

**NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT** Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

**BASIC INFORMATION**
**Accident/Incident Location**

 Nearest City/Place: Philadelphia State: PA

 ZIP: 19107 Country: USA

 Latitude: 39:56:45 Longitude: 75:09:22

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

**Accident/Incident Date/Time**

 Date: 02/17/2025 Local Time: 3:00pm  
 mm/dd/yyyy

 Time Zone: EST

 Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

**AIRCRAFT INFORMATION**

 Registration Number: N405TJ

 Manufacturer: Airbus Helicopters

 Model: EC135T2

 Serial Number: 0405

 Year of Manufacture: 2005

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

Make: \_\_\_\_\_

- ☐
- IFR-Equipped and Certified
- 
- ☐
- Commercial Space Flight
- 
- ☐
- Unmanned Aircraft

 Maximum Gross Weight: 6237.0 lbs.

 Weight at Time of Accident/Incident: 5839.9 lbs.

 Number of Seats: 4 Flight Crew Seats: 1

 Cabin Crew Seats: 0 Passenger Seats: 3

 Number of Engines: 2
**Category of Aircraft**  
 (Select one)

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

**Type of Airworthiness Certificate**  
 (Check all that apply)

**Standard**

- ☒
- Normal
- 
- ☐
- Aerobatic
- 
- ☐
- Balloon
- 
- ☐
- Commuter
- 
- ☐
- Transport
- 
- ☐
- Utility

**Special**

- ☐
- Restricted
- 
- ☐
- Limited
- 
- ☐
- Provisional
- 
- ☐
- Special Flight
- 
- ☐
- Experimental
- 
- ☐
- Special Light-Sport
- 
- ☐
- Experimental Light-Sport

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

**Landing Gear**  
 (Check all that apply)

- ☐
- Retractable
- ☐
- High Skid
- 
- ☐
- Tricycle
- ☒
- Skid
- 
- ☐
- Tailwheel
- ☐
- Ski/Wheel
- 
- ☐
- Emergency Float
- ☐
- Hull
- 
- ☐
- Float
- ☐
- Ski
- 
- ☐
- Amphibian
- 
- ☐
- 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 | Engine Serial Number | Date of Mfg.<br>(mm/dd/yyyy) | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> Lbs. of Thrust | Total<br>Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|----------------------|------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|---------------------|
| Eng. 1 | SAFRAN              | Arrius 2B2          | 32194                | 12/09/2004                   | 633                                                                                                   | 7220:18                  | 3180:42                              | 3180:42             |
| Eng. 2 | SAFRAN              | Arrius 2B2          | 32340                | 3/01/2007                    | 633                                                                                                   | 8540:19                  | 3379:36                              | 3379:36             |
| Eng. 3 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |
| Eng. 4 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |

**Last Inspection Type**

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

 Date of Last Inspection: 2/02/2025  
 mm/dd/yyyy

 Airframe Total Time: 7342:09 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: \_\_\_\_\_

**Additional Equipment**

- ☒
- ADS-B
- 
- ☐
- Airframe Parachute
- 
- ☐
- Angle of Attack Indicator
- 
- ☒
- Autopilot
- 
- ☐
- Autopilot/FMS, Model: \_\_\_\_\_
- 
- ☐
- Coupled Flight Director
- 
- ☐
- Data Recorder
- 
- ☐
- Device Stall Warning System
- 
- ☐
- Electronic Flight Bag or Handheld Device
- 
- ☐
- Electronic Multifunction Display
- 
- ☐
- Electronic Primary Flight Display
- 
- ☐
- Flight Management System

- ☐
- Handheld GPS
- 
- ☐
- Heads Up Display
- 
- ☒
- Night Vision Goggles
- 
- ☒
- Onboard Weather
- 
- ☒
- Primary Flight Display
- 
- ☐
- SAS, Axis (circle one): 2, 3, 4, Model: \_\_\_\_\_
- 
- ☐
- Satellite Tracking Device
- 
- ☐
- Stall Warning System
- 
- ☐
- Video Recording Device
- 
- ☐
- Wire Strike Detection
- 
- ☒
- Wire Strike Protection
- 
- ☐
- Other, Specify: \_\_\_\_\_

 ELT Installed: ☒ Yes ☐ No If Yes:

 ELT Manufacturer: ARTEX

 Model or Part No.: C406-1HM

 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 1** ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

**Propeller 2** ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**

Name: Air Methods LLC  
 City: Greenwood Village State: CO  
 ZIP: 80111 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

**Operator of Aircraft**

☒ The Operator is also the Registered Owner

☐ Same address as Registered Owner

Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Doing Business As: JeffSTAT

Air Carrier/Operator Designator (4-character code): \_\_\_\_\_

**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 450  
☐ 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  
☐ 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    ☐ Unknown

**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: Thomas Jefferson University Hospital Heliport

Airport Identifier: 9PA8

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

Distance From Airport Center: 0.3 sm.

Direction From Airport: 150 degrees true

Airport Elevation: 253 ft. MSL

**Runway Information**

Runway ID: NA Length: NA ft. Width: NA ft.

**Runway/Landing Surface** *(Check all that apply)*

- ☐ Asphalt    ☐ Grass/Turf    ☐ Ice    ☐ Snow  
☒ Concrete    ☐ Gravel    ☐ Macadam    ☐ Water  
☐ Dirt    ☐ Helideck    ☐ Metal/Wood    ☐ Unknown  
☒ Elevated Heliport    ☐ Helistop    ☐ Off-site landing area

**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    ☐ Unknown  
☐ VOR/DME    ☐ Localizer Only    ☐ Visual  
☐ TACAN    ☐ LOC-back course    ☐ Contact  
☐ RNAV    ☐ Circling

**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**

☐ Captain ☐ First Officer ☒ 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: Conor

City of Residence: Perkasie

Middle Initial: S

State: PA ZIP: 18944

Last Name: Madison

Country: USA

Age at time of Accident/Incident: 37

Date of Birth:                      (mm/dd/yyyy)

Certificate Number:                     

**Degree of Injury**

☒ None ☐ Serious  
☐ Unknown ☐ Fatal  
☐ Minor

**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

☐ Supplemental Restraint type:                     

**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 ☐ Sport  
☐ Student ☐ 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**

11/06/2024  
 mm/dd/yyyy

**Medical Certificate Limitations**

NONE LISTED

**Medical Certificate Special Limitations**

NONE LISTED

**Personal Flight Equipment (Check all that apply)**

☒ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves  
☒ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other:                     

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

01/09/2025  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: EC135

Model: T2

**Airplane Rating(s) (Check all that apply)**

☒ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

**Other Aircraft Rating(s) (Check all that apply)**

☐ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☒ Helicopter  
☐ Powered Lift

**Instrument Rating(s) (Check all that apply)**

☐ None  
☒ Airplane  
☐ Helicopter  
☐ Powered Lift

**Instructor Rating(s) (Check all that apply)**

☒ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multiengine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered lift ☐ Sport

**Type Ratings and Applicable Logbook Endorsements**

NONE

**Student Endorsements (Include dates)**

NONE

| Flight Time (Enter hours for each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air | Multi-engine Rotorcraft | Tail-wheel |
|----------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|-------------------------|------------|
|                                        |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |                         |            |
| Total Time                             | 3,294        | 330               | 90                     | 0                    | 1,408 | 121        | 283       | 3,204      | 0      | 0                | 3,104                   | 0          |
| Pilot in Command (PIC)                 | 1,817        | 322               | 5                      | 0                    | 752   | 0          | 16        | 1,722      | 0      | 0                | 1,722                   | 0          |
| Time as Instructor                     | 0            | 0                 | 0                      | 0                    | 0     | 0          | 0         | 0          | 0      | 0                | 0                       | 0          |
| This Make/Model                        |              |                   |                        |                      | 161   | 0          | 17        |            |        |                  |                         |            |
| Last 90 Days                           | 35           | 35                | 0                      | 0                    | 24    | 0          | 1         | 35         | 0      | 0                | 35                      | 0          |
| Last 30 Days                           | 12           | 12                | 0                      | 0                    | 5     | 0          | 0         | 12         | 0      | 0                | 12                      | 0          |
| Last 24 Hours                          | 1            | 1                 | 0                      | 0                    | 0     | 0          | 0         | 1          | 0      | 0                | 1                       | 0          |

**"FLIGHT CREWMEMBER 2" INFORMATION****"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

**"Flight Crewmember 2" was pilot flying** ☐ Yes ☐ No

**"Flight Crewmember 2" Identification**

First Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last Name: \_\_\_\_\_

Country: \_\_\_\_\_

Age at time of Accident/Incident: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Certificate Number: \_\_\_\_\_

**Degree of Injury**

☐ None ☐ Serious  
☐ Unknown ☐ Fatal  
☐ Minor

**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

☐ Supplemental. Restraint type: \_\_\_\_\_

**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 ☐ Sport  
☐ Student ☐ Flight Engineer

**Principal Occupation**

☐ Pilot  
☐ Other  
☐ Unknown

**Medical Certificate**

☐ None ☐ Class 3  
☐ Class 1 ☐ Driver's License (Sport Pilot only)  
☐ Class 2 ☐ Unknown

**Medical Certificate Validity**

☐ Without limitations/waivers ☐ Unknown  
☐ With limitations/waivers ☐ N/A  
☐ Special Issuance

**Date of Last Medical**

\_\_\_\_\_  
 mm/dd/yyyy

**Medical Certificate Limitations****Medical Certificate Special Limitations****Personal Flight Equipment (Check all that apply)**

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves  
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: \_\_\_\_\_

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

\_\_\_\_\_  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: \_\_\_\_\_

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

**Airplane Rating(s) (Check all that apply)**

☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

**Other Aircraft Rating(s) (Check all that apply)**

☐ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

**Instrument Rating(s) (Check all that apply)**

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

**Instructor Rating(s) (Check all that apply)**

☐ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multiengine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered lift ☐ Sport

**Type Ratings and Applicable Logbook Endorsements****Student Endorsements (Include dates)**

| Flight Time (Enter hours for each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air | Multi-engine Rotorcraft | Tail-wheel |
|----------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|-------------------------|------------|
|                                        |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |                         |            |
| Total Time                             |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Pilot in Command (PIC)                 |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Time as Instructor                     |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| This Make/Model                        |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 90 Days                           |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 30 Days                           |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 24 Hours                          |              |                   |                        |                      |       |            |           |            |        |                  |                         | 0          |

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

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Injury                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____                                            | <input type="radio"/> Left <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Right <input type="radio"/> Unknown<br><input type="radio"/> Front                                                                                                                                                                                                                                                                                     | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: _____ Zip: _____                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country: _____                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                |                                                                     | <b>Restraint Type</b><br>Available      Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown<br><input type="radio"/> Supplemental.<br>Restraint type: _____ | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| Type Rating/Endorsement for Accident/Incident Aircraft?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                  | Total Flight Time at the Time of this Accident/Incident: _____ hrs. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Injury                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____                                            | <input type="radio"/> Left <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Right <input type="radio"/> Unknown<br><input type="radio"/> Front                                                                                                                                                                                                                                                                                     | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: _____ Zip: _____                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country: _____                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal Locator Beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                |                                                                     | <b>Restraint Type</b><br>Available      Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown<br><input type="radio"/> Supplemental.<br>Restraint type: _____ | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| Type Rating/Endorsement for Accident/Incident Aircraft?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                  | Total Flight Time at the Time of this Accident/Incident: _____ hrs. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |

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

| Number of Passengers <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                              |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Passenger Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Seat                                                                                                                                                         | Injury                                                                                                                                                                | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Inflatable Restraints                                                                                                                                                                                     | Age                                                                                                                                                                        |
| First Name: <u>Jackie</u> City: <u>Lansdale</u><br>Middle Initial: <u>B</u> State: <u>PA</u> Zip: <u>19446</u><br>Last name: <u>Hoblitzell</u> Country: <u>USA</u><br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input checked="" type="radio"/> Passenger    <input type="radio"/> Other       </div> <div style="margin-top: 10px;"> <b>Personal Flight Equipment</b> (Check all that apply)<br/> <input checked="" type="checkbox"/> Fire resistant flight suit<br/> <input checked="" type="checkbox"/> Helmet<br/> <input type="checkbox"/> Laser protective visor/glasses<br/> <input type="checkbox"/> PLB<br/> <input type="checkbox"/> Fire resistant gloves<br/> <input type="checkbox"/> Night vision goggles<br/> <input checked="" type="checkbox"/> Helmet visor<br/> <input type="checkbox"/> Personal flotation<br/> <input type="checkbox"/> Other: _____       </div> | <input checked="" type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: <u>cockpit</u> | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input checked="" type="radio"/> 5-point<br/> <input type="radio"/> Unknown<br/> <input type="radio"/> Supplemental.<br/>           Restraint type: _____         </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input checked="" type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown         </div> </div> | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child<br>Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                            |                                                                                                                                                                                                           |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: <u>Kevin</u> City: <u>Wynnewood</u><br>Middle Initial: <u>M</u> State: <u>PA</u> Zip: <u>19096</u><br>Last name: <u>Dengel</u> Country: <u>USA</u><br><input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input checked="" type="checkbox"/> Fire resistant flight suit<br><input checked="" type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input checked="" type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input checked="" type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: <u>cabin</u> | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input checked="" type="radio"/> 5-point<br><input type="radio"/> Unknown<br><input type="radio"/> Supplemental.<br>Restraint type: _____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input checked="" type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____                                                                                          | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____                   | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None<br><input 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<br><input type="radio"/> Supplemental.<br>Restraint type: _____            | <b>Used</b><br><input type="radio"/> None<br><input 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            | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____                                                                                          | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____                   | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None<br><input 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<br><input type="radio"/> Supplemental.<br>Restraint type: _____            | <b>Used</b><br><input type="radio"/> None<br><input 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            | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

### FLIGHT ITINERARY INFORMATION

| Last Departure Point                                                                        | Time of Departure                             | Flight Information                                          | Destination                                                                                     | Type Flight Plan Filed                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Airport ID: <u>PN03</u><br>City: <u>Abington</u><br>State: <u>PA</u><br>Country: <u>USA</u> | Time: <u>2:54pm</u><br>Time Zone: <u>East</u> | Flight Number: <u>N/A</u><br>Operating as Flight <u>N/A</u> | Airport ID: <u>9PA8</u><br>City: <u>Philadelphia</u><br>State: <u>PA</u><br>Country: <u>USA</u> | <input type="radio"/> None <input type="radio"/> VFR/IFR<br><input checked="" type="radio"/> Company <input type="radio"/> IFR<br>VFR <input type="radio"/> Unknown<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br>Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Unknown |

|                                                                                                      |                                      |                                      |                                               |
|------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------|
| <b>Type of ATC Clearance/Service (Check all that apply)</b> <input checked="" type="checkbox"/> None |                                      |                                      |                                               |
| <input type="checkbox"/> Certificate of Authorization                                                | <input type="checkbox"/> Special VFR | <input type="checkbox"/> Special IFR | <input type="checkbox"/> VFR Flight Following |
| <input type="checkbox"/> VFR                                                                         | <input type="checkbox"/> IFR         | <input type="checkbox"/> VFR On Top  | <input type="checkbox"/> Traffic Advisory     |
| <input type="checkbox"/> Cruise                                                                      |                                      |                                      |                                               |
| <input type="checkbox"/> Unknown / NA                                                                |                                      |                                      |                                               |

  

|                                                             |                                             |                                                         |                                                   |
|-------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|---------------------------------------------------|
| <b>Type of ATC Clearance/Service (Check all that apply)</b> |                                             |                                                         |                                                   |
| <input type="checkbox"/> Class A                            | <input checked="" type="checkbox"/> Class G | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  |
| <input checked="" type="checkbox"/> Class B                 | <input type="checkbox"/> Demo Area          | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area |
| <input type="checkbox"/> Class C                            | <input type="checkbox"/> Warning Area       | <input type="checkbox"/> Jet Training Area              | <input type="checkbox"/> Unknown                  |
| <input type="checkbox"/> Class D                            | <input type="checkbox"/> Prohibited Area    | <input type="checkbox"/> TRSA                           |                                                   |
| <input type="checkbox"/> Class E                            | <input type="checkbox"/> Restricted Area    | <input type="checkbox"/> FAR 93                         |                                                   |
|                                                             |                                             |                                                         | Altitude of In-Flight Occurrence: _____ ft.       |
|                                                             |                                             |                                                         | MSL                                               |

  

| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE |  |  |  |
|---------------------------------------------------|--|--|--|
|---------------------------------------------------|--|--|--|

|                                                                                   |                                   |                                                       |  |
|-----------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------|--|
| <b>Source of Pilot Weather Information (Check all that apply)</b>                 |                                   | <b>Weather Observation Facility</b>                   |  |
| <input checked="" type="checkbox"/> National Weather Service                      | <input type="checkbox"/> Company  | Facility ID: <u>KFHL</u>                              |  |
| <input type="checkbox"/> Flight Service Station                                   | <input type="checkbox"/> Military | Observation Time: <u>2:54pm</u>                       |  |
| <input type="checkbox"/> TV/Radio                                                 | <input type="checkbox"/> Internet | Time Zone: <u>East</u>                                |  |
| <input type="checkbox"/> Automated Report                                         | <input type="checkbox"/> None     | Distance from Accident Site: <u>6.78</u> nm           |  |
| <input checked="" type="checkbox"/> Electronic Flight Bag-Application: ForeFlight | <input type="checkbox"/> Unknown  | Direction from Accident Site: <u>223</u> degrees true |  |
| <input type="checkbox"/> On-Board Weather                                         |                                   |                                                       |  |

|                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                         |  | <b>Lowest Cloud Condition</b><br>Height <u>7000</u> ft. AGL                                                                                                                                                                              | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night |  |
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear <input type="radio"/> Thin Broken<br><input checked="" type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial <input type="radio"/> Unknown<br><input type="radio"/> Obscuration<br><input type="radio"/> Scattered |  | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear)<br><input type="radio"/> Broken<br><input type="radio"/> Overcast<br><input type="radio"/> Obscured<br><input type="radio"/> Indefinite<br><input type="radio"/> Unknown | <b>Ceiling Height</b> _____ ft. AGL                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                       |  | Temperature: <u>3</u> (°C) or <u>37.4</u> (°F)<br>Dewpoint: <u>-14</u> (°C) or <u>6.8</u> (°F)                                                                                                                                           |                                                                                                                                                                                                                                                       |  |

|                                                   |                                                                                                  |                                                                                                                                    |                                                                                         |                                                                                                              |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Altimeter Setting: <u>29.94</u> Hg<br>or _____ mb | <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>Direction: <u>270</u> degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>Speed: <u>18</u> or _____ kts | <b>Wind Gusts</b><br><input type="checkbox"/> Not Gusting<br>or<br>Speed: <u>28</u> kts | <b>Visibility</b> <u>10</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br>Density Altitude: <u>393</u> ft. |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

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

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

|                                                                                                             |
|-------------------------------------------------------------------------------------------------------------|
| NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:<br><u>None</u> |
|-------------------------------------------------------------------------------------------------------------|

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- ☐ None                      ☐ Substantial  
☐ Minor                     ☐ Destroyed  
☒ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Damage to forward portion of transmission cowling, upper structure of airframe and one main rotor blade.

**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.

Aircraft departed Abington Memorial Hospital at 2:54pm EST and was landing at Thomas Jefferson University Hospital (TJUH) to conduct medical resupply before returning to Lansdale base. During final approach, approximately 0.3 miles southeast and 600 feet AGL of TJUH over downtown Philadelphia, pilot and passengers heard and felt an unknown object impact the aircraft. The pilot stated he saw something small, black, and round fall out of view down the right side of the aircraft after the impact sound. The pilot did not feel any adverse response in the aircraft flight controls following the impact. The pilot continued the approach and landed at the hospital pad. After landing at 3:03pm EST and shutdown, the pilot conducted a post-flight walk-around and noted damage to the transmission cowling above the cockpit, as well as witness marks on three main rotor blades.

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

**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on a 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)

132 Gallons

Fuel Type

☐ 100 Low Lead☐ Automotive☒ Jet A☐ Jet A-1☐ Unleaded AV☐ 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:

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

Aircraft Registration Number

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

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ None

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

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Country: \_\_\_\_\_

**ADDITIONAL INFORMATION** (Additional space for answers to any question.)

Pilot Statement:

At 1500 on 17FEB2025, N405TJ was at 500-600 feet, .3 miles to the southeast of the Jefferson University Hospital pad. Upon turning final, I heard and felt the impact of something above our heads. I announced the strike, initially saying that we hit a large bird. Due to the sound of the impact, the crew was aware of the strike at the same time. I saw a small, black, spherical object fall down the right side of the windscreen. As we were on final, I maintained the approach angle to the pad. Flight controls did not feel altered, the aircraft gave no other indications of damage, I informed the crew that it was flying normally and we landed without further incident. After shutdown, I noticed damage to the fuselage and the blades, but did not see any blood or feathers. I made the entry into the logbook, notified maintenance, my supervisors, and dispatch.

By signing this form, I am consenting to the public release of the information provided herein.

|                                                                |                                                                                                                                                                                                      |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of this report:<br><u>03.04.2025</u><br><i>mm/dd/yyyy</i> | Name of Pilot/Operator: <u>Ian Matthews, Director of Operations, Air Methods LLC</u><br>Signature: _____<br>-or- <input checked="" type="checkbox"/> Check here to electronically sign this document |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If a person other than Pilot/Operator is filing this report

|                                                                                                                  |              |
|------------------------------------------------------------------------------------------------------------------|--------------|
| Name: _____<br>Signature: _____<br>-or- <input type="checkbox"/> Check here to electronically sign this document | Title: _____ |
|------------------------------------------------------------------------------------------------------------------|--------------|

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|------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| NTSB Accident/Incident No.<br>ERA25LA129 | Reviewed by NTSB AS Division<br>ERA | Name of Investigator<br>Kurt Gibson | Date Report Received<br>03/24/2025 |
|------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|