

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Airedale State: KY
 ZIP: 41311 Country: USA
 Latitude: 37.6029 Longitude: -83.6400
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 02/07/2017 Local Time: 0521
mm/dd/yyyy
 Time Zone: EST

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N135LG

Manufacturer: Airbus

Model: EC 135 P2+

Serial Number: 0731

Year of Manufacture: 2008

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

☒ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 6415 lbs

Weight at Time of Accident/Incident: 6045 lbs

Number of Seats: 5 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 4

Number of Engines: 2

Category of Aircraft

- ☐ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☐ Glider
- ☐ Gyroplane
- ☒ Helicopter
- ☐ Powered Lift
- ☐ Rocket
- ☐ Ultralight
- ☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard

- ☒ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☐ Utility

Special

- ☐ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ Special Light-Sport
- ☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear

(Check all that apply)

☐ Retractable

- ☐ Tricycle
- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull
- ☐ Tailwheel
- ☒ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/Wheel
- ☐ Other Launch/Recovery System
- ☐ None
- ☐ Unknown

Engine Type *(Select one)*

- ☐ Reciprocating
- ☒ Turbo Shaft
- ☐ Turbo Prop
- ☐ Turbo Jet
- ☐ Turbo Fan
- ☐ Electric
- ☐ Liquid Rocket
- ☐ Solid Rocket
- ☐ Hybrid Rocket
- ☐ None
- ☐ Unknown

Fuel System Type *(Reciprocating)*

- ☐ Carburetor
- ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm dd yyyy</i>	Rated Power ☐ Horsepower or ☐ lbs of Thrust	Total Time <i>(hours)</i>	Time Since: Inspection <i>(hours)</i>	Overhaul <i>(hours)</i>
Eng. 1	P&W Canada	PW206B	PCE-BJ0408	09/2006		5099+54	18+55	616+54
Eng. 2	P&W Canada	PW206B	PCE-BJ0487	04/2007		3122+46	18+55	N/A
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 1/23/2017
mm/dd/yyyy

Airframe Total Time: 3665+10 hrs

hours measured at *(Select one)*

☒ Last Inspection ☐ Time of Accident/Incident

Type of Maintenance Program *(Select one)*

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

Description of Fire Extinguishing System

- ☒ None
- ☐ Specify: _____

Propeller 1

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: _____

Model: _____

Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Artes

Model or Part No.: C406-NHM

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)

☒ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

- Indicate Reason:
- ☐ Impact Damage
 - ☐ Fire Damage
 - ☐ Battery Expired/Damaged
 - ☒ Unknown

Additional Equipment *(Check all that apply)*

- ☐ ADS-B
- ☐ Airframe Parachute
- ☐ Angle of Attack Indicator
- ☒ Autopilot
- ☐ Data Recorder
- ☐ Electronic Flight Bag or Handheld Device
- ☒ Electronic Multifunction Display
- ☒ Electronic Primary Flight Display
- ☐ Handheld GPS
- ☐ Heads Up Display
- ☒ Onboard Weather
- ☒ Satellite Tracking Device
- ☐ Stall Warning System
- ☐ Video Recording Device
- ☐ Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Air Methods Corp.Fractional Ownership Aircraft: ☐ Yes ☒ NoCity: EnglewoodState: COZIP: 80112Country: USA**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____

ZIP: _____

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

Country: _____

Operating Certificates Held

(Check all that apply)

- ☐ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☒ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation
Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☐ FAR 91 ☐ FAR 129 ☐ FAR 415
☐ FAR 103 ☐ FAR 133 ☐ FAR 431
☐ FAR 121 ☒ FAR 135 ☐ FAR 435
☐ FAR 125 ☐ FAR 137 ☐ FAR 437

- ☐ FAR 91 Special Flight
☐ Non-US, Commercial
☐ Non-US, Non-commercial

☐ Public Aircraft (Select one)

- ☐ Armed Forces
☐ Federal
☐ State
☐ Local

☐ Unknown**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

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

- ☒ Passenger
☐ Cargo
☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown
☐ Aerial Observation ☐ Flight Test
☐ Air Drop ☐ Glider Tow
☐ Air Race/Show ☐ Instructional
☐ Banner Tow ☐ Other Work Use
☐ Business ☐ Personal
☐ Executive/Corporate ☐ Positioning
☐ External Load ☐ Skydiving
☐ Ferry

Revenue Sightseeing Flight☐ Yes ☒ No**Air Medical Flight**☒ Yes ☐ No**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: _____

Airport Identifier: _____

Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. msl

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
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

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
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around
☐ Initial Climb ☐ Final ☐ Aborted Landing (after touchdown)
☐ Crosswind ☐ Unknown

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
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"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																				
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____		City of Residence: _____			☐ Left		☐ Front		☐ None
Middle Initial: _____		State: _____ ZIP: _____			☐ Center		☐ Rear		☐ Minor
Last Name: _____		Country: _____			☐ Right		☐ Single		☐ Serious
							☐ Unknown		☐ Fatal
									☐ Unknown
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
☐ None		☐ Flight Instructor		☐ Commercial		☐ US Military			
☐ Private		☐ Recreational		☐ Airline Transport		☐ Foreign			
☐ Student		☐ Sport		☐ Flight Engineer					
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs		Available		Used
							☐ None		☐ None
							☐ Lap Only		☐ Lap Only
							☐ 3-point		☐ 3-point
							☐ 4-point		☐ 4-point
							☐ 5-point		☐ 5-point
							☐ Unknown		☐ Unknown
									☐ Not Installed
									☐ Installed
									☐ Not Deployed
									☐ Deployed
									☐ Unknown
Crew Name and Address					Seat Occupied		Injury		
First Name: _____		City of Residence: _____			☐ Left		☐ Front		☐ None
Middle Initial: _____		State: _____ ZIP: _____			☐ Center		☐ Rear		☐ Minor
Last Name: _____		Country: _____			☐ Right		☐ Single		☐ Serious
							☐ Unknown		☐ Fatal
									☐ Unknown
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
☐ None		☐ Flight Instructor		☐ Commercial		☐ US Military			
☐ Private		☐ Recreational		☐ Airline Transport		☐ Foreign			
☐ Student		☐ Sport		☐ Flight Engineer					
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs		Available		Used
							☐ None		☐ None
							☐ Lap Only		☐ Lap Only
							☐ 3-point		☐ 3-point
							☐ 4-point		☐ 4-point
							☐ 5-point		☐ 5-point
							☐ Unknown		☐ Unknown
									☐ Not Installed
									☐ Installed
									☐ Not Deployed
									☐ Deployed
									☐ Unknown
PASSENGER(S) / OTHER PERSONNEL (include cabin crew; continue on separate sheet if necessary)									
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: <u>James</u> City: _____			☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>2</u>	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
Middle Initial: <u>Michael</u> State: <u>KY</u> ZIP: _____									
Last Name: <u>Allison</u> Country: _____									
☐ Crew ☒ Passenger ☐ Other									
First Name: <u>Fredrick</u> City: _____			☒ Left ☐ Center ☐ Right ☐ Unknown Row: <u>1</u>	☐ None ☒ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
Middle Initial: <u>Wayne</u> State: <u>KY</u> ZIP: _____									
Last Name: <u>Deloit</u> Country: _____									
☐ Crew ☒ Passenger ☐ Other									
First Name: _____ City: _____			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
Middle Initial: _____ State: _____ ZIP: _____									
Last Name: _____ Country: _____									
☐ Crew ☐ Passenger ☐ Other									
First Name: _____ City: _____			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
Middle Initial: _____ State: _____ ZIP: _____									
Last Name: _____ Country: _____									
☐ Crew ☐ Passenger ☐ Other									

Last Departure Point Airport ID: <u>KIOB</u> City: <u>Mt. Sterling</u> State: <u>KY</u> Country: <u>USA</u>	Time of Departure Time: <u>0455</u> Time Zone: <u>EST</u>	Destination Airport ID: _____ City: <u>Airedale</u> State: <u>KY</u> Country: <u>USA</u>	Type Flight Plan Filed ☐ None ☐ VFR/IFR ☒ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☒ Yes ☐ No ☐ Unknown
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Type of ATC Clearance/Service <i>(Check all that apply)</i> ☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☒ Unknown / NA				
Airspace where the accident/incident occurred <i>(Check all that apply)</i> ☐ Class A ☒ Class G ☐ Military Operations Area (MOA) ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93			Altitude of In-Flight Occurrence: <u>950</u> ft msl	

Source of Pilot Weather Information <i>(Check all that apply)</i>		Weather Observation Facility
☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	☒ Company ☐ Military ☐ Internet ☐ None ☐ Unknown	Facility ID: <u>KJKL</u> Observation Time: <u>0453</u> Time Zone: <u>EST</u> Distance from Accident Site: <u>16</u> nm Direction from Accident Site: <u>90</u> degrees true

Basic Conditions	Light Condition	
☒ VMC ☐ IMC ☐ Unknown	☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☐ Day ☒ Night ☐ Bright Night	
Sky/Lowest Cloud Condition	Ceiling	Temperature: <u>14</u> (C) or _____ (F)
☐ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☒ Unknown ☐ Scattered	☐ None (Clear) ☐ Obscured ☒ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	Dew Point: <u>10</u> (C) or _____ (F)
Lowest Cloud Condition Height	Ceiling Height	Altimeter Setting: <u>29.82</u> in. Hg
_____ ft agl	<u>9000</u> _____ ft agl	or _____ MB

Wind Direction ☒ Variable -OR- Direction: _____ degrees true	Wind Speed ☐ Calm ☐ Light and Variable -OR- Speed: <u>6</u> kts	Wind Gusts ☒ Not Gusting -OR- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>1866</u> ft
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Intensity of Precipitation	Type of Precipitation (Check all that apply)				Restriction to Visibility (Check all that apply)			
☐ Light	☒ None	☐ Drizzle	☐ Freezing Rain		☒ None	☐ Fog		
☐ Moderate	☐ Rain	☐ Ice Pellets	☐ Snow Shower		☐ Blowing Dust	☐ Ground Fog		
☐ Heavy	☐ Snow	☐ Snow Pellets	☐ Ice Pellets Shower		☐ Blowing Sand	☐ Haze		
☒ N/A	☐ Hail	☐ Snow Grains	☐ Freezing Drizzle		☐ Blowing Snow	☐ Ice Fog		
☐ Unknown	☐ Rain Showers	☐ Ice Crystals			☐ Blowing Spray	☐ Smoke		
					☐ Dust	☐ Unknown		

Icing Forecast		Icing Actual		Turbulence	
Amount	Type	Amount	Type	Type <i>(Check all that apply)</i>	Severity
☒ None	☒ N/A	☒ None	☒ N/A	☐ None	☒ Light
☐ Trace	☐ Rime	☐ Trace	☐ Rime	☐ Clear Air	☒ Moderate
☐ Light	☐ Clear	☐ Light	☐ Clear	☒ Terrain-Induced	☐ Severe
☐ Moderate	☐ Mixed	☐ Moderate	☐ Mixed	☐ Convective Turbulence	☐ Extreme
☐ Severe	☐ Unknown	☐ Severe	☐ Unknown		
☐ Unknown		☐ Unknown			

Accident Pilot reported GPS indicated winds from the south of 35 kts at 2500 MSL during cruise flight. Light to moderate turbulence in flight. He also observed windsock at accident location - it was hanging limp with no wind indication.

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

- ☐ None ☒ Substantial
☐ Minor ☐ Destroyed
 ☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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

Aircraft landed hard in a grass field and experienced dynamic rollover. As the aircraft rolled over on to its right side it was still operating under full power. Main rotor blades contacted ground repeatedly and were destroyed all the way in board to the main rotor hub. Tailboom experienced a fracture at the horizontal stabilizer, but did not completely separate from airframe. During this time at least one main rotor blade contacted the upper portion of the left vertical winglet on the horizontal stabilizer. The front right side of the aircraft experienced damage to the main windscreen and the chin bubble window. The right side of the weather radome had cracks in the skin. The floor at the pilots pedal controls showed signs of buckling and damage to the outermost edge, including the right tail rotor pedal control - the foot rest had crush damage for 3/4 of its total length. The right side pitot tube was torn off the aircraft. The pilot's door windows were cracked. The main instrument pedestal metal frame had been torn just above the level of the alternate static switch but remained intact. The

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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

On February 7th, 2017 at 5:21am EST an EC135 P2+ helicopter experienced a hard landing which resulted in dynamic rollover and substantial damage to the airframe. 3 persons were on board the helicopter which was being operated under Part 135 for an air medical flight. The flight originated from Mt. Sterling KY (KIOB) at 4:55am EST, with the intent of flying to a pre-arranged LZ near St. Helens, KY, to pick up a patient from local emergency medical services. The aircraft was approximately 150ft AGL, on short final to a remote Fire Department Helipad, when the pilot stated he experienced an updraft that caused the aircraft to begin to climb. The pilot made a minor collective power reduction to arrest the climb. Almost immediately following his collective input the aircraft then began to descend. The pilot increased the collective to AEO max power (Solid red Line on First Limit Indicator) to arrest the descent rate. Pilot stated that this did not stop the rate of descent and the aircraft continued towards the grass field in front of them. Although the field had room to maneuver forward the pilot attempted to maintain a level attitude for the aircraft due to close proximity to the ground. The pilot recalls alerting the crew just prior to impact. Pilot stated the impact felt somewhat soft, but almost immediately the aircraft rolled over and a violent shaking began. The pilot attempted to reach the engine control switches but could not grab them due to the aircraft movements. At this point the pilot grabbed the twist grips on the collective and proceeded to roll them to cut-off for a manual shutdown.

The Pilot instructed the medical crew members to remain seated until everything came to a stop. Once the aircraft was fully shut down the pilot performed his egress through the front right windscreen which was no longer in place. The RN was sitting in the left Aft facing seat, and upon unbuckling his seat belt he fell towards the ground a few feet away, partially landing on the medic who was in the right side forward facing cabin seat. Both medical crew members then opened the left side main cabin door which was above them and proceeded to climb out of the aircraft.

All 3 persons moved towards the fire department truck that was on scene to secure the landing zone helipad approximately 300 ft to the west. A small grass fire had been started by the right side exhaust stack. The pilot alerted the fire department to the small grass fire and it was promptly extinguished. No Injuries to the Pilot or the Medic occurred. The Flight nurse had a minor contusion to the left leg and was taken to a local hospital for evaluation, was treated and released within a few hours.

Terrain near the accident site was hilly, but the LZ was a paved helipad with a lighted windsock on the edge of a large grass field. The helipad had been lit by the local fire department with LED strobe lights, and there was a general store across the street that had a large exterior overhead light that provided general area illumination. The grass field was soft due to recent rains. Weather reported by the pilot for the accident site was clear skies, night conditions with no moon illumination, and calm winds at the surface. The pilot was using NVGs and stated he had good visibility through the NVGs. Enroute the winds had been gusty and turbulent. The surface observations from KIOB and KLEX, as well as most surrounding locations indicated winds 190 through 220 at speeds of 12 gusting to 25 knots. At a cruising altitude of 2500MSL, the pilot reported seeing GPS wind indications of 35knots coming from the south. An AIRMET for LLWS existed for the entire Kentucky area.

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

Operator/Owner Safety Recommendation

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

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

None that could be found on site. Major control continuity seemed to exist in the flight controls. Further mechanical examination will need to be performed at the salvage location to verify condition and operation of powerplant.

Pilot did not report any mechanical issues before or during the flight.

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

85 _____ Gallons

Fuel Type

☐ 80/87☐ 115/145☐ Jet B☐ Other, specify _____☐ 100 Low Lead☒ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive

Other Services, if Any, Prior to Departure

NA

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

Pilot crawled through missing right front windscreen.

Passengers opened the left hand sliding door and climbed out of aircraft.

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

Aircraft Registration Number

NA

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Name: NA

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

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

02/09/2017

mm/dd/yyyy

Name of Pilot/Operator: Dennis McCall

Signature: _____

– or – ☒ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

– or – ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
ERA17LA103

Reviewed by NTSB Regional Office
ERA

Name of Investigator
D. Boggs

Date Report Received
2/10/2017