

**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: Cookeville State: TN

 ZIP: 38501 Country: USA

 Latitude: 36°09'01"N Longitude: 85°29'35"W

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

**Accident/Incident Date/Time**

 Date: 11/14/2025 Local Time: ~18:  
 mm/dd/yyyy HH:MM

 Time Zone: Cst

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

**AIRCRAFT INFORMATION**

 Registration Number: N668TM

 Manufacturer: Robinson

 Model: R44 Raven 1

 Serial Number: 1228

 Year of Manufacture: 2002

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

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

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

 Maximum Gross Weight: 2400 lbs.

 Weight at Time of Accident/Incident: 2137.2 lbs.

 Number of Seats: 4 Flight Crew Seats: 1

 Cabin Crew Seats: 0 Passenger Seats: 3

 Number of Engines: 1
**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  
☐ Certificate of Authorization or Waiver (COA)  
☐ None
- Special**  
☐ Restricted  
☐ Limited  
☐ Provisional  
☐ Special Flight  
☐ Experimental  
☐ Special Light-Sport  
☐ Experimental Light-Sport  
☐ Unknown

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

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

**Engine Type (Select one)**

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

**Fuel System Type (Reciprocating)**

- ☒ Carburetor ☐ Fuel Injected

| Engine | Engine Manufacturer | Engine Model/Series | Engine Serial Number | Date of Mfg.<br>(mm/dd/yyyy) | Rated Power<br><input checked="" type="checkbox"/> Horsepower or<br><input type="checkbox"/> Lbs. of Thrust | Total<br>Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|----------------------|------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|---------------------|
| Eng. 1 | Lycoming            | O-540-FLB5          | L-26124-40A          |                              | 260                                                                                                         | 490.7                    |                                      |                     |
| Eng. 2 |                     |                     |                      |                              |                                                                                                             |                          |                                      |                     |
| Eng. 3 |                     |                     |                      |                              |                                                                                                             |                          |                                      |                     |
| Eng. 4 |                     |                     |                      |                              |                                                                                                             |                          |                                      |                     |

**Last Inspection Type**

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

 Date of Last Inspection: 10-31-25  
 mm/dd/yyyy

 Airframe Total Time: 3557.9 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, Number of Axes: \_\_\_\_\_ 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: \_\_\_\_\_

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 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: Alpha Helicopters LLCCity: Livingston State: TNZIP: 38570 Country: USA

Fractional Ownership Aircraft:

☒ Yes☒ No**Operator of Aircraft**☐ The Operator is also the Registered Owner☐ Same address as Registered OwnerName: Kentucky Helicopters LLCDoing Business As: Elite HelicoptersCity: 225 West Robbins Lane Apt. 1 Monterey State: TN

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

ZIP: 38574 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 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: \_\_\_\_\_

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: \_\_\_\_\_ Length: \_\_\_\_\_ ft. Width: \_\_\_\_\_ 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:                     City of Residence: SpringfieldMiddle Initial:           State: TN ZIP: 37172Last Name:                     Country: USAge at time of Accident/Incident: 24Date 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
**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
Supplemental Restraint, specify:                     **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**
05/27/2025  
 mm/dd/yyyy
**Medical Certificate Limitations**

None

**Medical Certificate Special Limitations**

None

**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:**
10/07/2025  
 mm/dd/yyyy
**Flight Review Aircraft**Make: RobinsonModel: R44 Raven 2**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                             | 191.4        | 1.3               | 0                      | 0                    | 31.9  | 0          | 42.6      | 191.4      | 0      | 0                | 0                       | 0          |
| Pilot in Command (PIC)                 | 112.3        | 1.3               | 0                      | 0                    | 20.7  | 0          | 42.1      | 112.3      | 0      | 0                | 0                       | 0          |
| Time as Instructor                     | 0            | 0                 | 0                      | 0                    | 0     | 0          | 0         | 0          | 0      | 0                | 0                       | 0          |
| This Make/Model                        |              |                   |                        |                      | 1.3   | 0          | 0         |            |        |                  |                         |            |
| Last 90 Days                           | 2.7          | 1.3               | 0                      | 0                    | 1.3   | 0          | 0         | 2.7        | 0      | 0                | 0                       | 0          |
| Last 30 Days                           | 1.3          | 1.3               | 0                      | 0                    | 1.3   | 0          | 0         | 1.3        | 0      | 0                | 0                       | 0          |
| Last 24 Hours                          | 0            | 0                 | 0                      | 0                    | 0     | 0          | 0         | 0          | 0      | 0                | 0                       | 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
**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

Supplemental Restraint, specify: \_\_\_\_\_

**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                          |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |

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

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | Seat Occupied                                                                                                                                                                                                                                     | Injury                                                                                                                                                                                                                                       |                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                             | City of Residence: _____                                                   | <input type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Front                                                                                                              | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown                                                                    |                                                                                                      |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                         | State: _____ Zip: _____                                                    |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                              | <input type="checkbox"/> Rear<br><input type="checkbox"/> Single<br><input type="checkbox"/> Unknown |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                              | Country: _____                                                             |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                                                                      |
| <b>Personal Flight Equipment</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                                                                      |
| <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)                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | <b>Restraint Type</b>                                                                                                                                                                                                                             | <b>Inflatable Restraints</b>                                                                                                                                                                                                                 |                                                                                                      |
| <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>Available</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown | <b>Used</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown |                                                                                                      |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs. | <b>Supplemental Restraint, specify:</b><br>_____                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                                                                      |

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | Seat Occupied                                                                                                                                                                                                                                                                                            | Injury                                                                                                                                                                                                                                                                                              |                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                             | City of Residence: _____                                                   | <input checked="" type="checkbox"/> Left<br><input checked="" type="checkbox"/> Center<br><input checked="" type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front                                                                                                                         | <input checked="" type="checkbox"/> None<br><input checked="" type="checkbox"/> Minor<br><input checked="" type="checkbox"/> Serious<br><input checked="" type="checkbox"/> Fatal<br><input checked="" type="checkbox"/> Unknown                                                                    |                                                                                                                                       |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                         | State: _____ Zip: _____                                                    |                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Rear<br><input checked="" type="checkbox"/> Single<br><input checked="" type="checkbox"/> Unknown |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                              | Country: _____                                                             |                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                     |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                     |                                                                                                                                       |
| <b>Personal Flight Equipment</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                     |                                                                                                                                       |
| <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)                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | <b>Restraint Type</b>                                                                                                                                                                                                                                                                                    | <b>Inflatable Restraints</b>                                                                                                                                                                                                                                                                        |                                                                                                                                       |
| <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>Available</b><br><input checked="" type="checkbox"/> None<br><input checked="" type="checkbox"/> Lap Only<br><input checked="" type="checkbox"/> 3-point<br><input checked="" type="checkbox"/> 4-point<br><input checked="" type="checkbox"/> 5-point<br><input checked="" type="checkbox"/> Unknown | <b>Used</b><br><input checked="" type="checkbox"/> None<br><input checked="" type="checkbox"/> Lap Only<br><input checked="" type="checkbox"/> 3-point<br><input checked="" type="checkbox"/> 4-point<br><input checked="" type="checkbox"/> 5-point<br><input checked="" type="checkbox"/> Unknown |                                                                                                                                       |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs. | <b>Supplemental Restraint, specify:</b><br>_____                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                                       |

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

| Number of Passengers <u>3</u>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                 |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Passenger Information                                                                                                                                                                                                                                                                                                                                                                               | Seat                                                                                                                                                            | Injury                                                                                                                                                                               | Restraint Type                                                                                                                                                                                                                                                                                        | Inflatable Restraints                                                                                                                                                                                                             | Age                                                                                                                                                                                                                                                                                                                                                 |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="checkbox"/> Crew <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other                                                                                                                                                                     | <input checked="" type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: _____ | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input checked="" type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> 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<br>If under 5 years,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| <b>Personal Flight Equipment</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                 |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Helmet visor <input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ |                                                                                                                                                                 |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="checkbox"/> Crew <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> 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 checked="" type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: <u>2</u> | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown | <b>Available</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> 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><i>If under 5 years,</i><br><input checked="" type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="checkbox"/> Crew <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> 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="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: <u>2</u>            | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown            | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____            | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> 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><i>If under 5 years,</i><br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown            |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> 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="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: _____               | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown            | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____            | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> 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><i>If under 5 years,</i><br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown            |

### FLIGHT ITINERARY INFORMATION

|                                                                                                                        |                                                                                         |                                                                                |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: _____<br>City: <u>Cookeville</u><br>State: <u>TN</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>18:45</u><br><i>HH:MM</i><br>Time Zone: <u>ctr</u> | <b>Flight Information</b><br>Flight Number: _____<br>Operating as Flight _____ | <b>Destination</b><br>Airport ID: _____<br>City: <u>cookeville</u><br>State: <u>TN</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Company VFR<br><input type="checkbox"/> Military VFR<br><input type="checkbox"/> VFR<br><input type="checkbox"/> VFR/IFR<br><input type="checkbox"/> IFR<br><input type="checkbox"/> Unknown<br>Activated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Unknown |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Type of ATC Clearance/Service** (Check all that apply)

- ☐ Certificate of Authorization    ☒ Special VFR    ☐ Special IFR    ☐ VFR Flight Following    ☐ Cruise  
☒ VFR    ☐ IFR    ☐ VFR On Top    ☐ Traffic Advisory    ☐ Unknown / NA  
☐ None

**Airspace where the accident/incident occurred** (Check all that apply)

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

Altitude of In-Flight Occurrence: \_\_\_\_\_ ft. MSL

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Source of Pilot Weather Information**

(Check all that apply)

- ☒ National Weather Service    ☐ Company  
☐ Flight Service Station    ☐ Military  
☐ TV/Radio    ☐ Internet  
☒ Automated Report    ☐ None  
☒ Electronic Flight Bag-Application:    ☐ Unknown

☐ On-Board Weather**Weather Observation Facility**

Facility ID: KSRB  
 Observation Time: 18:45  
 Time Zone: cent  
 Distance from Accident Site: 5.5 nm  
 Direction from Accident Site: 196 degrees true

**Basic Conditions**

- ☒ VMC  
☐ IMC  
☐ Unknown

**Lowest Cloud Condition****Height**N/A ft. AGL**Light Condition**

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

**Sky/Lowest Cloud Condition**

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

**Ceiling**

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

**Ceiling Height**

\_\_\_\_\_ ft. AGL

Temperature: 7 (°C) or 45 (°F)Dewpoint: 6 (°C) or 43 (°F)**Altimeter Setting:**29.30 (Hg), or \_\_\_\_\_ (mb)**Wind Direction**

☐ Variable or  
 Direction: 196  
 degrees true

**Wind Speed**

☐ Calm  
☐ Light and Variable  
 or  
 Speed: 6 kts

**Wind Gusts**

☒ Not Gusting  
 or  
 Speed: \_\_\_\_\_ kts

**Visibility**

10+ miles  
 RVR: \_\_\_\_\_ feet  
 RVV: \_\_\_\_\_ miles  
 Density Altitude: \_\_\_\_\_ ft.

**Type of Precipitation** (Check all that apply)

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

**Restriction to Visibility** (Check all that apply)

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

**Icing Forecast**

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

**Intensity of Precipitation**

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

**Icing Actual**

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

**Turbulence** (Check all that apply)

- Type**  
☒ None    ☐ Severity  
☐ Clear Air    ☐ Light  
☐ Terrain-Induced    ☐ Moderate  
☐ Convective    ☐ Severe  
☐ Extreme

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

IBNA 01/447 SRB NAV HEM NDB U/S 2401161753-2612302000EST

IFDC 5/0363 SRB IAP UPPER CUMBERLAND RGNL, SPARTA, TN. ILS OR LOC RWY 4, AMDT 1E... PROCEDURE NA EXCEPT FOR ACFT EQUIPPED WITH SUITABLE RNAV SYSTEM WITH GPS, HEM NDB OUT OF SERVICE. 2511211502-2607031502EST

IFDC 5/0363 SRB IAP UPPER CUMBERLAND RGNL, SPARTA, TN. ILS OR LOC RWY 4, AMDT 1E... PROCEDURE NA EXCEPT FOR ACFT EQUIPPED WITH SUITABLE RNAV SYSTEM WITH GPS, HEM NDB OUT OF SERVICE. 2511211502-2607031502EST

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

|                                |                                      |                                    |                                                    |                                    |                                                    |
|--------------------------------|--------------------------------------|------------------------------------|----------------------------------------------------|------------------------------------|----------------------------------------------------|
| <b>Aircraft Damage</b>         |                                      | <b>Aircraft Fire</b>               |                                                    | <b>Aircraft Explosion</b>          |                                                    |
| <input type="checkbox"/> None  | <input type="checkbox"/> Substantial | <input type="checkbox"/> None      | <input type="checkbox"/> Both Ground and In-Flight | <input type="checkbox"/> None      | <input type="checkbox"/> Both Ground and In-Flight |
| <input type="checkbox"/> Minor | <input type="checkbox"/> Destroyed   | <input type="checkbox"/> In-Flight | <input type="checkbox"/> Fire at Unknown Time      | <input type="checkbox"/> In-Flight | <input type="checkbox"/> Fire at Unknown Time      |
|                                | <input type="checkbox"/> Unknown     | <input type="checkbox"/> On-Ground | <input type="checkbox"/> Unknown                   | <input type="checkbox"/> On-Ground | <input type="checkbox"/> Unknown                   |

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

The skids on the aircraft split, the belly of the aircraft was not touching the ground including any other part of the aircraft. The right skid caused slight crikling of the helicopters external panneling, and the only other known damage was the front left window popped out of its frame.

**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.

After performing a recency flight and flight review from Alpha Helicopters CFI, I was cleared to fly. I arrived at at approximately 16:15 cst on November 15th. I conducted a full preflight inspection of the Robinson R44 R1 in accordance with the manufacturer's checklist. During the inspection, I noted a new zero on the VSI of -100. I noted the engine oil quantity to be slightly below POH minimums, so I serviced it to approximately 7.5 quarts. All fuel sumps were sampled and found free of water, sediment, or contamination. No additional issues were identified during the preflight. I then observed and reviewed current weather information from KSRB, AWC, and the NWS. I also took time to observe the Notams from the nearest airport where nothing was found to pertain to the coming flight ahead. I completed the before start up procedures, and a full run up. All items on the checklist were normal including the magnetos (5% drop on the left, 4% drop on the right). I also checked other critical systems outlined in the checklist and found no issue with the aircraft. After warming up the aircraft for approximately 15 minutes on the ground with no issue, I shut down. Approximately 30 minutes later, I was instructed to conduct a noise lap to signal aircraft availability to visitors. I restarted the aircraft, performed the required pre-takeoff checks again with normal results, and completed one take off and two traffic patterns around the fairgrounds observing obstacles and hazards from the sky before landing in the designated operating area. After shooting an approach and landing, I remained running on the ground for a while awaiting passengers. I noticed some potential passengers and double checked the wind direction via AWOS and After my ground crew performed a safety brief, weight and balance, and gave me a thumbs up for confirmation of things being within envelope and positive conformation for them to approach the aircraft he properly secured the passengers in the aircraft. As they got situated I reminded them to buckle the seat belts, they work like a car, as well as I told them to remain in the aircraft and after the flight the loader would come get them individually and to not move towards the rear of the aircraft for safety. I removed the frictions of the aircraft controls, and brought the engine and rotor rpms up to operating range, briefly tested the low rpm warning system, and performed waterfall checks, 3 gauges in the green, fuel, no lights on, tachs working properly, and amps. I lifted into a hover and performed a right pedal turn towards my take off area, I climbed approximately 10 feet to clear the landing areas barrier, pushed for airspeed and accelerated to 45 knots and pulled back for altitude into the initial climb to 1000ft AGL. While on the downwind, I observed a slightly elevated rotor rpm (102-103%). This was abnormal, but not critical, therefore I a small throttle correction to maintain proper rotor rpm. I then performed a landing waterfall check and set up for a normal approach into the wind traveling over parked vehicles in a parking lot to avoid power lines on the North side of the landing sight and grandstands. I reduced airspeed to approximately 24-30 knots maintaining etl. At roughly 50 feet I observed the VSI reading -200ft in which I continued to descend noting no vibrations, or squishy controls, I descended to about 15 ft AGL. I was trying to arrest the rest of my decent rate and preparing for a pedal turn, without warning the aircraft felt as though it lost performance and I was unable to stop the decent rate, I did not have time to do anything other than keep the aircraft level with the ground and set it down. Upon ground contact, I quickly closed the mixture, flipped all switched off, and applied the rotor brake while verifying passenger condition, I exited the aircraft after the rotors stopped spinning where I assessed the aircraft quickly and informed the passenger in the rear right seat to remain seated as she had back pain, we then waited for paramedics and informed the FSDO of the incident.

**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)

12 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:

Once rotors stopped, the passengers exited safely when able to do so

**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.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I understand that the information provided may be subject to public release.

Date of this report:

12/01/2025

mm/dd/yyyy

Name of Pilot/Operator:

Signature:

-or- ☒ Check here to electronically sign this document

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

Name:

Title: Owner Operator

Signature:

-or- ☒ Check here to electronically sign this document

#### FOR NTSB USE ONLY

| NTSB Accident/Incident No. | Reviewed by NTSB AS Division | Name of Investigator | Date Report Received |
|----------------------------|------------------------------|----------------------|----------------------|
| ERA26LA048                 | ERA                          | D. boggs             | 12/2/2025            |