

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: Baltimore State: MD.

ZIP: _____ Country: US

Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)

Date/Time

Date: 04/16/2016 Local Time: 1245 ?
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

Model: 206BIII

Serial Number: _____

Registration Number: N326AC Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 3200 lbs

Weight at Time of Accident/Incident: 2800 ? lbs

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

_____ 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: 5

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: _____
mm/dd/yyyy

Airframe Total Time: _____ 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 PORTABLE

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 NA
☐ Fuel Injected

Propeller

☐ Fixed Pitch NA
☐ 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								
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Clear View AviationFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: Dover
State: PA ZIP: 17315
Country: US**Operator of Aircraft**☐ Same As Registered OwnerName: Sky River Helicopters
Doing Business As: _____

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

Operator Address☐ Same As Registered OwnerCity: Pittsown
State: MD ZIP: _____
Country: US**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 AircraftFirst Name: _____
Middle Initial: _____
Last Name: N/ACity: _____
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
(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)

Aircraft Destroyed (Post Fire)

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

Airport Identifier: NA

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 ☐ 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/TWOR ☐ 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: KMTN

City: _____

State: _____

Country: US

Time of Departure

Time: 1230L ?Time Zone: EST

Destination

Airport ID: KMTN

City: _____

State: _____

Country: US

Type Flight Plan Filed

☐ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☒ VFR (SFR)
 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)

75 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

None

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

All THREE EXITED FROM DOORS

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KMTM KIBWF

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

Visibility10+ 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 HeightNONE ft AGL**Ceiling Height**NONE ft AGL**Wind Direction**
☒ Indicated:
SE degrees MAG
☒ Variable**Wind Speed**Velocity: 6-8 KTS

- ☐ Calm
☒ Light and Variable

Wind GustsVelocity: 12 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

Checked for RouteTemperature: 17 (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: OWEN City: MONTROSE
 Middle Initial: J State: PA ZIP: 18801
 Last Name: CASNETT Country: US
 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

04/02/2015
 mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Waivers

NONE

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

03/03/2014
 mm/dd/yyyy

Flight Review Aircraft

Make: 135 p/c ok 3206 III
 Model:

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

N/A

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	<u>1900</u>	<u>100+</u>						<u>1900</u>		
Pilot in Command (PIC)	<u>1800+</u>	<u>75+</u>						<u>1800+</u>		
Time as Instructor	<u>200+</u>	<u>25</u>						<u>200+</u>		
This Make/Model										
Last 90 Days	<u>70+</u>							<u>70+</u>		
Last 30 Days	<u>20+</u>							<u>20+</u>		
Last 24 Hours	<u>—</u>							<u>—</u>		

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: _____

City: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____

Date of Birth: _____

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

mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Waivers**

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

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s)

(Check all that apply)

☐ 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
AircraftThis Make
& ModelAirplane
Single
EngineAirplane
Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter
Than Air

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

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 ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ 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) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ 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) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ 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	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	F/A	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Jordan</u> <u>WALSH</u>	<u>RR</u>	☐	☒	☐	☐	☐	☐	☐	☐	☒	☐
Middle Initial: _____		City: _____	State: _____ ZIP: _____	Country: _____	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		City: _____	State: _____ ZIP: _____	Country: _____	☐	☐	☐	☐	☐	☐	☐
First Name: <u>Kevin</u> <u>TENNIS</u>	<u>LF</u>	☐	☒	☐	☐	☐	☐	☐	☐	☒	☐
Middle Initial: _____		City: _____	State: _____ ZIP: _____	Country: _____	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		City: _____	State: _____ ZIP: _____	Country: _____	☐	☐	☐	☐	☐	☐	☐
First Name: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____		City: _____	State: _____ ZIP: _____	Country: _____	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		City: _____	State: _____ ZIP: _____	Country: _____	☐	☐	☐	☐	☐	☐	☐
First Name: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____		City: _____	State: _____ ZIP: _____	Country: _____	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		City: _____	State: _____ ZIP: _____	Country: _____	☐	☐	☐	☐	☐	☐	☐
First Name: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____		City: _____	State: _____ ZIP: _____	Country: _____	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		City: _____	State: _____ ZIP: _____	Country: _____	☐	☐	☐	☐	☐	☐	☐
First Name: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____		City: _____	State: _____ ZIP: _____	Country: _____	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		City: _____	State: _____ ZIP: _____	Country: _____	☐	☐	☐	☐	☐	☐	☐
First Name: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____		City: _____	State: _____ ZIP: _____	Country: _____	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		City: _____	State: _____ ZIP: _____	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.

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****Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: _____

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

Signature: _____

Type or Print Name: TIM HARRTitle: PARTNER / DIRECTOR OF AVIATION**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

ERA16CA160

Reviewed by NTSB Regional Office

Ashburn, VA

Name of Investigator

Rayner

Date Report Received

4/19/2016