

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: MARSHVILLE State: NC
ZIP: 28103 Country: USA
Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)

Date/Time

Date: 12/01/2011 Local Time: 1200
mm/dd/yyyy Time Zone: EST

Phase of Operation

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

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

_____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: BELL HELICOPTER

Model: 206L3

Serial Number: 51166

Registration Number: N216TV Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 4,150 lbs

Weight at Time of Accident/Incident: 4,070 lbs

Location of Center of Gravity at Time of Accident/Incident:

124.12 inches from ☒ nose or ☐ datum
-or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

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

Type of Airworthiness Certificate (Check all that apply)

Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport
Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport

Number of Seats: 7

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

☐ Tricycle ☐ Tailwheel
☐ Amphibian ☒ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program

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

Last Inspection Type

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

Date Last Inspection: 04/22/2011
mm/dd/yyyy

Airframe Total Time: 8,021 hrs

hours measured at (check one)

☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☐ Yes ☒ No ☐ Unknown

Stall Warning System Installed

☐ Yes ☒ No ☐ Unknown

Type of Fire Extinguishing System

☐ None
☐ Specify _____

ELT Installed

☐ Yes ☒ No

ELT Activated

☐ Yes ☐ No

ELT Manufacturer: _____

Model/Series: _____

Serial Number: _____

Battery Type: _____

Battery Exp. Date: _____

Engine Type

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

Reciprocating Fuel System Type

☐ Carburetor
☐ Fuel Injected

Propeller

☐ Fixed Pitch
☐ Controllable Pitch

Manufacturer: _____

Model: _____

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	ROLLS ROYCE	250C30P	CAE895220		650	7,858	44	
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: U.S. HELICOPTERS, INCFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: MARSHVILLEState: NC ZIP: 28103Country: USA**Operator of Aircraft**☒ Same As Registered Owner

Name: _____

Doing Business As: _____

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

Operator Address☒ Same As Registered Owner

City: _____

State: _____ ZIP: _____

Country: _____

Regulation Flight Conducted Under

- | | | | |
|--|----------------------------------|---|--|
| ☒ FAR 91 | ☐ FAR 129 | ☐ FAR 91 Special Flight | ☐ Public Use (select type) |
| ☐ FAR 103 | ☐ FAR 133 | ☐ Non-US, Commercial | ☐ Federal ☐ State ☐ Local |
| ☐ FAR 121 | ☐ FAR 135 | ☐ Non-US, Non-commercial | ☐ Unknown |
| ☐ FAR 125 | ☐ FAR 137 | ☐ Armed Forces | |

Revenue Sightseeing Flight☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**Purpose of Flight**

for FAR 91, 103, 133, 137 (Select one)

- ☐ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☒ Instructional
☐ Ferry
☐ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

Revenue Operation

for FAR 121, 125, 129, 135 (Select one)

- ☐ Scheduled or Commuter
☒ Non-Scheduled or Air Taxi

Domestic or International☒ Domestic ☐ International**Cargo Operation**

- ☒ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

Type of Commercial Operating Certificate Held

(Check all that apply)

- ☐ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☒ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
- or -
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

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

Aircraft Registration Number _____

Manufacturer: _____

Model: _____

Damage to Other Aircraft☐ Destroyed ☐ Minor
☐ Substantial ☐ None**Registered Owner of Other Aircraft**

First Name: _____

City: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Pilot of Other Aircraft

First Name: _____

City: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

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

(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

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

- ☐ None ☒ Substantial
☐ Minor ☐ Destroyed

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

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

BOTH VERTICAL FINS DAMAGED, TAILROTOR DRIVESHAFT COVER DAMAGED, MAIN ROTOR BLADES DAMAGED

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: N46Distance From Airport Center: 1 SMAirport Name: U.S. HELICOPTERS HELIPORTDirection From Airport: 180 degrees MAGProximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On AirstripAirport Elevation: 660 ft. MSL**Approach Segment** (Select one)☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)**IFR Approach** (Check all that apply)

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

VFR Approach (Check all that apply)

☐ None	☐ Stop and Go
☐ Traffic Pattern	☐ Touch and Go
☐ Straight-In	☒ Simulated Forced Landing
☐ Valley/Terrain Following	☐ Forced Landing
☐ Go Around	☐ Precautionary Landing
☐ Full Stop	☐ Unknown

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	☐ Unknown
☐ Dirt	☐ Ice	☐ Snow	

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	☐ Unknown
☐ Slush Covered	☒ Vegetation	

FLIGHT ITINERARY INFORMATION**Last Departure Point**Airport ID: N46City: MARSHVILLEState: NCCountry: USA**Time of Departure**Time: 1140Time Zone: EXT**Destination**Airport ID: N46City: MARSHVILLEState: NCCountry: USA**Type Flight Plan Filed**

☐ None	☐ VFR/IFR
☒ Company VFR	☐ IFR
☐ Military VFR	☐ Unknown
☐ VFR	

Activated? ☒ Yes ☐ No

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

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

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

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

Aircraft Load Description (Check all that apply)

☒ None	☐ Towing Glider	☐ Parachutists	☐ Livestock
☐ Passengers	☐ Towing Banner	☐ Water	☐ Unknown
☐ Cargo	☐ Other External	☐ Chemical/Fertilizer/Seeds	

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

80 Gallons**Fuel Type**

☐ 80/87	☐ 115/145	☐ JP3	☐ Other, specify _____
☐ 100 Low Lead	☒ Jet A	☐ JP4	
☐ 100/130	☐ Automotive	☐ JP5	

Other Services, if Any, Prior to Departure

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

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KEQYObservation Time: 1100Time Zone: ESTDistance from Accident Site: 8 NMDirection from Accident Site: 250 degrees MAG**Source of Weather Information**

(Check all that apply)

- | | |
|--|-----------------------------------|
| ☒ National Weather Service | ☐ Company |
| ☐ Flight Service Station | ☐ Military |
| ☐ TV/Radio | ☐ Internet |
| ☒ Automated Report | ☐ Unknown |
| ☐ Commercial Weather Service (DUATS) | |

Method of Briefing

(Check all that apply)

- | |
|--|
| ☐ In Person |
| ☐ Teletype |
| ☒ Telephone/Computer |
| ☐ Aircraft Radio |
| ☐ TV/Radio |
| ☐ Unknown |

Briefing Type/Completeness

- | | |
|---|---|
| ☐ Full | ☐ Abbreviated |
| ☐ Partial / Limited By Pilot | ☐ Unknown |
| ☐ Partial / Limited By Briefer | ☒ Not Pertinent |

Light Condition

- | | | |
|---|--------------------------------|---------------------------------------|
| ☐ Dawn | ☐ Dusk | ☐ Dark Night |
| ☒ Day | ☐ Night | ☐ Bright Night |
| | | ☐ Not Reported |

Visibility10 miles**Sky/Lowest Cloud Condition**

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

Ceiling

- | | |
|---------------------------------------|---|
| ☐ None (clear) | ☐ Obscured |
| ☐ Broken | ☐ Indefinite |
| ☐ Overcast | ☒ Unknown |

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 |

Lowest Cloud Condition Height

ft AGL

Ceiling Height

ft AGL

Wind Direction☐ Indicated:
_____ degrees MAG☒ Variable**Wind Speed**

Velocity: _____ KTS

-or-

- | |
|--|
| ☐ Calm |
| ☒ Light and Variable |

Wind Gusts

Velocity: _____ KTS

- | |
|---|
| ☐ Gusting |
| ☒ Not Gusting |

Type of Turbulence (Check all that apply)

- | | |
|--|---|
| ☒ None | ☐ In Clouds |
| ☐ Clear Air | ☐ Vicinity of Thunderstorm |

Severity of Turbulence

- | | | |
|----------------------------------|--|--------------------------------|
| ☐ Extreme | ☐ Moderate | ☐ Light |
| ☐ Severe | ☐ Moderate Chop | |

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

NONE

Temperature: _____ (C)
or 60 (F)Altimeter Setting: 30.02 in. HG
or _____ MB

Density Altitude: _____ ft

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

- | | |
|--|-----------------------------------|
| ☒ None | ☐ Moderate |
| ☐ Trace | ☐ Severe |
| ☐ Light | |

Type

- | |
|--------------------------------|
| ☐ Rime |
| ☐ Clear |
| ☐ Mixed |

Icing Actual**Amount**

- | | |
|--|-----------------------------------|
| ☒ None | ☐ Moderate |
| ☐ Trace | ☐ Severe |
| ☐ Light | |

Type

- | |
|--------------------------------|
| ☐ Rime |
| ☐ Clear |
| ☐ Mixed |

Type of Precipitation (Check all that apply)

- | | |
|--|---|
| ☒ None | ☐ Drizzle |
| ☐ Rain | ☐ Ice Pellets |
| ☐ Snow | ☐ Snow Pellets |
| ☐ Hail | ☐ Snow Grains |
| ☐ Rain Showers | ☐ Ice Crystals |
| ☐ Freezing Rain | ☐ Ice Pellets Shower |
| ☐ Snow Shower | ☐ Freezing Drizzle |

Intensity of Precipitation

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| ☐ Light | ☐ Moderate | ☐ Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

PILOT "A" INFORMATION

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

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

Pilot "A" Identification

First Name: RUDOLPH

Middle Initial: R

Last Name: RIBBECK

City: LAKE WYLIE

State: SC ZIP: 29710

Country: USA

Age at time of Accident/Incident: 66 Date of Birth: 1945

mm/dd/yyyy

Certificate Number: +

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

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

Seat Belt

Used ☒ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness

Used ☒ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

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

Date of Last Medical

05/30/2011

mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES, POSSESS GLASSES FOR NEAR/INTERMEDIATE VISION.

Medical Certificate Waivers

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

11/15/2011

mm/dd/yyyy

Flight Review Aircraft

Make: BELL

Model: 206L3

Airplane Rating(s)

(Check all that apply)
☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☒ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☒ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)
☐ None
☒ Airplane
☒ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☐ None ☒ Instrument Airplane
☒ Airplane Single-Engine ☒ Instrument Helicopter
☒ Airplane Multi-Engine ☒ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

BH204 LR45 CE650 DH4

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		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	15,456	1,400						4,240		
Pilot in Command (PIC)	8,447	1,300						3,700		
Time as Instructor	669	90						540		
This Make/Model										
Last 90 Days	23	18	5							
Last 30 Days	8	8								
Last 24 Hours	0	0								

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

Pilot "B" Identification

City: GREENSBORO

State: NC

ZIP: 27403

Country: USA

Date of Birth: [REDACTED] 1964

Certificate Number:

mm/dd/yyyy

Seat Occupied

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

Seat Belt

Used ☒ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness

Used ☒ Yes ☐ No
Available ☐ Yes ☐ No

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

Medical Certificate

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

Medical Certificate Validity

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

Date of Last Medical

02/22/2011
mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

Medical Certificate Waivers

UNK

mm/dd/yyyy

Flight Review Aircraft

Make:

Model:

Other Aircraft Rating(s)
(Check all that apply)

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

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

Instrument Rating(s)
(Check all that apply)

☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)
(Check all that apply)

☐ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings

Student Endorsements *(Include dates)*

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

Pilot Name and Address

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) (Check all that apply)

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

Seat Occupied

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

Type Rating/Endorsement for Accident/Incident Aircraft?

☐ Yes ☐ No

Total Flight Time at the Time

of this Accident/Incident: _____ hrs

Pilot Name and Address

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) (Check all that apply)

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

Seat Occupied

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

Type Rating/Endorsement for Accident/Incident Aircraft?

☐ Yes ☐ No

Total Flight Time at the Time

of this Accident/Incident: _____ hrs

Pilot Name and Address

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) (Check all that apply)

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

Seat Occupied

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

Type Rating/Endorsement for Accident/Incident Aircraft?

☐ Yes ☐ No

Total Flight Time at the Time

of this Accident/Incident: _____ hrs

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat
Crew
Non-
Revenue
Revenue
Non-
Occupant
FAA
Fatal
Serious
Injury
Minor
Injury
No Injury
Unknown

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

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 Last Name: _____ Country: _____

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 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

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

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

At approximately 1140 hrs, Thursday December 1, 2011, I departed the U.S. Helicopters heliport (N46) in a B206L3, registration N216TV, SN 51166. The purpose of the flight was Part 91 training for a prospective employee back up pilot, David C. Schmidt. I was occupying the left seat as Instructor Pilot and Mr. Schmidt was the pilot flying in the right seat. After some hovering maneuvers, we proceeded to our training area located about 1 mile south of the heliport. The training area is a grass ultra light landing strip oriented NE/SW. Winds were light and variable so Mr. Schmidt entered right traffic landing to the northeast. During the flight we discussed loss of hydraulics procedures and flight characteristics of the B206L3. Mr. Schmidt did two normal approaches. On the third traffic pattern, I took the controls in order to demonstrate a straight in autorotation. We were at 1,500 feet indicated and 60 knots airspeed when I rolled the throttle off and entered autorotation. I called out "N1 62%, rotor in the green, and 60 knots", which was confirmed by Mr. Schmidt. I then rolled the throttle full on, joining the rotor and N2 needles, and continued the autorotation. I maintained 60 knots until the deceleration flair. At approximately 40 feet, I began leveling the skids and pulled initial pitch. The sink rate seemed high so I continued to pull pitch until reaching 100% torque. I thought that the descent had been arrested but we made ground contact. It was not a hard contact but it was on the rear half of the skids due to the touchdown area being a downhill slope. The aircraft touched down with slight forward speed. The ground was extremely soft and the aircraft momentarily stuck in the mud, broke loose, and pitched forward and down causing the tail boom to move up into the rotor plane. We shut the aircraft down and discovered the rotor had struck the vertical stabilizers and the tail rotor drive shaft cover, causing damage to them and the main rotor blades.

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

Operator/Owner Safety Recommendation

ACCIDENT COULD HAVE BEEN PREVENTED HAD THE TRAINING BEEN DONE TO A HARD SURFACE RUNWAY.

ADDITIONAL INFORMATION *(Please type or print in ink)*

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

I HAVE LISTED ALL THE INFORMATION I HAVE ON PILOT "B", DAVID SCHMIDT. HE CAN BE REACHED AT [REDACTED] IF ADDITIONAL INFORMATION IS REQUIRED.

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

Date of this Report

12/16/2011

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [REDACTED]

Type or Print Name: RUDOLPH R. RIBBECK

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

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA12CA095

Reviewed by NTSB Regional Office

ERA

Name of Investigator

ALLEYNE

Date Report Received

12/16/11