

# 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: Zelenople State: PA

ZIP: 16063 Country: USA

Latitude: 40.81° N Longitude: 80.15° W

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

### Accident/Incident Date/Time

Date: 10/31/2021 Local Time: 4:40 pm

mm/dd/yyyy

Time Zone: Eastern Standard

Collision with Other Aircraft: Midair On-ground (None)

## AIRCRAFT INFORMATION

Registration Number: N132BR

Manufacturer: Bell Helicopter

Model: Bell 47 D1

Serial Number: 51-332

Year of Manufacture: 1951

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

IFR-Equipped and Certified  
Commercial Space Flight  
Unmanned Aircraft

Maximum Gross Weight: 2350 lbs

Weight at Time of Accident/Incident: 1938 lbs

Number of Seats: 3 Flight Crew Seats: \_\_\_\_\_

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_

Number of Engines: 1

### Category of Aircraft

Airplane  
Balloons  
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

Certificate of Authorization or Waiver (COA)  
None Unknown

Special

Restricted

Limited

Provisional

Special Flight

Experimental

Special Light-Sport

Experimental Light-Sport

### Landing Gear

(Check all that apply)

Retractable

Tricycle

Amphibian

Emergency Float

Float

Hull

Other Launch/Recovery System

None

Tailwheel

High Skid

Skid

Ski

Ski/Wheel

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.<br>mm/dd/yyyy | Rated Power<br>Horsepower or<br>lbs of Thrust | Total<br>Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|-----------------------------------------------|--------------------------|--------------------------------------|---------------------|
| Eng. 1 | Franklin            | 6U-335-A            | 26061                        | 1-1-62                     | 210                                           | 38627                    | 321.9                                | 323.3               |
| Eng. 2 |                     |                     |                              |                            |                                               |                          |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                               |                          |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                               |                          |                                      |                     |

### Last Inspection Type

100-Hour

AAIP

Annual

Continuous Airworthiness

Conditional Inspection

Unknown

Date Last Inspection: 10/21/2021

mm/dd/yyyy

Airframe Total Time: 3863.2 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

Robert

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: Robert black

Model: Part 47-110-120-50

blue black 11203 yellow 11204

### 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: Terry W. Stanheiser

City: Renfrew

State: PA ZIP: 16053

Fractional Ownership Aircraft: Yes ☒ No

Country: USA

## Operator of Aircraft

Same As Registered Owner

Same 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)

- ☒ 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: Zellwinkle Airport

Distance From Airport Center: 1-2 sm

Airport Identifier: KPJC

Direction From Airport: 46° degrees true

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

Airport Elevation: 898 ft. msl

## Runway Information

Runway ID: 17 (L/R/C) Length: 4933 ft Width: 75 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |           |            |        |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|--------|------------------|
| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><div style="display: flex; justify-content: space-between;"> <span><input checked="" type="radio"/> Pilot</span> <span>Co-Pilot</span> <span>Student Pilot</span> <span>Flight Instructor</span> <span>Check Pilot</span> <span>Flight Engineer</span> <span>Other Flight Crew</span> </div>                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |           |            |        |                  |
| <b>"Flight Crewmember 1" was pilot flying</b> <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |           |            |        |                  |
| <b>"Flight Crewmember 1" Identification</b><br><div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>Nicholas</u><br/>           Middle Initial: <u>J</u><br/>           Last Name: <u>Nickleach</u><br/>           Age at time of Accident/Incident: <u>36</u> </div> <div>           City of Residence: <u>Butler</u><br/>           State: <u>PA</u> ZIP: <u>16001</u><br/>           Country: <u>USA</u><br/>           Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> mm/dd/yyyy<br/>           Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span> </div> </div>                     |  |                                                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |           |            |        |                  |
| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Unknown                                                   |                   | <b>Restraint Type</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input checked="" type="radio"/> None<br/> <input checked="" type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div style="flex: 1;"> <b>Used</b><br/> <input checked="" type="radio"/> None<br/> <input checked="" type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Inflatable Restraints</b><br><input checked="" type="radio"/> Not Installed<br><input type="radio"/> Installed<br><input type="radio"/> Not Deployed<br><input type="radio"/> Deployed<br><input type="radio"/> Unknown |           |            |        |                  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None<br/> <input type="radio"/> Private<br/> <input type="radio"/> Student             </div> <div> <input checked="" type="radio"/> Flight Instructor<br/> <input type="radio"/> Recreational<br/> <input type="radio"/> Sport             </div> <div> <input checked="" type="radio"/> ASEL<br/> <input checked="" type="radio"/> Commercial<br/> <input type="radio"/> Airline Transport<br/> <input type="radio"/> Flight Engineer             </div> <div> <input type="radio"/> US Military<br/> <input type="radio"/> Foreign             </div> </div> |  |                                                                                                                                                                                                                                                                                                     |                   | <b>Medical Certificate Validity</b><br><input checked="" type="radio"/> Without limitations/waivers<br><input type="radio"/> With limitations/waivers<br><input type="radio"/> Special Issuance<br><input type="radio"/> Unknown<br><input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Date of Last Medical</b><br><u>01/29/2020</u><br>mm/dd/yyyy                                                                                                                                                             |           |            |        |                  |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Medical Certificate</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Class 1<br><input type="radio"/> Class 2<br><input type="radio"/> Class 3<br><input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Unknown                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |           |            |        |                  |
| <b>Medical Certificate Limitations</b><br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |           |            |        |                  |
| <b>Medical Certificate Special Issuance</b><br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |           |            |        |                  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>10/05/2021</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                     |                   | <b>Flight Review Aircraft</b><br>Make: <u>PA-28-151</u> <u>Piper Warrior</u><br>Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |           |            |        |                  |
| <b>Airplane Rating(s)</b> (Check all that apply)<br><input type="radio"/> None<br><input checked="" type="radio"/> Single-Engine Land<br><input type="radio"/> Single-Engine Sea<br><input type="radio"/> Multiengine Land<br><input type="radio"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Other Aircraft Rating(s)</b> (Check all that apply)<br><input type="radio"/> None<br><input type="radio"/> Airship<br><input type="radio"/> Balloon<br><input type="radio"/> Glider<br><input type="radio"/> Gyroplane<br><input type="radio"/> Helicopter<br><input type="radio"/> Powered Lift |                   | <b>Instrument Rating(s)</b> (Check all that apply)<br><input type="radio"/> None<br><input checked="" type="radio"/> Airplane<br><input type="radio"/> Helicopter<br><input type="radio"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | <b>Instructor Rating(s)</b> (Check all that apply)<br><input type="radio"/> None<br><input checked="" type="radio"/> Airplane Single-Engine<br><input type="radio"/> Airplane Multi-Engine<br><input type="radio"/> Gyroplane<br><input type="radio"/> Powered Lift<br><div style="display: flex; justify-content: space-between;"> <span>Instrument Airplane</span> <span>Instrument Helicopter</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Helicopter</span> <span>Glider</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Sport</span> </div> |                                                                                                                                                                                                                            |           |            |        |                  |
| <b>Type Ratings</b><br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                     |                   | <b>Student Endorsements</b> (Include dates)<br><u>90 day solo for helicopter 10-31-2021</u><br><u>Solo flight to other Airport not more than 50 nm away 30-9- KRIC for training solo for Bell 47 helicopter 10-31-2021 10-31-2021</u>                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |           |            |        |                  |
| <b>Flight Time</b> (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 333.8                                                                                                                                                                                                                                                                                               | 14.5              | 276.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0                    | 34.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9.8                                                                                                                                                                                                                        | 61.2      | 53.7       |        |                  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 220.3                                                                                                                                                                                                                                                                                               | .8                | 213.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      | 22.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                            |           | 7.1        |        |                  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 0                                                                                                                                                                                                                                                                                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |           |            |        |                  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |           |            |        |                  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 26.8                                                                                                                                                                                                                                                                                                | 2.3               | 24.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |           | 2.3        |        |                  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 6.8                                                                                                                                                                                                                                                                                                 |                   | 6.8 4.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |           |            |        |                  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | .4                                                                                                                                                                                                                                                                                                  | 0                 | .4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |           |            |        |                  |

## "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: \_\_\_\_\_

| <b>Degree of Injury</b><br>None      Fatal<br>Minor      Unknown<br>Serious                                                                                                                                                                                                                                                                                                 | <b>Seat Occupied</b><br>Left      Front      Unknown<br>Right      Rear<br>Center      Single                               | <b>Restraint Type</b><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">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 | <b>Inflatable Restraints</b><br>Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------|-------------|---------|--------------|-------------------|---------|---------|---------|-----------------|---------|---------|---------|---------|---------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                   | Used                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| None                                                                                                                                                                                                                                                                                                                                                                        | None                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| Lap only                                                                                                                                                                                                                                                                                                                                                                    | Lap only                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| 3-point                                                                                                                                                                                                                                                                                                                                                                     | 3-point                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| 4-point                                                                                                                                                                                                                                                                                                                                                                     | 4-point                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| 5-point                                                                                                                                                                                                                                                                                                                                                                     | 5-point                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| Unknown                                                                                                                                                                                                                                                                                                                                                                     | Unknown                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><table style="width: 100%;"> <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 |         |         |         |         |                                                                                                   |
| None                                                                                                                                                                                                                                                                                                                                                                        | Flight Instructor                                                                                                           | Commercial                                                                                                                                                                                                                                                                                                                                                                                                                               | US Military                                     |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| Private                                                                                                                                                                                                                                                                                                                                                                     | Recreational                                                                                                                | Airline Transport                                                                                                                                                                                                                                                                                                                                                                                                                        | Foreign                                         |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| Student                                                                                                                                                                                                                                                                                                                                                                     | Sport                                                                                                                       | Flight Engineer                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| <b>Principal Occupation</b><br>Pilot<br>Other<br>Unknown                                                                                                                                                                                                                                                                                                                    | <b>Medical Certificate</b><br>None      Class 3<br>Class 1      Driver's License (Sport Pilot only)<br>Class 2      Unknown | <b>Medical Certificate Validity</b><br>Without limitations/waivers      Unknown<br>With limitations/waivers      N/A<br>Special Issuance                                                                                                                                                                                                                                                                                                 | <b>Date of Last Medical</b><br>_____ 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: \_\_\_\_\_

|                                                                                                                                                   |                                                                                                                                                  |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b> <i>(Check all that apply)</i><br>None<br>Single-Engine Land<br>Single-Engine Sea<br>Multiengine Land<br>Multiengine Sea | <b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i><br>None<br>Airship<br>Balloon<br>Glider<br>Gyroplane<br>Helicopter<br>Powered Lift | <b>Instrument Rating(s)</b> <i>(Check all that apply)</i><br>None<br>Airplane<br>Helicopter<br>Powered Lift | <b>Instructor Rating(s)</b> <i>(Check all that apply)</i><br>None<br>Airplane Single-Engine<br>Airplane Multi-Engine<br>Gyroplane<br>Powered Lift<br><div style="text-align: right;">                     Instrument Airplane<br/>                     Instrument Helicopter<br/>                     Helicopter<br/>                     Glider<br/>                     Sport                 </div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Type Ratings

### Student Endorsements *(Include dates)*

| Flight Time <i>(Enter appropriate number of hours in each box)</i> | 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)                                                                                                                                                                                                                                              |  |  |                                                                           |                                              |                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                                                       |     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----|--|
| <b>Crew Name and Address</b><br><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                       |  |  |                                                                           |                                              | <b>Seat Occupied</b><br><br>Left      Front<br>Center    Rear<br>Right     Single<br>Unknown                                                                                                                                                                                                             |                                                                   | <b>Injury</b><br><br>None<br>Minor<br>Serious<br>Fatal<br>Unknown                                     |     |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><br><div style="display: flex; justify-content: space-between;"> <div> None<br/>Private<br/>Student </div> <div> Flight Instructor<br/>Recreational<br/>Sport </div> <div> Commercial<br/>Airline Transport<br/>Flight Engineer </div> <div> US Military<br/>Foreign </div> </div> |  |  |                                                                           |                                              | <b>Restraint Type:</b><br><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> <div style="flex: 1;"> <b>Used</b><br/> None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> </div> |                                                                   | <b>Inflatable Restraints</b><br><br>Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |     |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> Yes      No                                                                                                                                                                                                                                                               |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |                                              |                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                                                       |     |  |
| <b>Crew Name and Address</b><br><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                       |  |  |                                                                           |                                              | <b>Seat Occupied</b><br><br>Left      Front<br>Center    Rear<br>Right     Single<br>Unknown                                                                                                                                                                                                             |                                                                   | <b>Injury</b><br><br>None<br>Minor<br>Serious<br>Fatal<br>Unknown                                     |     |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><br><div style="display: flex; justify-content: space-between;"> <div> None<br/>Private<br/>Student </div> <div> Flight Instructor<br/>Recreational<br/>Sport </div> <div> Commercial<br/>Airline Transport<br/>Flight Engineer </div> <div> US Military<br/>Foreign </div> </div> |  |  |                                                                           |                                              | <b>Restraint Type:</b><br><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> <div style="flex: 1;"> <b>Used</b><br/> None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> </div> |                                                                   | <b>Inflatable Restraints</b><br><br>Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |     |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> Yes      No                                                                                                                                                                                                                                                               |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ 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: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                                   |  |  | Left<br>Center<br>Right<br>Unknown<br>Row: _____                          | None<br>Minor<br>Serious<br>Fatal<br>Unknown | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> <div style="flex: 1;"> <b>Used</b><br/> None<br/>Lap Only<br/>3-point<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> </div>                   | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown                                |     |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                                   |  |  | Left<br>Center<br>Right<br>Unknown<br>Row: _____                          | None<br>Minor<br>Serious<br>Fatal<br>Unknown | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> <div style="flex: 1;"> <b>Used</b><br/> None<br/>Lap Only<br/>3-point<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> </div>                   | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown                                |     |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                                   |  |  | Left<br>Center<br>Right<br>Unknown<br>Row: _____                          | None<br>Minor<br>Serious<br>Fatal<br>Unknown | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> <div style="flex: 1;"> <b>Used</b><br/> None<br/>Lap Only<br/>3-point<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> </div>                   | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown                                |     |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                                   |  |  | Left<br>Center<br>Right<br>Unknown<br>Row: _____                          | None<br>Minor<br>Serious<br>Fatal<br>Unknown | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> None<br/>Lap Only<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> <div style="flex: 1;"> <b>Used</b><br/> None<br/>Lap Only<br/>3-point<br/>3-point<br/>4-point<br/>5-point<br/>Unknown </div> </div>                   | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown                                |     |  |

# FLIGHT ITINERARY INFORMATION

|                                                                                                                             |                                                                          |                                                                                                                |                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KPJC</u><br>City: <u>Zelenople</u><br>State: <u>PA</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>435 pm</u><br>Time Zone: <u>EDT</u> | <b>Destination</b><br>Airport ID: <u>369</u><br>City: <u>butter</u><br>State: <u>PA</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br>Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Type of ATC Clearance/Service</b> (Check all that apply)<br><input checked="" type="radio"/> None<br><input type="radio"/> VFR<br><input type="radio"/> Special VFR<br><input type="radio"/> IFR<br><input type="radio"/> Special IFR<br><input type="radio"/> VFR On Top<br><input type="radio"/> VFR Flight Following<br><input type="radio"/> Traffic Advisory<br><input type="radio"/> Cruise<br><input type="radio"/> Unknown / NA | <b>Airspace where the accident/incident occurred</b> (Check all that apply)<br>Class A<br>Class B<br>Class C<br>Class D<br>Class E<br><input checked="" type="radio"/> Class G<br><input type="radio"/> Demo Area<br><input type="radio"/> Warning Area<br><input type="radio"/> Prohibited Area<br><input type="radio"/> Restricted Area<br><input type="radio"/> Military Operations Area (MOA)<br><input type="radio"/> Airport Advisory Area<br><input type="radio"/> Jet Training Area<br><input type="radio"/> TRSA<br><input type="radio"/> FAR 93 | <b>Altitude of In-Flight Occurrence:</b><br><u>1600-1700</u> ft msl |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b><br>(Choose all that apply)<br><input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input checked="" type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> On-Board Weather<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown | <b>Weather Observation Facility</b><br>Facility ID: <u>KPJC</u><br>Observation Time: <u>2055 Z</u><br>Time Zone: <u>Eastern Standard Time</u><br>Distance from Accident Site: <u>16</u> nm<br>Direction from Accident Site: <u>225</u> degrees true |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      |                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                   | <b>Light Condition</b><br><input type="radio"/> Dawn<br><input checked="" type="radio"/> Day<br><input type="radio"/> Dusk<br><input type="radio"/> Night<br><input type="radio"/> Dark Night<br><input type="radio"/> Bright Night<br><input type="radio"/> Unknown | <b>Temperature:</b> <u>14</u> (C) or _____ (F)<br><b>Dew Point:</b> <u>7</u> (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>2982</u> in. Hg<br>or _____ MB |
| <b>Sky/Lowest Cloud Condition</b><br>Clear<br>Few<br>Partial Obscuration<br><input checked="" type="radio"/> Scattered<br>Thin Broken<br>Thin Overcast<br>Unknown<br><b>Lowest Cloud Condition Height</b><br><u>4000</u> ft agl | <b>Ceiling</b><br><input type="radio"/> None (Clear)<br><input checked="" type="radio"/> Broken<br><input checked="" type="radio"/> Overcast<br>Obscured<br>Indefinite<br>Unknown<br><b>Ceiling Height</b><br><u>5000</u> ft agl                                     |                                                                                                                                                              |

|                                                                                            |                                                                                         |                                                                          |                                                                                                                 |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br>Variable<br>-or- <u>240</u><br>Direction: <u>240</u> degrees true | <b>Wind Speed</b><br>Calm<br>Light and Variable<br>-or- <u>5</u><br>Speed: <u>5</u> kts | <b>Wind Gusts</b><br>Not Gusting<br>-or- <u>0</u><br>Speed: <u>0</u> kts | <b>Visibility</b> <u>105m</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

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

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

main rotor blades struck ground, tail rotor blades, tail boom, right skid, Engine block  
Swamp area broken off, bent linkages,

## 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.

Met instructor Ranger at 3pm at KPSC, Preflighted helicopter, checked fuel had 9 gallons on board added 10.5-11 additional gallons to helicopter before flight/startup total on board 19 gallons, started helicopter, run up, taxi, take off fly direct to 369, do 3 patterns and landings with ground work at 369 land and shut down. Receive log book endorsements from, Rcn. check fuel was just ~~under~~ <sup>between 3/8</sup> 1/2 on dip stick started helicopter taxi take off

fly direct to KPSC land on ramp Rcn exits helicopter, ~~take off taxi~~, taxi, take off

fly towards 369 approx 3-4 miles east engine sputtered, I made an 180° turn back towards KPSC made approx 2 miles back engine quit. entered autorotation headed for green grass area off to left side, was trying to get to a flat area of ground, ran out of rotor speed and had to land on slope area, before touch down I turned left 90° blades struck ground after set down, shut off all power and switches exited aircraft.

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

Operator/Owner Safety Recommendation

unknown if mechanical issue, but always use checklists to verify. Through preflight inspection, if unsure of something have it looked at by A/P

- Check + double check everything, do your best to insure a safe flight can be completed

**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, possible engine 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)

19 at start of flight  
9-10 gallons at 30-9

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify \_\_\_\_\_

Other Services, if Any, Prior to Departure

**EVACUATION OF AIRCRAFT**

Was an emergency evacuation of the aircraft performed? Yes ☒ No

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

opened left door, exited aircraft

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

Aircraft Registration Number

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

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

Damage to Other Aircraft

Destroyed  
Substantial

Minor  
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

11/02/2021  
mm/dd/yyyyName of Pilot/Operator: Nicholas J NickleachSignature: [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.  
ERA22LA039Reviewed by NTSB Regional Office  
ERAName of Investigator  
B. RaynerDate Report Received  
11/02/2021