

# 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: Parsons State: WV

ZIP: 26287 Country: USA

Latitude: 39.2270592 Longitude: -79.7211471

(Enter in decimal degrees or degrees:minutes:seconds)

### Accident/Incident Date/Time

Date: 6/29/19 Local Time: 11:45

mm/dd/yyyy

Time Zone: EST

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

## AIRCRAFT INFORMATION

Registration Number: N883TY

Manufacturer: Robinson

Model: R44 II

Serial Number: 13628

Year of Manufacture: 2/10/14

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

☐ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 2500 lbs

Weight at Time of Accident/Incident: 2300 lbs

Number of Seats: 4 Flight Crew Seats: \_\_\_\_\_

Cabin Crew Seats: 1 Passenger Seats: 3

Number of Engines: 1

### Category of Aircraft

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

### Type of Airworthiness Certificate (Check all that apply)

- |                                            |                                                   |
|--------------------------------------------|---------------------------------------------------|
| <b>Standard</b>                            | <b>Special</b>                                    |
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic         | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon           | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter          | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport         | <input type="checkbox"/> Experimental             |
| <input type="checkbox"/> Utility           | <input type="checkbox"/> Special Light-Sport      |
|                                            | <input type="checkbox"/> Experimental Light-Sport |
- ☐ Certificate of Authorization or Waiver (COA)  
☒ None ☐ Unknown

### Landing Gear

(Check all that apply)

- ☐ Retractable
- |                                          |                                          |
|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Tricycle        | <input type="checkbox"/> Tailwheel       |
| <input type="checkbox"/> Amphibian       | <input type="checkbox"/> High Skid       |
| <input type="checkbox"/> Emergency Float | <input checked="" type="checkbox"/> Skid |
| <input type="checkbox"/> Float           | <input type="checkbox"/> Ski             |
| <input type="checkbox"/> Hull            | <input type="checkbox"/> Ski/Wheel       |
- ☐ Other Launch/Recovery System  
☐ None ☐ Unknown

### Engine Type (Select one)

- |                                                |                                     |
|------------------------------------------------|-------------------------------------|
| <input checked="" type="radio"/> Reciprocating | <input type="radio"/> Liquid Rocket |
| <input type="radio"/> Turbo Shaft              | <input type="radio"/> Solid Rocket  |
| <input type="radio"/> Turbo Prop               | <input type="radio"/> Hybrid Rocket |
| <input type="radio"/> Turbo Jet                | <input type="radio"/> None          |
| <input type="radio"/> Turbo Fan                | <input type="radio"/> Unknown       |
| <input type="radio"/> Electric                 |                                     |

### Fuel System Type (Reciprocating)

- ☐ Carburetor ☒ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | <u>Lycoming</u>     | <u>T0540-AE1A5</u>  | <u>L-35605-48E</u>           | <u>5/22/13</u>             | <u>245</u>                                                                                           | <u>803.93</u>         | <u>92.45</u>                         |                     |
| Eng. 2 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 5/15/19

Airframe Total Time: 803.93 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: KANNA D

Model or Part No.: INT-600-AE

TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (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: Ali Co.

City: KINGWOOD

State: WV ZIP: 26537

Fractional Ownership Aircraft: ☐ Yes ☒ No

Country: USA

## Operator of Aircraft ☒ Same 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, take off, departure, or within 3 miles of an airport)

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

Distance From Airport Center: \_\_\_\_\_ sm

Airport Identifier: \_\_\_\_\_

Direction From Airport: \_\_\_\_\_ degrees true

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

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 ☐ 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
- ☐ 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 ☐ Crosswind ☐ Aborted Landing (after touchdown)
- ☐ Unknown

## IFR Approach (Check all that apply)

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

## "Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

## "Flight Crewmember 1" Identification

First Name: Jeffery

Middle Initial: S

Last Name: Sisler

City of Residence: [REDACTED]

State: WV ZIP: 26537

Country: USA

Age at time of Accident/Incident: 62 Date of Birth: [REDACTED]

mm/dd/yyyy

Certificate Number: [REDACTED]

### Degree of Injury

☐ None ☐ Fatal  
☒ Minor ☐ Unknown  
☐ Serious

### Seat Occupied

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

### Restraint Type

Available  
☐ None  
☒ Lap only  
☒ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

### Used

☐ None  
☐ Lap only  
☒ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

### Inflatable Restraints

☒ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

### Pilot Certificate(s) (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military  
☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign  
☐ Student ☐ Sport ☐ Flight Engineer

### 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 ☐ Unknown  
☐ With limitations/waivers ☐ N/A  
☐ Special Issuance

### Date of Last Medical

1/21/19  
mm/dd/yyyy

### Medical Certificate Limitations

Reading Glasses when Needed

### Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 5/29/19  
mm/dd/yyyy

### Flight Review Aircraft

Make: Robbier

Model: R44 II

### 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  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☒ Helicopter  
☐ Powered Lift

### Instrument Rating(s) (Check all that apply)

☒ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

### Instructor Rating(s) (Check all that apply)

☒ None  
☐ Airplane Single-Engine  
☐ Airplane Multi-Engine  
☐ Gyroplane  
☐ Powered Lift  
☐ Instrument Airplane  
☐ Instrument Helicopter  
☐ Helicopter  
☐ Glider  
☐ Sport

### Type Ratings

### Student Endorsements (Include dates)

R44 II

| 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>668.6</u>      |                        |                      | <u>14.2</u> |            |           |            |        |                  |
| Pilot in Command (PIC)                                      |              | <u>605.7</u>      |                        |                      | <u>14.2</u> |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |             |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |             |            |           |            |        |                  |
| Last 90 Days                                                |              | <u>26.6</u>       |                        |                      |             |            |           |            |        |                  |
| Last 30 Days                                                |              | <u>16.9</u>       |                        |                      |             |            |           |            |        |                  |
| Last 24 Hours                                               |              | <u>1</u>          |                        |                      |             |            |           |            |        |                  |

# **"FLIGHT CREWMEMBER 2" INFORMATION**

**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

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

**"Flight Crewmember 2" was pilot flying**   ☐ Yes   ☐ No

## **"Flight Crewmember 2" Identification**

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

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

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

City of Residence: \_\_\_\_\_

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

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

Age at time of Accident/Incident: \_\_\_\_\_ 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

### **Restraint Type**

| Available                      | Used                           |
|--------------------------------|--------------------------------|
| <input type="radio"/> None     | <input type="radio"/> None     |
| <input type="radio"/> Lap only | <input type="radio"/> Lap only |
| <input type="radio"/> 3-point  | <input type="radio"/> 3-point  |
| <input type="radio"/> 4-point  | <input type="radio"/> 4-point  |
| <input type="radio"/> 5-point  | <input type="radio"/> 5-point  |
| <input type="radio"/> Unknown  | <input type="radio"/> Unknown  |

### **Inflatable Restraints**

☐ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

### **Pilot Certificate(s) (Check all that apply)**

|                                  |                                            |                                            |                                      |
|----------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------|
| <input type="checkbox"/> None    | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial        | <input type="checkbox"/> US Military |
| <input type="checkbox"/> Private | <input type="checkbox"/> Recreational      | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign     |
| <input type="checkbox"/> Student | <input type="checkbox"/> Sport             | <input type="checkbox"/> Flight Engineer   |                                      |

### **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   ☐ Unknown  
☐ With limitations/waivers   ☐ N/A  
☐ Special Issuance

### **Date of Last Medical**

\_\_\_\_\_ mm/dd/yyyy

### **Medical Certificate Limitations**

### **Medical Certificate Special Issuance**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_ mm/dd/yyyy

### **Flight Review Aircraft**

Make: \_\_\_\_\_

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

### **Airplane Rating(s)**

☐ None  
☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

### **Other Aircraft Rating(s)**

☐ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

### **Instrument Rating(s)**

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

### **Instructor Rating(s)**

☐ None  
☐ Airplane Single-Engine  
☐ Airplane Multi-Engine  
☐ Gyroplane  
☐ Powered Lift  
☐ Instrument Airplane  
☐ Instrument Helicopter  
☐ Helicopter  
☐ Glider  
☐ 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             |                   |                        |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC) |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor     |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model        |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days           |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days           |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours          |                   |                        |                      |       |            |           |            |        |                  |

# **ADDITIONAL FLIGHT CREWMEMBERS** (Exclusive of cabin crew, complete the following information)

## **Crew Name and Address**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: NA  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

## **Seat Occupied**

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

## **Injury**

☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ Unknown

## **Pilot Certificate(s)** (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military  
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign  
☐ Student ☐ Sport ☐ Flight Engineer

## **Restraint Type:**

**Available** **Used**  
☐ None ☐ None  
☐ Lap Only ☐ Lap Only  
☐ 3-point ☐ 3-point  
☐ 4-point ☐ 4-point  
☐ 5-point ☐ 5-point  
☐ Unknown ☐ Unknown

## **Inflatable Restraints**

☐ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

## **Type Rating/Endorsement for Accident/Incident Aircraft?**

☐ Yes ☐ No

**Total Flight Time at the Time of this Accident/Incident:** \_\_\_\_\_ hrs

## **Crew Name and Address**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

## **Seat Occupied**

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

## **Injury**

☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ Unknown

## **Pilot Certificate(s)** (Check all that apply)

☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military  
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign  
☐ Student ☐ Sport ☐ Flight Engineer

## **Restraint Type:**

**Available** **Used**  
☐ None ☐ None  
☐ Lap Only ☐ Lap Only  
☐ 3-point ☐ 3-point  
☐ 4-point ☐ 4-point  
☐ 5-point ☐ 5-point  
☐ Unknown ☐ Unknown

## **Inflatable Restraints**

☐ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ 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 cabin crew, continue on separate sheet if necessary)

## **Name and Address**

First Name: Kathy City: Erie  
 Middle Initial: \_\_\_\_\_ State: MI ZIP: 48133  
 Last Name: HAUSER Country: USA

☐ Crew ☒ Passenger ☐ Other

## **Seat**

Row 1

☒ Left  
☐ Center  
☐ Right  
☐ Unknown

Row: \_\_\_\_\_

## **Injury**

☐ None  
☒ Minor  
☐ Serious  
☐ Fatal  
☐ Unknown

## **Restraint Type**

**Available** **Used**  
☐ None ☐ None  
☐ Lap Only ☐ Lap Only  
☒ 3-point ☒ 3-point  
☐ 4-point ☐ 4-point  
☐ 5-point ☐ 5-point  
☐ Unknown ☐ Unknown

## **Inflatable Restraints**

☒ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

## **Age**

☐ Under 5 years  
 If Under 5,  
☐ Child Restraint  
☐ Lap-Held  
☐ Unknown

First Name: Robert City: Erie  
 Middle Initial: \_\_\_\_\_ State: MI ZIP: 48133  
 Last Name: HAUSER Country: USA

☐ Crew ☒ Passenger ☐ Other

Row 2

☒ Left  
☐ Center  
☐ Right  
☐ Unknown

Row: \_\_\_\_\_

☐ None  
☒ Minor  
☐ Serious  
☐ Fatal  
☐ Unknown

**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

☐ Under 5 years  
 If Under 5,  
☐ Child Restraint  
☐ Lap-Held  
☐ Unknown

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

☐ Crew ☐ Passenger ☐ Other

☐ Left  
☐ Center  
☐ Right  
☐ Unknown

Row: \_\_\_\_\_

☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ Unknown

**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

☐ Under 5 years  
 If Under 5,  
☐ Child Restraint  
☐ Lap-Held  
☐ Unknown

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

☐ Crew ☐ Passenger ☐ Other

☐ Left  
☐ Center  
☐ Right  
☐ Unknown

Row: \_\_\_\_\_

☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ Unknown

**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

☐ Under 5 years  
 If Under 5,  
☐ Child Restraint  
☐ Lap-Held  
☐ Unknown

# FLIGHT ITINERARY INFORMATION

|                                                                                                                                      |                                                                         |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>Private Residence</u><br>City: <u>Elgon</u><br>State: <u>WV</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>11:25</u><br>Time Zone: <u>EST</u> | <b>Destination</b><br>Airport ID: <u>N/A</u><br>City: <u>N/A</u><br>State: <u>N/A</u><br>Country: <u>N/A</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise<br><input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>Airspaces where the accident/incident occurred (Check all that apply)</b><br><input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special<br><input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area<br><input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown<br><input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA<br><input type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93 |  |  |  |
| <b>Altitude of In-Flight Occurrence:</b> _____ ft msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet<br><input type="checkbox"/> Automated Report <input type="checkbox"/> None<br><input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input type="checkbox"/> On-Board Weather | <b>Weather Observation Facility</b><br>Facility ID: _____<br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Basic Conditions</b><br><input type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                        | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                    |
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl | <b>Ceiling</b><br><input type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl |
| <b>Temperature:</b> _____ (C) or _____ (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> _____ in. Hg<br>or _____ MB                                                                                                                                                                                           |                                                                                                                                                                                                                                                               |

|                                                                                                     |                                                                                                                               |                                                                                       |                                                                                                           |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts | <b>Wind Gusts</b><br><input type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> _____ miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals | <b>Restriction to Visibility (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Icing Forecast</b><br>Amount<br><input type="radio"/> None <input type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown | <b>Icing Actual</b><br>Amount<br><input type="radio"/> None <input type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown | <b>Turbulence</b><br>Type (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Light<br><input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate<br><input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe<br><input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

# **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)

The damage is too extensive to list. See pictures attached,

# **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 location, services obtained, and intended destination. Provide as much detail as possible.

I left a private residence in Egdon, WV @ 11:25 AM with two passengers for a sight seeing tour. We flew over and along the Cheat River in Preston, Tucker Counties in WV. I suddenly came upon unmarked lines running across the river at approximately 11:45 am. With little time to react, I attempted to fly under the lines because it appeared to be the best possibility because I was certain I couldn't go over the lines. The lowest line was the telephone line that caught in the rotor system and we crashed into the Cheat River near Parsons, Tucker County, WV.

The helicopter was submerged in the river. I was able to release my seat belt and help the two passengers out of their seat belts to the surface. There were campers nearby with row boats that came out to the crash and assisted one passenger to the shoreline. The rescue team showed up and got the other passenger to the shoreline. Both passengers were transported to Ruby Memorial Hospital in Morgantown, WV by helicopter. I was transported by ambulance to Davis Medical Center in Elkins, WV.

**RECOMMENDATION** (How safe has the accident been? Has it 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.)

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)

35

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

**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

See Narrative history of flight for detailed information.

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

N/A

Aircraft Registration Number

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

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

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

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

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

7/17/19  
mm/dd/yyyy

Name of Pilot/Operator:

Jeffery S. SislerSignature: [Redacted]

- 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.

ERA19TA204

Reviewed by NTSB Regional Office

AS-ERA

Name of Investigator

LYNN SPENCER

Date Report Received

7/17/2019