:

- The pilot completed biennial wire strike prevention training (Flying in the Wire Environment), most recently on February 23, 2024.
- The aircraft was equipped with a Wire Strike Protection System (WSPS).
- The transmission line was marked and included in the geospatial mapping data provided for the flight.
- The pilot had flown this specific treatment site approximately 1–2 times per year for several years.
- The pilot had over 43 years of aerial application experience in Louisiana, specifically in sugarcane operations.

Despite these measures, the accident highlights how prolonged familiarity with specific sites and high levels of experience can, over time, lead to a normalization of risk. In high-hazard environments, such as low-level flight near power infrastructure, deeply ingrained operational routines may contribute to reduced threat perception or underestimation of dynamic variables—particularly under visually complex conditions.

In this case, multiple environmental factors increased operational risk:

A dense and uneven treeline, combined with adjacent sugarcane, likely restricted visibility and situational awareness.

**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on a 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)

31.0 \_\_\_\_\_ Gallons

Fuel Type

☐ 100 Low Lead☐ Automotive☒ Jet A☐ Jet A-1☐ Unleaded AV☐ 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:

**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☐ Substantial☐ Minor☐ None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Country: \_\_\_\_\_

**ADDITIONAL INFORMATION** (Additional space for answers to any question.)

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

I understand that the information provided may be subject to public release.

Date of this report:

07/24/2025

mm/dd/yyyy

Name of Pilot/Operator: \_\_\_\_\_

Signature: \_\_\_\_\_

-or- ☐ Check here to electronically sign this document

If a person other than Pilot/Operator is filing this report

Name: David Feerst

Title: VP Safety & Training

Signature: \_\_\_\_\_

-or- ☐ Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

CEN25FA281

Reviewed by NTSB AS Division

Central Region

Name of Investigator

T. Sorensen

Date Report Received

July 29 ,2025

**-- CEN25FA281 --  
NTSB Pilot/Operator Aircraft Accident Report**

***The operator provided the following information in the OPERATOR/OWNER SAFETY RECOMMENDATION section of the accident report form:***

The following safety measures and operational controls were in place prior to the accident:

- The pilot completed biennial wire strike prevention training (Flying in the Wire Environment), most recently on February 23, 2024.
- The aircraft was equipped with a Wire Strike Protection System (WSPS).
- The transmission line was marked and included in the geospatial mapping data provided for the flight.
- The pilot had flown this specific treatment site approximately 1–2 times per year for several years.
- The pilot had over 43 years of aerial application experience in Louisiana, specifically in sugarcane operations.

Despite these measures, the accident highlights how prolonged familiarity with specific sites and high levels of experience can, over time, lead to a normalization of risk. In high-hazard environments, such as low-level flight near power infrastructure, deeply ingrained operational routines may contribute to reduced threat perception or underestimation of dynamic variables—particularly under visually complex conditions.

In this case, multiple environmental factors increased operational risk:

A dense and uneven treeline, combined with adjacent sugarcane, likely restricted visibility and situational awareness.

The transmission structure to the left of the flight path was obscured by vegetation and not likely visible until the final seconds.

The structure to the right was more than 500 feet away and visually blended into the surrounding environment.

The rising sun was a possible factor, but cannot confirm flight direction until the flight path can be reviewed from the onboard AgNav and aircraft GPS.

**-- CEN25FA281 --  
NTSB Pilot/Operator Aircraft Accident Report**

**Recommendations:**

In future operations involving known or potential wire hazards — particularly under visually complex conditions — the following strategies should be implemented to enhance operational safety:

**Prioritize aerial reconnaissance prior to application:** A dedicated low - or high-pass aerial survey should be conducted before the first spray pass to visually identify any potential obstructions, especially those that may be obscured by vegetation, lighting conditions, or terrain while making the application. Recon flights should be treated as a mandatory risk mitigation tool.

**Adjust application patterns to maximize safe maneuvering zones:** Avoid initiating or concluding application passes near fixed obstacles when possible, and increase spacing between turnaround points and known hazards to allow for clearer decision-making and safer flight paths.

**Reinforce scenario-based wire avoidance training:** Training should include simulations and discussions around degraded visual cues, hidden wires, partial obstructions, and glare conditions, emphasizing decision-making and escape strategies under pressure.

**Build procedural safeguards against complacency:** Familiarity with a location should not substitute for a structured hazard identification process. Emphasize that every treatment site—regardless of past experience—requires a fresh evaluation of risks.