

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: NAPLES State: FL
 ZIP: 34104 Country: USA
 Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)

Date/Time

Date: 02/03/2014 Local Time: 1350 hrs approx.
 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

_____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: MD HELICOPTERS, INC.
 Model: H500 (3698 MODEL)
 Serial Number: 570126D
 Registration Number: N8618F Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 3000 lbs
 Weight at Time of Accident/Incident: 2131 lbs
 Location of Center of Gravity at Time of Accident/Incident:
102.4 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 **Special**
☐ Normal ☐ Restricted
☐ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ Experimental
PUBLIC USE ☐ Special Flight
☐ Light Sport

Number of Seats: 2

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: 12/04/2013
 mm/dd/yyyy

Airframe Total Time: 3344.6 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 HANDHELD EXTINGUISHER

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer: MARTEC

Model/Series: KANNAD 406 AF-H

ELT Aided in Locating Accident/Incident

☐ Yes ☐ No

Serial Number: 2611715-0012

Battery Type: BATT 300

Battery Exp. Date: 7/2018

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	250C20B	CAE 830581	06/27/11	375	3340.7	3.7	
Eng. 2								
Eng. 3								
Eng. 4								

COMPRESSOR 1417.7
 TURBINE 859.8
 GEARBOX 74.3

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>COLLIER MOSQUITO CONTROL DISTRICT</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>NAPLES</u> State: <u>FL</u> ZIP: <u>34104</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: _____ State: _____ ZIP: _____ Country: _____	
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 (Select 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) NO OTHER PROPERTY DAMAGE - TAIL ROTOR DRIVESHAFT: TORSIONAL DISTORTION, BENDING - HORIZONTAL STABILIZER: BENT - TAIL ROTOR BLADES (2) & SCRAP - FORWARD AND AFT TAIL ROTOR DRIVESHAFT COUPLINGS SCRAP. - TAIL ROTOR DRIVESHAFT DAMPENER DISTORTED - TAIL ROTOR TRANSMISSION OUTPUT SHAFT BENT			
AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)			
Airport Identifier: <u>KAPF</u>		Distance From Airport Center: _____ SM	
Airport Name: <u>NAPLES MUNICIPAL AIRPORT</u>		Direction From Airport: _____ degrees MAG	
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip		Airport Elevation: <u>8</u> 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)		VFR 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		☐ 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 <u>HELICOPTER PRACTICE AREA</u> Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface (Check all that apply)	
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	
☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KAPF</u> City: <u>NAPLES</u> State: <u>FL</u> Country: <u>USA</u>		Time of Departure Time: <u>1230 approx</u> Time Zone: <u>EASTERN STANDARD</u>	
Destination Airport ID: <u>KAPF</u> City: <u>NAPLES</u> State: <u>FL</u> Country: <u>USA</u>		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) <u>62</u> Gallons		Fuel Type ☐ 80/87 ☐ 115/145 ☐ JP3 ☐ 100 Low Lead ☒ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5 ☐ 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 NORMAL SHUTDOWN AND EXIT			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility <u>ATIS</u> Facility ID: <u>KAPF</u> Observation Time: <u>SEE P. 11 ADDITIONAL INFORMATION</u> Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG	Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☐ Unknown ☐ Commercial Weather Service (DUATS)		Method of Briefing <i>(Check all that apply)</i> ☐ 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 _____ 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 <i>(Check all that apply)</i> ☐ 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 <i>(Check all that apply)</i> ☒ 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 FDC 3/3227, FDC 3/3225, FDC 3/3224, FDC 3/3221 LOCAL: 01/012, 12/035, 12/034, 12/030			
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 Icing Actual Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed		Type of Precipitation <i>(Check all that apply)</i> ☒ 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: <u>CHRISTOPHER</u> Middle Initial: <u>G</u> Last Name: <u>LAWLAW-BELL</u> City: <u>NAPLES</u> State: <u>FL</u> ZIP: <u>34117</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>56</u> Date of Birth: mm/dd/yyyy 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 ☐ Private ☒ Flight Instructor ☐ Recreational ☒ Commercial ☐ Sport ☒ Airline Transport ☐ Flight Engineer ☐ Foreign ☐ 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 <u>01/29/2014</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations MUST HAVE GLASSES FOR NEAR VISION																																																																																																				
Medical Certificate Waivers 																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>04/04/2013</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>SHORTS</u> Model: <u>SC-7 SKYVAN</u>																																																																																																
Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea			Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ 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 H 500						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; font-size: 0.8em;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="font-size: 0.8em;">All Aircraft</th> <th rowspan="2" style="font-size: 0.8em;">This Make & Model</th> <th rowspan="2" style="font-size: 0.8em;">Airplane Single Engine</th> <th rowspan="2" style="font-size: 0.8em;">Airplane Multiengine</th> <th rowspan="2" style="font-size: 0.8em;">Night</th> <th colspan="2" style="font-size: 0.8em;">Instrument</th> <th rowspan="2" style="font-size: 0.8em;">Rotorcraft</th> <th rowspan="2" style="font-size: 0.8em;">Glider</th> <th rowspan="2" style="font-size: 0.8em;">Lighter Than Air</th> </tr> <tr> <th style="font-size: 0.7em;">Actual</th> <th style="font-size: 0.7em;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; font-size: 0.8em;">Total Time</td> <td>4935.3</td> <td>1061.5</td> <td>117.8</td> <td>4817.5</td> <td>848.3</td> <td>565.6</td> <td>78.8</td> <td>1099.9</td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; font-size: 0.8em;">Pilot in Command (PIC)</td> <td>4013.4</td> <td>1061.5</td> <td>54.6</td> <td></td> <td>798.2</td> <td>515.5</td> <td>28.7</td> <td>1064</td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; font-size: 0.8em;">Time as Instructor</td> <td></td> <td></td> <td>34.7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; font-size: 0.8em;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; font-size: 0.8em;">Last 90 Days</td> <td>30.9</td> <td>19.3</td> <td></td> <td>11.6</td> <td>6.8</td> <td>3.8</td> <td></td> <td>19.3</td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; font-size: 0.8em;">Last 30 Days</td> <td>8.9</td> <td>7.3</td> <td></td> <td>1.6</td> <td></td> <td></td> <td></td> <td>7.3</td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; font-size: 0.8em;">Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	4935.3	1061.5	117.8	4817.5	848.3	565.6	78.8	1099.9			Pilot in Command (PIC)	4013.4	1061.5	54.6		798.2	515.5	28.7	1064			Time as Instructor			34.7								This Make/Model											Last 90 Days	30.9	19.3		11.6	6.8	3.8		19.3			Last 30 Days	8.9	7.3		1.6				7.3			Last 24 Hours										
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	4935.3	1061.5	117.8	4817.5	848.3	565.6	78.8	1099.9																																																																																												
Pilot in Command (PIC)	4013.4	1061.5	54.6		798.2	515.5	28.7	1064																																																																																												
Time as Instructor			34.7																																																																																																	
This Make/Model																																																																																																				
Last 90 Days	30.9	19.3		11.6	6.8	3.8		19.3																																																																																												
Last 30 Days	8.9	7.3		1.6				7.3																																																																																												
Last 24 Hours																																																																																																				

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: Jay

Middle Initial: S.

Last Name: Wigginton

City: Phoenix

State: Arizona ZIP: 85008

Country: U.S.A.

Age at time of Accident/Incident: 42 Date of Birth: mm/dd/yyyy

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

07/01/2013
mm/dd/yyyy

Medical Certificate Limitations

Must wear corrective lenses

Medical Certificate Waivers

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

09/27/2013
mm/dd/yyyy

Flight Review Aircraft

Make: MDHI
Model: 500N

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

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	5,465	1,549			112		1,700	5,465		
Pilot in Command (PIC)	5,280	1,198			98		112	5,280		
Time as Instructor	3,884	1,083			65		638	3,884		
This Make/Model										
Last 90 Days	97	72			1					
Last 30 Days	32	24								
Last 24 Hours										

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)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
Name and Address 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.

SUBMITTED SEPARATELY, BY BOTH PILOTS

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

Operator/Owner Safety Recommendation

SUBSEQUENT TO THIS INCIDENT, WE HAVE CHANGED THE WAY WE WILL GO FORWARD WITH THIS TRAINING PERIOD FOR THE PILOTS OF THE DISTRICT. MD HELICOPTERS, INC. IS OUR CONTRACTOR FOR THIS TRAINING, AND JAY (JAY S. WIGGINTON, CHIEF PILOT, MD HELICOPTERS, INC.) HAS ARRANGED THAT TOUCH DOWN AUTOROTATIONS WILL BE CONDUCTED AT THEIR FACILITY, IN THEIR AIRCRAFT, IN MESA, ARIZONA. THIS TRAINING WILL BE CONDUCTED AT THE EARLIEST OPPORTUNITY.

IT IS OUR INTENTION THAT IN FUTURE ANNUAL PROFICIENCY TRAINING OF OUR PILOTS WILL BE CONDUCTED AT THE MD HELICOPTERS FACILITY IN MESA.

ADDITIONAL INFORMATION (Please type or print in ink)

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

ACCIDENT/INCIDENT

FOR PAGE 6, WEATHER INFORMATION AT THE ~~ACCIDENT~~ SITE,INFORMATION 'Q' 1753Z 210112, 10 MILES VIS, BKN 2400, BKN 5500, TAMP 28, D.P. 22
ALT. 3008, RNAV 23 APP.INFORMATION 'R' 1853Z 200111, 10 MILES VIS, SCT 2500, TAMP 28, D.P. 21, ALT. 3005
RNAV 23 APP.AN AIRPORT DIAGRAM SHOWING LOCATION OF WINDSOCKS ON AIRFIELD
HAS BEEN SUBMITTED SEPARATELY.

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

Date of this Report

02/07/2014

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: CHRIS G. LAIDLAW BUE

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.

ERA14TA113

Reviewed by NTSB Regional Office

ASHBURN, VA

Name of Investigator

T. GUNTHER

Date Report Received

2/7/14