

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: Houlton International Airport, Houlton State: ME
 ZIP: 04730 Country: United States
 Latitude: 46:07 N (dd:mm:ss N/S) Longitude: 067:48 W (ddd:mm:ss E/W)

Date/Time

Date: 01/17/2014 Local Time: 2040
 mm/dd/yyyy Time Zone: Eastern Standard

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

500 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Eurocopter

Model: AS350B3

Serial Number: _____

Registration Number: N578AE

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 4,961 lbs

Weight at Time of Accident/Incident: 4,446 lbs

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

129.7 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: 6

If Large Aircraft, how many seats for:

Flight Crew: 2

Cabin Crew: _____

Passengers: 4

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: FAR Part 91

Last Inspection Type

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

Date Last Inspection: 09/24/2013

mm/dd/yyyy

Airframe Total Time: 2,863 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 Hand held extinguisher in cabin

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer: ARTEX Aircraft Supplies

Model/Series: C406-2HM

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: 05283

Battery Type: Lithium

Battery Exp. Date: March 2014

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	Turbomeca	Arriel 2B	22381	03/20/2003	6000	2,863	2,814	
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>U.S. Customs and Border Protection Office of Air and Marine</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Washington D.C.</u> State: <u>D.C.</u> ZIP: <u>20229</u> Country: <u>USA</u>	
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: <u>Washington D.C.</u> State: <u>DC</u> ZIP: <u>20229</u> Country: <u>USA</u>	
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces ☐ Public Use (select type) ☒ Federal ☐ State ☐ Local ☐ Unknown		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: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____			
Pilot of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☒ Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> Unknown, possible governor failure (Warning light) preceded the loss of aircraft control. Pilots reported an explosion sound that was associated with the governor light. After control was regained by the Pilot (PIC) the aircraft was landed just past the departure end of the runway (the failure occurred at approx 15 feet above the runway during the takeoff from a touch and go landing, Pilots interview statement). The landing was controlled and not hard, the pilots noticed orange glow (snow covered grass area) once landed, this was an engine fire (fire warning system did not function, Pilots interview statement).			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)

Entire engine assembly exposed to fire and heat, areas burned and melted (mainly aluminium and rubber). Engine cowling burned, disfigured and disintegrated. Fire localized within engine compartment.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: KHULDistance From Airport Center: 1 SMAirport Name: Houlton International AirportDirection From Airport: 229 degrees MAGProximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On AirstripAirport Elevation: 490 ft. MSL**Approach Segment** (Select one)☐ On Instrument Approach
☐ Crosswind☐ Landing
☐ Downwind☐ Base leg
☐ Low Approach☐ Final
☐ Aborted Landing (after touchdown) ☒ Go Around**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 InformationRunway ID: 5-23 (L/R/C) Length: 5,015 ft Width: 100 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: KHUL
City: Houlton
State: ME
Country: U.S.**Time of Departure**Time: 1930
Time Zone: EST**Destination**Airport ID: KHUL
City: Houlton
State: ME
Country: U.S.**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)

68 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

Last Takeoff is last touch and go (68lbs).

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

One, PIC, exited through right front door: One, copilot, exited through left front 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☐ Flight Service Station☐ TV/Radio☐ Automated Report☐ Commercial Weather Service (DUATS)☐ Company☐ Military☒ Internet☐ Unknown**Method of Briefing**

(Check all that apply)

☐ In Person☐ Teletype☒ Telephone/Computer☐ Aircraft Radio☐ TV/Radio☐ Unknown**Briefing Type/Completeness**☐ Full☐ Partial / Limited By Pilot☐ Partial / Limited By Briefer☐ Abbreviated☐ Unknown☒ Not Pertinent**Light Condition**☐ Dawn☐ Day☐ Dusk☒ Night☐ Dark Night☒ Bright Night☐ Not Reported**Visibility**

_____ 10 miles

Sky/Lowest Cloud Condition☒ Clear☐ Few☐ Partial Obscuration☐ Scattered☐ Thin Broken☐ Thin Overcast☐ Unknown**Ceiling**☐ None (clear)☒ Broken☐ Overcast☐ Obscured☐ Indefinite☐ Unknown**Restriction to Visibility (Check all that apply)**☐ None☐ Blowing Dust☐ Blowing Sand☐ Blowing Snow☐ Blowing Spray☐ Dust☐ Fog☐ Ground Fog☐ Haze☐ Ice Fog☐ Smoke☒ Unknown**Lowest Cloud Condition Height**

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction☒ Indicated:

_____ 200 degrees MAG

☐ Variable**Wind Speed**

Velocity: _____ 5 KTS

-or-☐ Calm☐ Light and Variable**Wind Gusts**

Velocity: _____ KTS

☐ Gusting☒ Not Gusting**Type of Turbulence (Check all that apply)**☒ None☐ Clear Air☐ In Clouds☐ Vicinity of Thunderstorm**Severity of Turbulence**☐ Extreme☐ Severe☐ Moderate☐ Moderate Chop☐ Light**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident****Temperature:** _____ 1 (C)
or _____ (F)**Altimeter Setting:** _____ in. HG
or _____ MB**Density Altitude:** _____ ft**Dew Point:** _____ (C)
or _____ (F)**Icing Forecast****Amount**☐ None☐ Trace☐ Light☐ Moderate☐ Severe**Type**☐ Rime☐ Clear☐ Mixed**Icing Actual****Amount**☒ None☐ Trace☐ Light☐ Moderate☐ Severe**Type**☐ Rime☐ Clear☐ Mixed**Type of Precipitation (Check all that apply)**☒ None☐ Rain☐ Snow☐ Hail☐ Rain Showers☐ Freezing Rain☐ Snow Shower☐ Drizzle☐ Ice Pellets☐ Snow Pellets☐ Snow Grains☐ Ice Crystals☐ Ice Pellets 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: ON FILE CBP (OAM)

City: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: 51

Date of Birth: mm/dd/yyyy

Certificate Number: _____

Degree of Injury

☒ None
 ☐ Fatal
☐ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

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

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

03/11/2013
 mm/dd/yyyy

Medical Certificate Limitations

Not valid for any class after 3/31/2014.

Medical Certificate Waivers

None

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

01/31/2013
 mm/dd/yyyy

Flight Review Aircraft

Make: Eurocopter

Model: AS350B3

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
☒ Airplane Single-Engine
☒ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☒ Instrument Airplane
☒ Instrument Helicopter
☐ Glider
☐ Sport

Type Ratings

None

Student Endorsements (Include dates)

N/A

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	8,294	346	4,107	194	1,017	101	265	3,992	0	0
Pilot in Command (PIC)	7,137	346	3,669	39	1,014	65	245	3,429	0	0
Time as Instructor	684	0	674	10	30	50	75	25	0	0
This Make/Model					7	0	8			
Last 90 Days	44	18	0	0	1	0	0	18	0	0
Last 30 Days	7	7	0	0	1	0	0	7	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

PILOT "B" INFORMATION

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

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

Pilot "B" Identification

First Name: ON FILE with CBP (OAM)

City: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____

Certificate 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 Medical

07/05/2013

mm/dd/yyyy

Medical Certificate Limitations

Not valid for any class after 7/31/2014.

Medical Certificate Waivers

None

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

10/17/2013

mm/dd/yyyy

Flight Review Aircraft

Make: Eurocopter

Model: AS350B3

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

BE200

Student Endorsements (Include dates)

N/A

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	3,176	156	918	1,920	413	84	143	338	0	0
Pilot in Command (PIC)	2,970	156	839	1,841	409	84	143	299	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					8	0	5			
Last 90 Days	9	6	4	0	1	2	2	6	0	0
Last 30 Days	1	1	0	0	0	0	1	1	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

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) (Check all that apply)						Seat Occupied										
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign						☐ Left ☐ Front										
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Right ☐ Rear										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single										
Total Flight Time at the Time of this Accident/Incident: _____ hrs						☐ Unknown										
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) (Check all that apply)						Seat Occupied										
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign						☐ Left ☐ Front										
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Right ☐ Rear										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single										
Total Flight Time at the Time of this Accident/Incident: _____ hrs						☐ Unknown										
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) (Check all that apply)						Seat Occupied										
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign						☐ Left ☐ Front										
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Right ☐ Rear										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single										
Total Flight Time at the Time of this Accident/Incident: _____ hrs						☐ Unknown										
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)																
Name and Address						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: _____																
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: _____																
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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.

During the takeoff portion of a touch and go landing flown by the copilot (on return from a SAR mission) and at 15 feet AGL a loud explosion was heard by both the pilot and copilot. Immediately the red Governor master caution light illuminated and chips light. The aircraft hopped left multiple times and departed from control flight. The excursion was violent and the aircraft entered multiple rolling maneuvers, at least three over 30 degrees. The copilot relinquished control to the pilot (PIC) at the onset of the uncontrolled flight. The pilot gained control and landed the helicopter with functional rotor head and tail authority. Once on the ground (snow covered) and some 75 yards from the departure end of the runway the pilots (both wearing NVG goggles) recognized that an orange glow was illuminating the snow. This was not aircraft lighting or other. They suspected fire (no visual or headset tone noted) and exited the helicopter. The engine compartment was indeed on fire and after trying to extinguish the fire with a 2.5lbs extinguisher from outside the helicopter with no joy. They (the pilots).

During the departure from control flight the copilot after relinquishing control called Mayday on a local Law Enforcement (Border Patrol) frequency. U.S. Customs and Border arrived in approximately 10-15 minutes and initially brought (2) 5lbs extinguisher the Copilot told them to keep clear due to risk. The fire department arrived just after the Customs Officers arrived and used dry chemical fire extinguishers immediately approx 10lbs extinguished the fire. The fire was out they then added water for cooling. The Pilots were not hurt as the landing was not hard and the egress non eventful. The mission was a SAR to locate civilians in a pick up truck who were believed to have driven into ice east of Houlton M.E.

The aircraft is in tact the damage is located to the engine and engine compartment. An overspeed of the rotor assemblies and associated assemblies has been identified.

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

Operator/Owner Safety Recommendation

Under Investigation