

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: <u>Okeechobee</u> State: <u>Fla.</u> ZIP: _____ Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		Date/Time Date: <u>01/26/13</u> Local Time: <u>08:30 Approx</u> <i>mm/dd/yyyy</i> Time Zone: <u>EST</u>	
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 30 ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Hiller</u> Model: <u>UH-12B/OH-23B</u> Serial Number: _____ Registration Number: <u>9041U</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>2500</u> lbs Weight at Time of Accident/Incident: <u>2342</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>81.9</u> inches from ☐ nose or ☒ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
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Category of Aircraft ☐ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☒ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <td>Standard</td> <td>Special</td> </tr> <tr> <td>☒ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td></td> <td>☐ Special Flight</td> </tr> <tr> <td></td> <td>☐ Light Sport</td> </tr> </table>	Standard	Special	☒ Normal	☐ Restricted	☐ Utility	☐ Limited	☐ Aerobatic	☐ Provisional	☐ Transport	☐ Experimental		☐ Special Flight		☐ Light Sport	Number of Seats: <u>3</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Landing Gear ☐ Retractable Check any additional landing gear configuration that applies: <table style="width: 100%;"> <tr> <td>☐ Tricycle</td> <td>☐ Tailwheel</td> </tr> <tr> <td>☐ Amphibian</td> <td>☐ High Skid</td> </tr> <tr> <td>☐ Emergency Float</td> <td>☒ Skid</td> </tr> <tr> <td>☐ Float</td> <td>☐ Ski</td> </tr> <tr> <td>☐ Hull</td> <td>☐ Ski/Wheel</td> </tr> <tr> <td>☐ Unknown</td> <td></td> </tr> </table>	☐ Tricycle	☐ Tailwheel	☐ Amphibian	☐ High Skid	☐ Emergency Float	☒ Skid	☐ Float	☐ Ski	☐ Hull	☐ Ski/Wheel	☐ Unknown	
Standard	Special																												
☒ Normal	☐ Restricted																												
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☐ 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: _____ <i>mm/dd/yyyy</i>
		Airframe Total Time: _____ hrs hours measured at <i>(check one)</i> ☐ 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 _____
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ELT Installed ELT Activated ☐ Yes ☒ No ☐ Yes ☒ No	ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____	
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No		

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: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Franklin				235			
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Ken Fabel

Fractional Ownership Aircraft: ☐ Yes ☒ No

Owner Address

City: Ft Myers

State: Fla. ZIP: 33905

Country: 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)

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: <u>N/A</u>		Distance From Airport Center: _____ SM	
Airport Name: _____		Direction From Airport: _____ degrees MAG	
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip		Airport Elevation: _____ ft. MSL	
Approach Segment (Select one)			
☐ On Instrument Approach	☐ Landing	☐ Base leg	☐ Final
☐ Crosswind	☐ Downwind	☐ Low Approach	☐ Aborted Landing (after touchdown)
☐ Go Around			

IFR Approach (Check all that apply)				VFR Approach (Check all that apply)			
☐ None	☐ PAR	☐ MLS	☐ Practice	☐ None	☐ Stop and Go	☐ Touch and Go	☐ Simulated Forced Landing
☐ ADF/NDB	☐ Sidestep	☐ LDA	☐ GPS	☐ Traffic Pattern	☐ Forced Landing	☐ Precautionary Landing	☐ Unknown
☐ SDF	☐ ILS	☐ ASR	☐ Loran	☐ Straight-In	☐ Valley/Terrain Following	☐ Go Around	☐ Full Stop
☐ VOR/TVOR	☐ Localizer Only	☐ Visual	☐ Unknown	☐ Go Around	☐ Full Stop	☐ Unknown	
☐ VOR/DME	☐ LOC-back course	☐ Contact		☐ Full Stop			
☐ TACAN	☐ RNAV	☐ Circling					

Runway Information		Condition of Runway/Landing Surface (Check all that apply)	
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	
☐ Dry	☐ Snow-Compacted	☐ Water-Calm	☐ Water-Choppy
☐ Holes	☐ Snow-Crusted	☐ Water-Glassy	☐ Wet
☐ Ice Covered	☐ Snow-Dry	☐ Wet	☐ Unknown
☐ Rough	☐ Snow-Wet	☐ Soft	
☐ Rubber Deposits	☐ Soft	☐ Vegetation	
☐ Slush Covered	☐ Vegetation		

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>Private Ranch</u>	Time: <u>Approx. 0800</u>	Airport ID: <u>Private Ranch</u>	☒ None ☐ VFR/IFR
City: <u>Okeechobee</u>	Time Zone: <u>EST</u>	City: <u>Okeechobee</u>	☐ Company VFR ☐ IFR
State: <u>Fla.</u>		State: <u>Fla.</u>	☐ Military VFR ☐ Unknown
Country: <u>USA</u>		Country: <u>USA</u>	☐ VFR
			Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service (Check all that apply)			
☒ None	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following
☐ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory
		☐ Cruise	☐ Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)			
☐ Class A	☐ Class E	☐ Prohibited Area	☐ Jet Training Area
☐ Class B	☒ Class G	☐ Restricted Area	☐ TRSA
☐ Class C	☐ Demo Area	☐ Military Operations Area (MOA)	☐ FAR 93
☐ Class D	☐ Warning Area	☐ Airport Advisory Area	☐ Special
			☐ Air Traffic Control Area
			☐ Unknown

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)	Fuel Type
<u>28</u> Gallons	☐ 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 ☐ NoMethod of Exit – Describe how the occupants exited and how many occupants evacuated each location
Left passenger exited through the windshield. Right passenger and pilot exited through the right door.**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ 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 |

Visibility

_____ p10 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

Temperature: _____ (C)
or _____ (F)Altimeter Setting: _____ 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" IdentificationFirst Name: WilliamMiddle Initial: GLast Name: Harward, Jr.City: MiamiState: Fla.ZIP: 33155Country: USAAge at time of Accident/Incident: 55Date of Birth: mm/dd/yyyyCertificate Number: mm/dd/yyyy**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 Medical06/26/2012mm/dd/yyyy**Medical Certificate Limitations**

must wear corrective lenses for near and distant vision

Medical Certificate Waivers**Date of Last Flight Review**or Equivalent, Including
FAR 121/135 Checks:06/10/2011mm/dd/yyyy**Flight Review Aircraft**Make: RobinsonModel: R-22**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

B-737, SR-71 (SIC)

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	5000+	+50	2600+	600+				1600+		
Pilot in Command (PIC)	4500+	+50	2500+	300+				1500+		
Time as Instructor	900+	20	500+					400+		
This Make/Model										
Last 90 Days	25+	20	5+					20+		
Last 30 Days	15+	9+	5+					10+		
Last 24 Hours	3+	3+						3+		

[illegible]

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

Pilot Name and Address			Degree of Injury
First Name: _____	City: _____		☐ None ☐ Fatal
Middle Initial: _____	State: _____	ZIP: _____	☐ Minor ☐ Unknown
Last Name: _____	Country: _____		☐ Serious

Pilot Certificate(s) <i>(Check all that apply)</i> ☐ 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			Degree of Injury	
First Name: _____	City: _____		☐ None	☐ Fatal
Middle Initial: _____	State: _____	ZIP: _____	☐ Minor	☐ Unknown
Last Name: _____	Country: _____		☐ Serious	

Pilot Certificate(s) <i>(Check all that apply)</i> ☐ 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		Degree of Injury	
First Name: _____	City: _____	☐ None	☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor	☐ Unknown
Last Name: _____	Country: _____	☐ Serious	

Pilot Certificate(s) <i>(Check all that apply)</i> ☐ 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)

[illegible]

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

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained. On or about 26 January 2013 at approximately 0800 I started and warmed up Helicopter 9041U, A Hiller UH-12B/ OH-23B. After all control and system checks were completed passengers were loaded and we departed to the north end of the property to shoot Feral Hogs. I began a parallel grid search tracking east to west and from the north to the south, just above the treeline. On the second or third east to west pass the passenger on my left saw hogs in the treeline. I then maneuvered the helicopter toward the indicated area. The engine and rotor RPM faded a bit and I lowered the collective and added throttle to recover RPM. I then heard a couple of "pops" and the engine rpm started slightly decaying. At this point I was able to fly the helicopter under partial power away from the very tall trees and toward a clearer area in a shallow descent. The rotor RPM remained within the green/yellow area on the tachometer and all gauges were in the green. As we were barely above the trees (10 ft?) I elected to keep the aircraft under control and settle it into the trees with as low a descent rate as possible. Upon contact with the trees the Main rotor blades broke up and separated from the aircraft, and the aircraft fell nose first 20-30 feet and impacted the ground. The left passenger exited the aircraft through the windshield area. The right passenger exited through the right door, and then they both helped me to exit through the right door. We then departed the area as there was a considerable amount of fuel draining out of a vent line.

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

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

02/01/2013

mm/dd/yyyy

Signature and

Signature: 

Type or Print Name: WILLIAM GRAHAM HARWARD, JR.

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.

E8A13LA118

Reviewed by NTSB Regional Office

ASHBURN, VA

Name of Investigator

T. GUNTHER

Date Report Received

2/3/13