

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: MOBILE State: AL

ZIP: 36605 Country: USA

Latitude: 30.60 N Longitude: 88.06 W

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

Accident/Incident Date/Time

Date: 01/08/2026 Local Time: 14:30

mm/dd/yyyy HH:MM

Time Zone: CENTRAL U.S.

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

AIRCRAFT INFORMATION

Registration Number: N3722T

Manufacturer: TOM SLED

Model: HELICYCLE

Serial Number: 02-018

Year of Manufacture: 2003

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

Make: HELICYCLE

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: _____ lbs.

Weight at Time of Accident/Incident: _____ lbs.

Number of Seats: _____ Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: _____

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. (mm/dd/yyyy)	Rated Power Horsepower or Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour
AAIP
Annual
Continuous Airworthiness
Condition
Unknown

Date of Last Inspection: 2/15/2016

mm/dd/yyyy

Airframe Total Time: 1225.5 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: [REDACTED]
City: DAUPHIN ISLAND State: AL
ZIP: 36928 Country: USA

Fractional Ownership Aircraft:

☐ Yes**Operator of Aircraft**☒ The Operator is also the Registered Owner☒ Same address as Registered Owner

Name: _____
City: _____ State: _____
ZIP: _____ Country: _____

Doing Business As: _____

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: ☒ BROOKLEY FIELD
Airport Identifier: KBFM
Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Distance From Airport Center: _____ sm.

Direction From Airport: _____ degrees true

Airport Elevation: 26 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: [REDACTED]City of Residence: DAUPHIN ISLANDMiddle Initial: [REDACTED]State: ALABAMAZIP: 36528Last Name: [REDACTED]Country: USAAge at time of Accident/Incident: 73Date of Birth: [REDACTED] (mm/dd/yyyy)Certificate Number [REDACTED]

Degree of Injury ☐ None ☐ Serious ☐ Unknown ☐ Fatal ☒ Minor		Seat Occupied Left ☐ Front ☐ Unknown Right ☐ Rear Center ☐ Single		Restraint Type Available ☐ Used None ☐ None Lap only ☐ Lap only 3-point ☐ 3-point 4-point ☒ 4-point 5-point ☐ 5-point Unknown ☐ Unknown		Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ 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 <u>12/04/2024</u> mm/dd/yyyy	
Medical Certificate Limitations MUST USE CORRECTIVE LENSES TO MEET VISION STANDARDS AT ALL REQUIRED DISTANCES				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:NONE

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 ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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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	205				8.5			205				
Pilot in Command (PIC)	120.7	89.9						120.7				
Time as Instructor												
This Make/Model												
Last 90 Days	1.7							1.7				
Last 30 Days	1.4							1.4				
Last 24 Hours	0.0											

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

Weather Observation Facility

Facility ID: KBFM METAR
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ nm
 Direction from Accident Site: _____ degrees true

☒ On-Board Weather**Basic Conditions**

- ☒ VMC
☐ IMC
☐ Unknown

Lowest Cloud Condition

Height

3000 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: _____ (°C) or _____ (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting:

10' DAUPHIN ISLAND
 _____ (Hg), or _____ (mb)

Wind Direction

☐ Variable or
 Direction: 160
 degrees true

Wind Speed

☐ Calm
☐ Light and Variable
 or
 Speed: 10-16 kts

Wind Gusts

☐ Not Gusting
 or
 Speed: 16 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
☐ Trace
☐ Light
☐ Moderate
☐ Severe
☐ Unknown
Type
☐ N/A
☐ Rime
☐ Clear
☐ Mixed
☐ Unknown

Intensity of Precipitation

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

Icing Actual

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

Turbulence (Check all that apply)

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

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

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

- ☐ None
☐ Minor
☒ Substantial
☐ Destroyed
☐ Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

DAMAGE TO AIRCRAFT ONLY:

MAIN ROTOR BLADES DESTROYED, SKIDS DESTROYED, WINDSCREEN DAMAGE, TAIL ROTOR DRIVESHAFT DESTROYED, AIRFRAME SKELETON BEYOND REPAIR,

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.

DEPARTING OFF AIRPORT PRIVATE HELIPAD ON DAUPHIN ISLAND,
 MODE C TRANSPONDER SWITCH ON, ADSB-OUT TRANSPONDER SWITCH ON,
 NORTH BOUND ALONG SHORELINE TO OFF AIRPORT LZ AT 3618 BAY FRONT DR.
 RADIO CONTACT ESTABLISHED WITH FIXED WING AIRCRAFT @ 3 MILES
 TO MY EAST AT GREATER ALTITUDE HEADING WEST BOUND.
 @ 30.44N/88.11W SWITCHED RADIO TO 118.8 ADVISING KDFM OF APPROACH
 TO OFF AIRPORT LZ, SQUAWKING 3722, ALTITUDE 400' MSL, MADE A SECOND
 RADIO CALL ON 118.8 DESCENDING 300' & BELOW.

APPROACHING LZ WIDE OVER WATER 200', MADE A COUNTER CLOCKWISE
 RECKON OFF LZ @ 100' CHECKING WIND FROM 160, LZ CLEAR,
 CONTINUED COUNTER CLOCKWISE RECKON CIRCLE DESCENDING TO
 @ 50' NORTH OF LZ OUT @ 100-150 YDS. APPROACHED LZ FROM 060
 OVER WATER, CROSSED OVER A DRIFTWOOD SCATTERED EMBANKMENT.
 WITHIN 10' OF LAWN LZ @ 10'-5' SKID HEIGHT, TAIL WIND GUST
 LEFT CYCLIC CONTROL MUSHY, INEFFECTIVE AS IN VORTEX RING STATE
 AIRCRAFT BEGAN LOSING ALTITUDE OUT OF CONTROL, TAIL GUST
 CAUSED LTE, HELICOPTER ENTERED AN UNCOMMANDED CLOKWISE YAW,
 LEFT SKID HIT GROUND BOUNCING, SETTING UP CLOKWISE ROLL.
 HELICOPTER HIT DRIFTWOOD EMBANKMENT NOSE TO 090 WITH TAIL ROTOR
 INTACT OVER LAWN LZ EDGE

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

THIS ACCIDENT MIGHT HAVE BEEN PREVENTED BY A
 STEEP APPROACH OVER ROADSIDE ELECTRIC WIRES
 HEADING 160 DIRECTLY INTO THE PREVAILING WIND,
 APPROACHING FROM NORTH WEST, OVER TREES AND HOUSES.

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)

20 Gallons

Fuel Type

- ☐ 100 Low Lead
☐ Automotive

- ☒ Jet A
☐ Jet A-1

- ☐ Unleaded AV
☐ Other, specify _____

Other Services, if any, prior to departure:

STANDARD PREEFLIGHT INSPECTION, WIND & WEATHER & NOTAMS CHECK

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:

SOLO PILOT EXITED THE HELICOPTER THROUGH THE
 PORT SIDE DOOR

← NO OTHER AIRCRAFT

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft:

- ☐ Destroyed ☐ Minor
☐ Substantial ☐ None

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:

01/20/2026
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:

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
ERA26LA94	ERA	Dennis Wait	01/21/2026