

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: BUCKHORN / BLOOMSBURG State: PA
ZIP: 17815 Country: USA
Latitude: 40° 59' 10" N Longitude: 76° 36' 24" W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 07/27/2022 Local Time: 3:15
mm/dd/yyyy Time Zone: EASTERN

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N132HD
Manufacturer: GARLICK HELICOPTERS / BELL
Model: OH-58A+
Serial Number: 72-21264
Year of Manufacture: 1972
Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____
Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 3200 lbs
Weight at Time of Accident/Incident: 2870 lbs
Number of Seats: 4 Flight Crew Seats: 2
Cabin Crew Seats: _____ Passenger Seats: 2
Number of Engines: 1

Category of Aircraft

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

Type of Airworthiness Certificate

(Check all that apply)

Standard ☐ Special ☒
Normal ☐ Restricted ☒
Aerobatic ☐ Limited ☐
Balloon ☐ Provisional ☐
Commuter ☐ Special Flight ☐
Transport ☐ Experimental ☐
Utility ☐ Special Light-Sport ☐
Experimental Light-Sport ☐

Certificate of Authorization or Waiver (COA)
None ☐ Unknown ☐

Landing Gear

(Check all that apply)

Retractable ☐ Tailwheel ☐
Tricycle ☐ High Skid ☒
Amphibian ☐ Skid ☐
Emergency Float ☐ Ski ☐
Float ☐ Ski/Wheel ☐
Hull ☐
Other Launch/Recovery System ☐
None ☐ Unknown ☐

Engine Type (Select one)

Reciprocating ☐ Liquid Rocket ☐
Turbo Shaft ☒ Solid Rocket ☐
Turbo Prop ☐ Hybrid Rocket ☐
Turbo Jet ☐ None ☐
Turbo Fan ☐ Unknown ☐
Electric ☐

Fuel System Type (Reciprocating)

Carburetor ☐ Fuel-Injected ☐

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>ALLISON</u>	<u>250 C20C</u>	<u>AE-465935</u>	<u>UKN</u>	<u>420 HP</u>	<u>1880</u>	<u>101.5</u>	<u>101.5</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 04/15/2022
mm/dd/yyyy

Airframe Total Time: 9030 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: Bottle

Propeller 1

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 ☐

Propeller 2

Fixed Pitch ☐
Controllable Pitch ☐
Ground Adjustable ☐

Manufacturer: _____

Model: _____

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: TRIPLE F FLYING INCCity: BENTONState: PA ZIP: 17814Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**

Same As Registered Owner

Name: TRIPLE F FLYING INC

Same Address as Registered Owner

City: BENTONDoing Business As: _____ State: PA ZIP: 17814Air Carrier/Operator Designator (4 Character Code): _____ Country: USA**Operating Certificates Held**

(Check all that apply)

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

Regulation Flight Conducted Under

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

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

Public Aircraft (Select one)

Armed Forces
Federal
State
Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter Domestic
Non-Scheduled or Air Taxi International

Passenger
Cargo
Mail Contract Only

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

(Select one)

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

Revenue Sightseeing FlightYes ☐ 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: _____

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

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

Airport Elevation: _____ ft. msl

Runway Information

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

Runway/Landing Surface (Check all that apply)

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

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

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

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION

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

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

"Flight Crewmember 1" was pilot flying ☒ Yes No

"Flight Crewmember 1" Identification

First Name: WILLIAM City of Residence: BENTON

Middle Initial: B State: PA ZIP: 17814

Last Name: FARWELL Country: USA

Age at time of Accident/Incident: 41 Date of Birth: mm/dd/yyyy

Certificate Number:

Degree of Injury ☒ None Fatal ☐ Minor Unknown ☐ Serious		Seat Occupied Left Front Unknown ☒ Right Rear ☐ Center Single		Restraint Type Available Used None None Lap only Lap only ☒ 3-point ☒ 3-point ☒ 4-point ☒ 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Pilot Certificate(s) (Check all that apply) None Flight Instructor ☒ Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer						
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate None Class 3 ☐ Class 1 Driver's License (Sport Pilot only) ☒ Class 2 Unknown		Medical Certificate Validity ☒ Without limitations/waivers Unknown ☐ With limitations/waivers N/A ☐ Special Issuance		Date of Last Medical <u>12/19/2021</u> mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Special Issuance

NONE

Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks: 04/13/2021
mm/dd/yyyy

Flight Review Aircraft

Make: BECHCRAFT
Model: 35-33 DEBONAIR

Airplane Rating(s) (Check all that apply) None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☒ Helicopter ☐ Powered Lift	Instrument Rating(s) (Check all that apply) None ☒ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport
---	---	--	---

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	5720	2100	700	215	175	30	115	4800	0	0
Pilot in Command (PIC)	5425	2100	620	15	170	25	110	4775	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model										
Last 90 Days	150	100	2	0	0	0	0	148	0	0
Last 30 Days	380	80	0	0	0	0	0	80	0	0
Last 24 Hours	5	5	0	0	0	0	0	5	0	0

"FLIGHT CREWMEMBER 2" INFORMATION													
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew													
"Flight Crewmember 2" was pilot flying Yes No													
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____													
Degree of Injury None Fatal Minor Unknown Serious			Seat Occupied Left Front Unknown Right Rear Center Single			Restraint Type Available None Lap only 3-point 4-point 5-point Unknown Used None Lap only 3-point 4-point 5-point Unknown			Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown				
Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer			Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown			Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance			Date of Last Medical mm/dd/yyyy				
Medical Certificate Limitations													
Medical Certificate Special Issuance													
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____									
Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea			Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift			Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift			Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift				

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

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

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

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>OFF FIELD</u> City: <u>BUCKHORN</u> State: <u>PA</u> Country: <u>USA</u>	Time of Departure Time: <u>3:00</u> Time Zone: <u>EASTERN</u>	Destination Airport ID: <u>N/A</u> City: _____ State: _____ Country: _____	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? Yes No Unknown
---	--	---	---

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather ☐	Weather Observation Facility Facility ID: <u>FOREFLIGHT</u> Observation Time: <u>ACTUAL</u> Time Zone: <u>EASTERN</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
--	--

Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☒ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☐ Day ☐ Night ☐ Bright Night
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Obscured ☒ Few ☐ Thin Overcast ☐ Indefinite ☐ Partial Obscuration ☐ Unknown ☐ Unknown ☐ Scattered	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Unknown
Lowest Cloud Condition Height <u>UNK</u> ft agl	Ceiling Height <u>UNK</u> ft agl
Temperature: _____ (C) or <u>80</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>29.92</u> in. Hg or _____ MB	

Wind Direction ☒ Variable ☐ -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable ☐ -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting ☐ -or- Speed: _____ kts	Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
--	--	--	--

Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle	Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust
--	--	---

Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
---	---	--

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

NONE

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
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)

~~THE~~ DAMAGE TO FUSELAGE, TAILBOOM, ROTORBLADES, LANDING-GEAR

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.

WHILE SPRAYING CORN FOR ONE OF OUR CUSTOMERS, I HIT A POWER LINE WHICH RESULTED IN A CRASH. I DIDN'T SEE THE WIRE WHICH CROSSED THE MIDDLE OF THE FIELD, PERPENDICULAR TO THE SPRAY PASS I WAS MAKING, BUT I KNEW WHAT I HAD HIT AS SOON AS I HIT IT. I WAS ALREADY BEGINNING TO "PULL UP" OUT OF THE FIELD WHEN I HIT THE WIRE AND WAS STILL MOVING FORWARD AT AROUND 50 MPH. AS THE AIRCRAFT SLOWED AND I HAD REACHED AROUND 200' AGL, THE AIRCRAFT BEGAN TO ~~SPIN~~ YAW TO THE RIGHT FOLLOWED BY AN UNCONTROLLED SPINNING TO THE RIGHT. AS IT ROTATED FASTER AND FASTER, I DECIDED TO ROLL THE THROTTLE OFF IN ORDER TO MINIMIZE THE TORQUE INDUCED ROTATIONS, BUT ALSO KNEW THAT WOULD MAKE FOR A HARD LANDING BASED ON MY ALTITUDE, SPEED, AND THE ROTATING AIRCRAFT. I BRACED FOR IMPACT HOPING I'D HAVE ENOUGH ROTOR INERTIA TO HAVE SOME PITCH TO INTRODUCE, IN A "LAST DITCH" FLARE TO CUSHION THE LANDING. THE AIRCRAFT MET THE GROUND FAIRLY LEVEL AND THEN PROCEEDED TO ROLL OVER TO THE RIGHT. AFTER EVERYTHING STOPPED, I WAS ABLE TO UNBUCKLE AND CRAWL OUT OF THE AIRCRAFT. AFTER THAT, NEIGHBORS, EMTS, POLICE, REPORTERS, ETC ARRIVED AND ASSISTED.

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

Operator/Owner Safety Recommendation

MORE "FIELD RECON" PROCEDURES TO BE CERTAIN THAT
POWERLINES ARE AVOIDED

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes ☐ No ☒
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

**Total Time/Cycles
On Part**

____ Hours

____ Cycles

**Time Since This Part
Inspected/Overhauled**

____ Hours

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**
(Convert from pounds, as necessary)30

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

I EXITED THE AIRCRAFT THROUGH THE HOLE IN WHICH THE
FRONT WIND SCREEN NORMALLY IS INSTALLED

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
SubstantialMinor
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

08/11/2022
mm/dd/yyyyName of Pilot/Operator: WILLIAM B FARWELLSignature: 

-- 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 ONLYNTSB Accident/Incident No.
ERA22LA341Reviewed by NTSB Regional Office
AS-ERAName of Investigator
T. GuntherDate Report Received
08/13/2022