



MEMORANDUM FOR RECORD

Brian C. Rayner
Senior Air Safety Investigator
Eastern Region

Date: February 17, 2021
Person Contacted: John Carey – Pilot
NTSB Accident Number: ERA20LA229 Coconut Creek, FL

Narrative:

Mr. Carey was the pilot of the accident helicopter N5013G. He was interviewed by telephone, and the following is a summary of the interview. Prior to the interview, Mr. Carey provided a comprehensive written statement. Because Mr. Carey was recovering from his injuries and considering his statement previously provided the interview was abbreviated and focused to add greater detail to the information given to Inspector Derrick Mayberry of the FAA.

According to Mr. Carey, the performance of the helicopter was “fine” with the exception of a vertical “oscillation” that occurred earlier in the day on a load different from the accident load. Mr. Carey said it was significant, but not so significant that he needed to jettison the load. He explained that it occurred for either aerodynamic reasons, or potentially due to a “dampener issue.” previously reported to his Director of Maintenance and Director of Operations. Mr. Carey stated that the helicopter was stable and hovering smoothly at the time of the engine power loss.

Mr. Carey stated that on the accident lift he checked his fuel quantity (65-70 pounds) and confirmed his instruments were in the normal range. With the load on the hook, the helicopter was hovering with about 85% torque applied and the turbine outlet temperature within the normal range. Mr. Carey was asked how long the low-fuel light had been illuminated at this point and he said, “I never saw a low fuel light.” After completing the systems check most of his attention was focused outside the helicopter. Mr. Carey added that at that time he was thinking, “Okay, let’s wrap this up. I have 10-15 minutes of fuel. I’ll only be here for a minute, and then I’ll land and refuel”. Within 1-2 minutes, while manipulating the load to assist the ground crew, the engine “flamed out.” Mr. Carey said he maneuvered the aircraft as far away from ground personnel as possible prior to settling the helicopter into the trees.

Mr. Carey asked about the examination of the helicopter after the accident, and what was found. It was explained that the helicopter fuel system was sumped, examined visually, and that an external pump system was used to recover fuel. No fuel was seen or recovered. Mr. Carey then inquired as to the fuel gauge indication at the time of investigation. Responding, the fuel indicated 40 pounds. We had also discussed Mr. Carey’s concern with possible inaccuracies with the gauge and or fuel system. The hours flown since the last full fuel service, and fuel added since the last full fuel service was also discussed. He also stated due to the weight of each load he was performance limited. As a safety margin, only allowing for 150lbs of refueling each time. Making two refuel stops prior to the accident. Mr. Carey was asked at what point the low-fuel light would illuminate, and he said “between 50 and 75 pounds according to the Bell 206L Rotorcraft Flight Manual (RFM)”. Mr. Carey also stated, “I never got a Low Fuel Light, if so I would have landed immediately”.

END OF STATEMENT