

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: SYLVIA State: NC
 ZIP: 28779 Country: USA
 Latitude: N 35.19.03 Longitude: W 83.12.55
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 06/14/2021 Local Time: 10:54
 mm/dd/yyyy Time Zone: EDT

Collision with Other Aircraft: Midair On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N4435H

Manufacturer: ROBINSON

Model: R44 RAVEN II

Serial Number: 10306

Year of Manufacture: 2004

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 2400 lbs

Weight at Time of Accident/Incident: 2050 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: 2

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)

Standard

☒ Normal

Aerobatic

Balloon

Commuter

Transport

Utility

Special

Restricted

Limited

Provisional

Special Flight

Experimental

Special Light-Sport

Experimental Light-Sport

Certificate of Authorization or Waiver (COA)

☒ None

Unknown

Landing Gear

(Check all that apply)

Retractable

Tricycle

Tailwheel

Amphibian

High Skid

Emergency Float

☒ Skid

Float

Ski

Hull

Ski/Wheel

Other Launch/Recovery System

☒ None

Unknown

Engine Type (Select one)

☒ Reciprocating

Turbo Shaft

Turbo Prop

Turbo Jet

Turbo Fan

Electric

Liquid Rocket

Solid Rocket

Hybrid Rocket

None

Unknown

Fuel System Type (Reciprocating)

☒ Carburetor

Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	LYCOMING	IA-540-AE1A5	L-28789-48A	?	245	3974	94.8	1774
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
☒ Annual Unknown

Date Last Inspection: 06/29/2021
 mm/dd/yyyy

Airframe Total Time: 6170 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: _____

Model or Part No.: _____

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: SPITZER HELICOPTER LEASINGCity: WOODLAND HILLSState: CA ZIP: 91367Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**

Same As Registered Owner

Same Address as Registered Owner

Name: TUNICA HELICOPTERSCity: KISSIMMEEDoing Business As: LEADING EDGE HELICOPTERSState: FL ZIP: 34746

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

Country: USA**Operating Certificates Held**

(Check all that apply)

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

Regulation Flight Conducted Under

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

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

Public Aircraft (Select one)

Armed Forces
Federal
State
Local
Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter Domestic
Non-Scheduled or Air Taxi International

Passenger
Cargo
Mail Contract Only

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

(Select one)

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

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: JACKSON COAirport Identifier: 24AProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: 2857 ft. msl**Runway Information**

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

☒ Asphalt Grass/Turf Macadam Water
Concrete Gravel Metal/Wood
Dirt Ice Snow Unknown

Condition of Runway/Landing Surface (Check all that apply)

☒ Dry Snow-Compacted Water-Calm
Holes Snow-Crusted Water-Choppy
Ice Covered Snow-Dry Water-Glassy
Rough Snow-Wet Wet
Rubber Deposits Soft
Slush-Covered Vegetation Unknown

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION

"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: AWIGHT City of Residence: KNOXVILLE

Middle Initial: J State: TN ZIP: 37920

Last Name: BURNETT Country: USA

Age at time of Accident/Incident: 70 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 <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☒ 3-point</td> <td>☒ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>		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
Available	Used																			
☐ None	☐ None																			
☐ Lap only	☐ Lap only																			
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Pilot Certificate(s) (Check all that apply) <table border="0"> <tr> <td>☐ None</td> <td>☐ Flight Instructor</td> <td>☐ Commercial</td> <td>☐ US Military</td> </tr> <tr> <td>☐ Private</td> <td>☐ Recreational</td> <td>☒ Airline Transport</td> <td>☐ Foreign</td> </tr> <tr> <td>☐ Student</td> <td>☐ Sport</td> <td>☐ Flight Engineer</td> <td></td> </tr> </table>				☐ None	☐ Flight Instructor	☐ Commercial	☐ US Military	☐ Private	☐ Recreational	☒ Airline Transport	☐ Foreign	☐ Student	☐ Sport	☐ Flight Engineer						
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☐ 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 <u>02/23/2021</u> mm/dd/yyyy														

Medical Certificate Limitations

HOLDER SHALL POSSESS GLASSES FOR NEAR/INTERMEDIATE VISION

Medical Certificate Special Issuance

Date of Last Flight Review
 or Equivalent, Including
 FAR 121/135 Checks: 05/11/2021
 mm/dd/yyyy

Flight Review Aircraft

Make: ROBINSON
 Model: R-44 RI

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
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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	6977	1897	276	237	847	72	137	6237		
Pilot in Command (PIC)	6742	1885						5993		
Time as Instructor	1512	1170						1512		
This Make/Model										
Last 90 Days	30	27								
Last 30 Days	14	11								
Last 24 Hours										

"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: COYA City of Residence: WHITTIER

Middle Initial: State: NC ZIP: 28759

Last Name: NACK Country: USA

Age at time of Accident/Incident: 22 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
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

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

04/29/2021
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks: 01/15/2021
mm/dd/yyyy

Flight Review Aircraft

Make: ROBINSON
Model: R44 RI

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)

Flight Time (Enter appropriate
number of hours in each box)

Flight Time	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	250									
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				Seat Occupied		Injury																										
First Name: _____	City of Residence: _____			Left	Front	None Minor Serious Fatal Unknown																										
Middle Initial: _____	State: _____	ZIP: _____		Center	Rear																											
Last Name: _____	Country: _____			Right	Single																											
					Unknown																											
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Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs																														

Crew Name and Address				Seat Occupied		Injury																										
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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		Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>BRITNEY</u>	City: _____	Left Center ☒ Right Unknown Row: _____	☒ None Minor Serious Fatal Unknown	Available	Used	☒ Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: <u>HICKS</u>	Country: _____			Lap Only	Lap Only		
Crew ☐ Passenger ☒ Other ☐				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
First Name: _____	City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
Crew ☐ Passenger ☐ Other ☐				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
First Name: _____	City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
Crew ☐ Passenger ☐ Other ☐				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
First Name: _____	City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
Crew ☐ Passenger ☐ Other ☐				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>24A</u> City: <u>SYLVIA</u> State: <u>NC</u> Country: <u>USA</u>	Time of Departure Time: <u>10:30</u> Time Zone: <u>DST</u>	Destination Airport ID: <u>24A</u> City: <u>SYLVIA</u> State: <u>NC</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)

☒ None VFR	☐ Special VFR IFR	☐ Special IFR VFR On Top	☐ VFR Flight Following Traffic Advisory	☐ Cruise Unknown / NA
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Airspace where the accident/incident occurred (Check all that apply)

Class A Class B Class C Class D Class E	☒ Class G Demo Area Warning Area Prohibited Area Restricted Area	Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93	Special Air Traffic Control Area Unknown	Altitude of In-Flight Occurrence: _____ ft msl
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WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

☒ National Weather Service Flight Service Station ☒ TV/Radio ☒ Automated Report Commercial Weather Service (DUATS) On-Board Weather	Company Military Internet None Unknown
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Weather Observation Facility

Facility ID: <u>24A</u> Observation Time: <u>10:30</u> Time Zone: <u>DST</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: _____ degrees true
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Basic Conditions

☒ VMC ☐ IMC ☐ Unknown

Light Condition

☐ Dawn ☒ Day ☐ Night	☐ Dusk ☐ Night	☐ Dark Night ☐ Bright Night	☐ Unknown
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Sky/Lowest Cloud Condition

☒ Clear Few Partial Obscuration Scattered	☐ Thin Broken ☐ Thin Overcast ☐ Unknown
--	--

Lowest Cloud Condition Height

_____ ft agl

Ceiling

☒ None (Clear) ☐ Broken ☐ Overcast	☐ Obscured ☐ Indefinite ☐ Unknown
--	--

Ceiling Height

_____ ft agl

Temperature: _____ (C) or _____ (F)

Dew Point: _____ (C) or _____ (F)

Altimeter Setting: _____ in. Hg
or _____ MB

Wind Direction

Variable

-or-

Direction: _____ degrees true

Wind Speed

Calm
Light and Variable

-or-

Speed: _____ kts

Wind Gusts

Not Gusting

-or-

Speed: _____ kts

Visibility

_____ miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft

Intensity of Precipitation

Light
Moderate
Heavy
N/A
Unknown

Type of Precipitation (Check all that apply)

☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers	☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals	☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle
--	--	--

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
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Icing Forecast

Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown
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Icing Actual

Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown
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Turbulence

Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence	Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
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NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

Statement of Dwight Burnett regarding N443SH 06-14-2021

At approximately 10:54 AM Monday June 14, 2021, I was demonstrating various emergency procedures to my front seat passenger at the Jackson County Airport (24A) near Sylva, NC. My back seat passenger was along for added weight and both are employees of Leading Edge Helicopters based in Cherokee NC. and the Leasee of N443SH. We had demoed the straight in and 180 deg autorotation on runway 15, and while close to the ground, I decided to demo the rapid deceleration (quick stop). This procedure is slightly modified by adding left pedal and slightly rolling the throttle down some to prevent the main rotor from over-speeding. The procedure is normally done at 40-40. (approximately 40 ft in altitude and 40 knots) After obtaining the 40-40, I entered the quick stop by pulling back on the cyclic, lowering the collective slightly, applying left pedal, and slightly rolling the throttle back to maybe 80% RPM. Recovery is normally done by just keeping the nose straight, rolling power back in, and maintaining altitude. However the recovery was not consistent with past recoveries, the rotor RPM was not responding as I anticipated, and the altitude had deteriorated to an expected 20 ft or so. I saw there was not going to be a chance of a normal landing so I proceeded to just try to initiate a run-on landing so as to slide forward on the skids. At the low RPM the ground contact was more intense than I expected. The right skid touched the ground first, the helicopter skidded slightly to the right as I was positioned to the right of the center line, causing the skids to collapse on the right side. The helicopter remained upright, but obviously damaged. We all exited the aircraft, checked ourselves and each other for any signs of injury (which there were none), then moved away from the helicopter until emergency personnel arrived. While trying to reconstruct the events in my mind, the only thing I can come up with is that I must not have rolled the throttle all the way up to 100% which allowed the rotor RPM to deteriorate to an unsafe speed. I have done hundreds of this exact same procedure over many years with absolutely no issues whatsoever. I can only assume that the engine speed was not sufficient to produce rotor RPM which resulted in this event. There were no issues with the aircraft engine during any of the previous procedures.

Dwight Burnett

DL-15-2021

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

NO DAMAGE TO OTHER PROPERTY

SKIDS COMAPSED, WINDSCREENS POPPED OUT, MAIN ROTOR STRUCK ASPHALT
TAIL ROTOR STRUCK ASPHALT

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

SEE ATTACHED

Total Time/Cycles
On Part

Hours

Cycles

Time Since This Part
Inspected/Overhauled

Hours

Fuel on Board at Last Takeoff

(Compute from pumps, as necessary)

34

Gallons

Fuel Type

80/87

1400 Low Lead

100/130

110/140

JETA

JET-A-1

Jet B

JP-8

Aviation

Other, specify

Other Services, if Any, Prior to Departure

Was an emergency examination of the aircraft performed?

Yes

No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

EACH OCCUPANT OPENED THEIR DOOR AND STEPPED OUT

Aircraft Registration Number

Manufacturer

Model

Damage to Other Aircraft

Destroyed

Substantial

Minor

None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name

City

State

Country

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

Operator/Owner Safety Recommendation

I THINK IN RETROSPECT THAT I SHOULD HAVE MADE SURE THAT THE THROTTLE WAS BACK TO 100%

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)

24

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

EACH OCCUPANT OPENED THEIR DOOR AND STEPPED OUT

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**Aircraft Registration Number****Manufacturer:** _____**Damage to Other Aircraft****Model:** _____Destroyed
SubstantialMinor
None**Registered Owner of Other Aircraft****Pilot of Other Aircraft**

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

Date of this Report 07/06/2021
mm/dd/yyyy

Name of Pilot/Operator: DWIGHT J. RUPPETT

Signature: [Redacted]

-- or -- Check here to electronically sign this document

Name: _____ **Title:** _____

Signature: _____

-- or -- Check here to electronically sign this document

NTSB Accident/Incident No. ERA21A252	Reviewed by NTSB Regional Office ASHBURN VA	Name of Investigator RAYNOR	Date Report Received 7/8/21
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