

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: BRASSTOWN State: NC

ZIP: 28902 Country: USA

Latitude: 35° 03' 04.5N Longitude: 83° 56' 59.1" W

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

Accident/Incident Date/Time

Date: 06/28/2021 Local Time: 1:20PM

mm/dd/yyyy

Time Zone: EDT

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N147AH

Manufacturer: BELL

Model: 47G2A-1

Serial Number: 3774

Year of Manufacture: 1968

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 2643.5 lbs

Weight at Time of Accident/Incident: 2313.5 lbs

Number of Seats: 3 Flight Crew Seats: 1

Cabin Crew Seats: 1 Passenger Seats: 2

Number of Engines: 1

Category of Aircraft

Airplane
Blimp/Dirigible
Glider
Helicopter
Gyroplane
Powered Lift
Rocket
Ultralight
Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard Normal Special
Aerobatic Restricted
Blimp/Dirigible Limited
Commuter Provisional
Transport Special Flight
Utility 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 Liquid Rocket
Turbo Shaft Solid Rocket
Turbo Prop Hybrid Rocket
Turbo Jet None
Turbo Fan Unknown
Electric

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	<u>LYCOMING</u>	<u>V0-435</u>	<u>L496-52MCHC</u>	<u>12/17/1963</u>	<u>230HP</u>	<u>2486.0</u>	<u>9.8</u>	<u>797.5</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual Unknown

Date Last Inspection: 06/26/2021

mm/dd/yyyy

Airframe Total Time: 4286.0 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: CABIN MOUNT

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: UNKNOWN / DESTROYED

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: _____

IPAD / FORE FLIGHT

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: MICHAEL A. GRANETCity: WILMINGTONState: NCZIP: 28412Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**Same As Registered OwnerSame Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____

ZIP: _____

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

Country: _____

Operating Certificates Held

(Check all that apply)

N/A

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 UnderFAR 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)

N/A

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: BRASSTOWN FIELDAirport Identifier: NO ID, LAT LONG IN BASIC INFOProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/ADistance From Airport Center: 2.05 smDirection From Airport: 270 degrees trueAirport Elevation: 1600 ft. msl**Runway Information**Runway ID: 18/36 (L/R/C) Length: 2500 ft Width: 40 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

Holes

Ice Covered

Rough

Rubber Deposits

Slush-Covered

Snow-Compacted

Snow-Crusted

Snow-Dry

Snow-Wet

Soft

Vegetation

Water-Calm

Water-Choppy

Water-Glassy

Wet

Unknown

Approach/Departure Segment (Select one)Taxi

Takeoff

Initial Climb

VFR Departure

IFR Departure Procedure/Clearance

On Instrument Approach

Landing

Downwind

Base

Final

Crosswind

Low Approach

Go Around

Aborted Landing (after touchdown)

Unknown

IFR Approach (Check all that apply)None

ADF/NDB

SDF

VOR/TVOR

VOR/DME

TACAN

PAR

Sidestep

ILS

Localizer Only

LOC-back course

RNAV

MLS

LDA

ASR

Visual

Contact

Circling

Practice
GPS

Unknown

VFR Approach (Check all that apply)

None

N/A

Traffic Pattern

Straight-In

Valley/Terrain Following

Go Around

Full Stop

Stop and Go

Touch and Go

Simulated Forced Landing

Forced Landing

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: MICHAEL

City of Residence: WILMINGTON

Middle Initial: A

State: NC

ZIP: 28412

Last Name: GRANET

Country: USA

Age at time of Accident/Incident: 68 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

☐ 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

02/04/2021
 mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Special Issuance

NO

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

01/26/2021
 mm/dd/yyyy

Flight Review Aircraft

Make: PIPER 1979

Model: LANCER II PA32R-300T

Airplane Rating(s) (Check all that apply)

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

3800089CF1

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)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	1810.4	14.3						14.3		
Pilot in Command (PIC)	1936.0									
Time as Instructor	531.9									
This Make/Model										
Last 90 Days	35.1									
Last 30 Days	17.1	14.3	27.3							
Last 24 Hours	0	0	0							

N/A - I WAS SOLD OCCUPANT/OPERATOR

"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: _____

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

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

☐ 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

____ 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) (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 ☐ 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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

NONE

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

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center ☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right ☐ Single	☐ Serious
		☐ Unknown	☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
	☐ Commercial	☐ 3-point	☐ 3-point
	☐ Airline Transport	☐ 4-point	☐ 4-point
	☐ Flight Engineer	☐ 5-point	☐ 5-point
	☐ US Military	☐ Unknown	☐ Unknown
	☐ Foreign		
Type Rating/Endorsement for Accident/Incident Aircraft?	Total Flight Time at the Time of this Accident/Incident: _____ hrs		
☐ Yes ☐ No			☐ Not Installed
			☐ Installed
			☐ Not Deployed
			☐ Deployed
			☐ Unknown

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center ☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right ☐ Single	☐ Serious
		☐ Unknown	☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
	☐ Commercial	☐ 3-point	☐ 3-point
	☐ Airline Transport	☐ 4-point	☐ 4-point
	☐ Flight Engineer	☐ 5-point	☐ 5-point
	☐ US Military	☐ Unknown	☐ Unknown
	☐ Foreign		
Type Rating/Endorsement for Accident/Incident Aircraft?	Total Flight Time at the Time of this Accident/Incident: _____ hrs		
☐ Yes ☐ No			☐ Not Installed
			☐ Installed
			☐ Not Deployed
			☐ Deployed
			☐ Unknown

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

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

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: SEE BASIC INFO

City: BRASSTOWN

State: NC

Country: US

Time of Departure

Time: 1:20 PM

Time Zone: EDT

Destination

Airport ID: SAME/LOCAL

City: _____

State: _____

Country: _____

Type Flight Plan Filed

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
 Activated? ☐ Yes ☐ No ☐ Unknown

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 G ☐ Military Operations Area (MOA) ☐ Special
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence:

4-5 ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

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

Weather Observation Facility

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ nm

Direction from Accident Site: _____ degrees true

Basic Conditions

☒ VMC
☐ IMC
☐ Unknown

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☒ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition

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

Lowest Cloud Condition Height

_____ ft agl

Ceiling

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

Ceiling Height

_____ ft agl

Temperature: _____ (C) or 79 (F)

Dew Point: _____ (C) or 68 (F)

Altimeter Setting: 30.10 in. Hg
 or _____ MB

Wind Direction

☐ Variable CALM

-or-

Direction: _____ degrees true

Wind Speed

☒ Calm
☐ Light and Variable

-or-

Speed: _____ kts

Wind Gusts

☒ Not Gusting

-or-

Speed: _____ kts

Visibility 20 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: 3200 ft

Intensity of Precipitation

☐ Light
☐ Moderate
☐ Heavy
☒ N/A
☐ Unknown

Type of Precipitation (Check all that apply)

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

Restriction to Visibility (Check all that apply)

☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

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

Icing Actual

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

Turbulence

Type (Check all that apply) Severity
☒ None ☐ Light
☐ Clear Air ☐ Moderate
☐ Terrain-Induced ☐ Severe
☐ Convective Turbulence ☐ Extreme

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

NONE

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)

I NOTICED FIRE DRIPPING FROM LEFT TANK JUST BEFORE IMPACT. SHORTLY AFTER EXITING AIRCRAFT AN INFERNO ENSUED. BURNING THE ENTIRE AIRCRAFT TO ASHES

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.

THE PURPOSE OF THIS FLIGHT WAS TO PRACTICE HOVER AND TAXI HOVER IN GROUND EFFECT. I ELEVATED THE HELICOPTER INTO A STATIONARY HOVER AT 3-5 FT AGL FOR THIRTY SECONDS. THEN I PROCEEDED EASTWARD AT A WALKING PACE FOR 20-30 SECONDS. UPON REACHING A TAXIWAY PARALLEL TO RUNWAY 18/36, THE HELICOPTER PITCHED UP AND BANKED LEFT. I FELT WHAT I BELIEVE WAS THE HARP HIT THE GROUND THEN FELT THE LEFT SKID HIT THE GROUND. NEXT, I SAW THE FORWARD BLADE STRIKE THE GROUND STOPPING THE BANK AND ALLOWING ME ROOM TO EXIT THE LEFT SIDE.

I RAN AWAY FROM THE AIRCRAFT AS I SAW FIRE FROM MY LEFT PERIPHERAL VISION AS THE UNUSUAL ATTITUDE BEGAN AND AGAIN ON THE GROUND. I CALLED CLAY COUNTY 911 FOR ASSISTANCE AT 1:30PM EDT. EMT, FIRE, SHERIFF, AND STATE POLICE ARRIVED WITHIN 10 MINUTES.

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

Operator/Owner Safety Recommendation

- ① MORE TRAINING IN HELICOPTER UNUSUAL ATTITUDE RECOVERY
- ② INSTALLATION OF FIRE SUPPRESSION DEVICES

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.)

UNKNOWN

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)

57

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

STANDARD PREFLIGHT

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

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

I CRAWLED OUT THE PILOT (LEFT) SIDE DOOR WHICH HAD BEEN REMOVED

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

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

07/01/2021
mm/dd/yyyyName of Pilot/Operator: MICHAEL A. GRANET

Signature: _____

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

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or -- ☐ Check here to electronically sign this document**FOR NTSB USE ONLY**NTSB Accident/Incident No.
ERA21LA272Reviewed by NTSB Regional Office
ERAName of Investigator
AlleyneDate Report Received
7/1/2021