

# 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: ZEBULON State: GA  
 ZIP: \_\_\_\_\_ Country: US  
 Latitude: \_\_\_\_\_ (dd:mm:ss N/S) Longitude: \_\_\_\_\_ (ddd:mm:ss E/W)

### Date/Time

Date: 01-29-2018 Local Time: 5:00 pm  
 mm/dd/yyyy Time Zone: EASTERN

### 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

1150 ft MSL

## AIRCRAFT INFORMATION

Manufacturer: BELL  
 Model: OH58C  
 Serial Number: 6816872  
 Registration Number: N942SL Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 3200 lbs  
 Weight at Time of Accident/Incident: 2700 lbs  
 Location of Center of Gravity at Time of Accident/Incident:  
112 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  
☐ Special Flight  
☐ Light Sport

### Number of Seats: 4

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: 7-14-17  
 mm/dd/yyyy

Airframe Total Time: 8653.2 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 \_\_\_\_\_

### ELT Installed

☒ Yes ☐ No

### ELT Activated

☐ Yes ☒ No

ELT Manufacturer: ARTEX

Model/Series: ME406HM

Serial Number: 197-03217

Battery Type: LITHIUM

Battery Exp. Date: 7/2024

### ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

### Engine Type

☐ Reciprocating ☐ Turbo Jet  
☒ Turbo Shaft ☐ Turbo Fan  
☐ Turbo Prop ☐ Unknown

### Reciprocating Fuel System Type

☐ Carburetor  
☐ Fuel Injected

### Propeller

☐ Fixed Pitch  
☐ Controllable Pitch

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Engine Rated Power Measured as (check one)<br><input checked="" type="checkbox"/> Horsepower or<br><input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | <u>ALLISON</u>      | <u>T53-A720</u>     | <u>AE-405936</u>             | <u>UNK</u>                 | <u>420</u>                                                                                                                                | <u>8653.2</u>      | <u>56.9</u>                   | <u>2672.3</u>               |
| Eng. 2 |                     |                     |                              |                            |                                                                                                                                           |                    |                               | <u>2727.2</u>               |
| Eng. 3 |                     |                     |                              |                            |                                                                                                                                           |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                            |                                                                                                                                           |                    |                               |                             |

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: SPALDING COUNTY SHERIFF OFFICEFractional Ownership Aircraft: ☐ Yes ☐ No**Operator of Aircraft**☒ Same As Registered Owner

Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

**Owner Address**City: GRiffinState: GA ZIP: 30224

Country: \_\_\_\_\_

**Operator Address**☒ Same As Registered Owner

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Regulation Flight Conducted Under**

- ☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☒ Public Use (select type)  
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☒ Local  
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown  
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces

**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**Purpose of Flight**

for FAR 91, 103, 133, 137 (Select one)

- ☐ Personal  
☐ Business  
☐ Executive/Corporate  
☐ Other Work Use  
☐ Instructional  
☐ Ferry  
☐ Positioning  
☐ Aerial Application  
☐ Aerial Observation  
☐ Air Drop  
☐ Air Race / Show  
☐ Flight Test  
☒ Public Use  
☐ Unknown

**Revenue Operation**

for FAR 121, 125, 129, 135 (Select one)

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

**Domestic or International**☒ Domestic ☐ International**Cargo Operation**

- ☐ Passenger/Cargo  
☐ Passenger \_\_\_\_\_ How many?  
☐ Cargo \_\_\_\_\_ lbs  
☐ Mail

**Type of Commercial Operating Certificate Held**  
(Check all that apply)

- ☒ None  
☐ Flag Carrier Operating Certificate (121)  
☐ Supplemental  
☐ Air Cargo  
☐ Foreign Air Carriers (129)  
☐ Commuter Air Carrier (135)  
☐ On-Demand Air Taxi (135)  
☐ Large Helicopter (127)  
☐ Rotorcraft External Load (133)  
☐ - or -  
☐ Agricultural Aircraft (137)  
☐ Other Operator of Large Aircraft

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

Aircraft Registration Number: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Damage to Other Aircraft

☐ Destroyed ☐ Minor  
☐ Substantial ☐ None
**Registered Owner of Other Aircraft**

First Name: \_\_\_\_\_

City: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last Name: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

First Name: \_\_\_\_\_

City: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last Name: \_\_\_\_\_

Country: \_\_\_\_\_

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

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

Engine, sudden power lossTotal Time/Cycles  
On Part8653.2 Hours2136 CyclesTime Since This Part  
Inspected/Overhauled2727.2 Hours**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- ☐ None ☐ Substantial  
☒ Minor ☐ Destroyed

**Aircraft Fire**

- ☒ None ☐ Both Ground and In-Flight  
☐ In-Flight ☐ Unknown Origin  
☐ On-Ground

**Aircraft Explosion**

- ☒ None ☐ Both Ground and In-Flight  
☐ In-Flight ☐ Unknown Origin  
☐ On-Ground

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

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

**Airport Identifier:** \_\_\_\_\_ **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/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 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: GAZ  
 City: GRIFFIN  
 State: GA  
 Country: USA

**Time of Departure**

Time: 1700  
 Time Zone: EST

**Destination**

Airport ID: GAZ  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Country: \_\_\_\_\_

**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)

320 lb 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

**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**

\_\_\_\_\_ 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:

\_\_\_\_\_ degrees MAG

☐ Variable**Wind Speed**

Velocity: \_\_\_\_\_ KTS

-or-

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

Velocity: \_\_\_\_\_ KTS

☐ Gusting☐ Not Gusting**Type of Turbulence (Check all that apply)**☐ None☐ 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: \_\_\_\_\_ (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: Philip  
 Middle Initial: P  
 Last Name: Smith

City: GRIFFIN  
 State: GA ZIP: 30224  
 Country: USA

Age at time of Accident/Incident: 70 Date of Birth: mm/dd/yyyy Certificate Number: CPI

**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**

3/22/2016  
 mm/dd/yyyy

**Medical Certificate Limitations**

*Must wear corrective lenses for near and distant vision*

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

05/15/2017  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: Helicopter - OH 58  
 Model: B 206

**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**

OH-58  
UH-1-A, B, C, D, H  
Beck 206  
SEL-HP ReInst

**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                                                  | 5650         | 300               | 3327                   | 50                   |       |            |           | 2273       | 10     |                  |
| Pilot in Command (PIC)                                      |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                          | 263          | 77                |                        |                      |       |            |           | 263        |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 48           | 23                | 25                     |                      |       |            |           | 23         |        |                  |
| Last 30 Days                                                | 16           | 6                 | 10                     |                      |       |            |           | 6          |        |                  |
| 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: Tony City: Williamson  
 Middle Initial: L State: Ga ZIP: 30192  
 Last Name: Thompson Country: USA

Age at time of Accident/Incident: 45 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**

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 Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                             |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                  | 12           |                   |                        |                      |       |            |           | 12         |        |                  |
| Pilot in Command (PIC)                                      |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 12           |                   |                        |                      |       |            |           | 12         |        |                  |
| Last 30 Days                                                | 5            |                   |                        |                      |       |            |           | 5          |        |                  |
| Last 24 Hours                                               |              |                   |                        |                      |       |            |           |            |        |                  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pilot Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                      |                         | <b>Degree of Injury</b>                                                                                                                                                                                                             |
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                  | City: _____             | <input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                 |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                              | State: _____ ZIP: _____ |                                                                                                                                                                                                                                     |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                   | Country: _____          |                                                                                                                                                                                                                                     |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                 |                         | <b>Seat Occupied</b>                                                                                                                                                                                                                |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |                         | <input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                            |                         | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pilot Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                      |                         | <b>Degree of Injury</b>                                                                                                                                                                                                             |
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                  | City: _____             | <input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                 |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                              | State: _____ ZIP: _____ |                                                                                                                                                                                                                                     |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                   | Country: _____          |                                                                                                                                                                                                                                     |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                 |                         | <b>Seat Occupied</b>                                                                                                                                                                                                                |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |                         | <input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                            |                         | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pilot Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                      |                         | <b>Degree of Injury</b>                                                                                                                                                                                                             |
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                  | City: _____             | <input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                 |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                              | State: _____ ZIP: _____ |                                                                                                                                                                                                                                     |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                   | Country: _____          |                                                                                                                                                                                                                                     |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                 |                         | <b>Seat Occupied</b>                                                                                                                                                                                                                |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |                         | <input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                            |                         | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                           |

**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: _____<br>Middle Initial: _____<br>Last Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____ |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____<br>Middle Initial: _____<br>Last Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____ |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____<br>Middle Initial: _____<br>Last Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____ |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____<br>Middle Initial: _____<br>Last Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____ |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____<br>Middle Initial: _____<br>Last Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____ |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____<br>Middle Initial: _____<br>Last Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____ |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____<br>Middle Initial: _____<br>Last Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____ |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____<br>Middle Initial: _____<br>Last Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____ |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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.

SEE ATTACHED STATEMENTS

**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**

|                                                                                                                                                 |                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>Date of this Report</b><br>_____<br><i>mm/dd/yyyy</i>                                                                                        | <b>Signature and Name of Pilot/Operator</b><br>Signature: _____<br>Type or Print Name: _____ |
| <b>Signature and Name of Person Filing Report if Other than Pilot/Operator</b><br>Signature: _____<br>Type or Print Name: _____<br>Title: _____ |                                                                                              |

**FOR NTSB USE ONLY**

|                                                 |                                                       |                                       |                                         |
|-------------------------------------------------|-------------------------------------------------------|---------------------------------------|-----------------------------------------|
| <b>NTSB Accident/Incident No.</b><br>ERA18LA075 | <b>Reviewed by NTSB Regional Office</b><br>Ashburn VA | <b>Name of Investigator</b><br>Rayner | <b>Date Report Received</b><br>2/2/2018 |
|-------------------------------------------------|-------------------------------------------------------|---------------------------------------|-----------------------------------------|