

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
Nearest City/Place: Armastrong State: TX
ZIP: 78338 Country: Kenedy County
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
Date: 01-31-2017 Local Time: 9:30
mm/dd/yyyy Time Zone: Central
Collision with Other Aircraft: Midair On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: 883 KC
Manufacturer: Robinson
Model: R-22
Serial Number: 4354
Year of Manufacture: 2008
Amateur-Built: Yes ☒ If Yes: Kit/Plans Make: _____
Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

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

Category of Aircraft

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

Type of Airworthiness Certificate

(Check all that apply)

Standard **Special**
☒ Normal ☐ Restricted
☐ Aerobatic ☐ Limited
☐ Balloon ☐ Provisional
☐ Commuter ☐ Special Flight
☐ Transport ☐ Experimental
☐ Utility ☐ Special Light-Sport
☐ Certificate of Authorization or Waiver (COA) ☐ Experimental Light-Sport
None Unknown

Landing Gear

(Check all that apply)

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

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>0360 J-2A</u>	<u>L-41177-366</u>	<u>02-15-2008</u>		<u>2181.8</u>	<u>0.3</u>
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

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

Date Last Inspection: 01-19-2017

Airframe Total Time: 2181.8 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: fire extinguisher

Propeller 1

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: Yes ☒ No

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No

Was ELT still connected to antenna? Yes No

Did ELT Activate? Yes No

If activated:

Did ELT Aid in Locating Aircraft? Yes No

If not activated:

Indicate Reason: Impact Damage
Fire Damage
Battery Expired/Damaged
Unknown

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____

Model: _____

Additional Equipment (Check all that apply)

ADS-B
Airframe Parachute
Angle of Attack Indicator
Autopilot
Data Recorder
Electronic Flight Bag or Handheld Device
Electronic Multifunction Display
Electronic Primary Flight Display
Handheld GPS
Heads Up Display
Onboard Weather
Satellite Tracking Device
Stall Warning System
Video Recording Device
Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Excel Helicopters LLC

Fractional Ownership Aircraft: Yes No

City: ORANGE GROVE
State: TX ZIP: 78372
Country: U.S.**Operator of Aircraft**

Same As Registered Owner

Name: Benjamin A Ellis

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

Same Address as Registered Owner

City: ORANGE GROVE
State: TX ZIP: 78372
Country: U.S.**Operating Certificates Held**

(Check all that apply)

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

Regulation Flight Conducted Under

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

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

Public Aircraft (Select one)

Armed Forces

Federal

State

Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter
Non-Scheduled or Air Taxi

Domestic
International

Passenger
Cargo
Mail Contract Only

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

(Select one)

Aerial Application
Aerial Observation
Air Drop
Air Race/Show
Banner Tow
Business
Executive/Corporate
External Load
Ferry

Firefighting
Flight Test
Glider Tow
Instructional
Other Work Use
Personal
Positioning
Skydiving

Unknown

Revenue Sightseeing FlightYes No**Air Medical Flight**Yes No**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: _____

Airport Identifier: _____

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

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. msl

Runway Information

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

Runway/Landing Surface (Check all that apply)

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

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

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

Approach/Departure Segment (Select one)

Taxi
Takeoff
Initial Climb

VFR Departure
IFR Departure Procedure/Clearance

On Instrument Approach
Landing

Downwind
Base
Final
Crosswind

Low Approach
Go Around
Aborted Landing (after touchdown)
Unknown

IFR Approach (Check all that apply)

None

ADF/NDB PAR MLS Practice
SDF Sidestep LDA GPS
VOR/TVOR ILS ASR
VOR/DME Localizer Only Visual
TACAN LOC-back course Contact
RNAV Circling

Unknown

VFR Approach (Check all that apply)

None

Traffic Pattern
Straight-In
Valley/Terrain Following
Go Around
Full Stop

Stop and Go
Touch and Go
Simulated Forced Land
Forced Landing
Precautionary Landing

Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

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

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

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: Benjamin
Middle Initial: A
Last Name: Ellis

City of Residence: Orange Grove
State: TX ZIP: 78372
Country: USA

Age at time of Accident/Incident: 38 Date of Birth: [REDACTED]

Certificate Number: [REDACTED]

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Restraint Type

Available

☒ Lap only
☒ 5-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
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

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

Date of Last Medical

05-31-2016
mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 8-19-15
mm/dd/yyyy

Flight Review Aircraft

Make: Boeing - 737 Robinson
Model: R-22 - R-44

Airplane Rating(s)

(Check all that apply)
☒ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☒ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)
☒ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☒ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift

Instrument Airplane
Instrument Helicopter
Helicopter
Glider
Sport

Type Ratings

Commercial Rotorcraft

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	<u>7800</u>	<u>7200</u>	<u>NA</u>	<u>NA</u>	<u>10</u>	<u>0</u>	<u>0</u>	<u>7800</u>	<u>0</u>	<u>0</u>
Pilot in Command (PIC)	<u>7600</u>	<u>7200</u>	<u>NA</u>	<u>NA</u>						
Time as Instructor	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>						
This Make/Model										
Last 90 Days	<u>180</u>									
Last 30 Days	<u>60</u>									
Last 24 Hours	<u>6</u>									

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																				
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew																																																																																																				
"Flight Crewmember 2" was pilot flying Yes No																																																																																																				
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> Certificate Number: _____																																																																																																				
Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Unknown Right Rear Center Single			Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown				Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown																																																																																											
Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown		Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance		Date of Last Medical _____ <i>mm/dd/yyyy</i>																																																																																											
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Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift				Instrument Airplane Instrument Helicopter Helicopter Glider Sport																																																																																										
Type Ratings 						Student Endorsements <i>(Include dates)</i> 																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 5%;">This Make & Model</th> <th rowspan="2" style="width: 5%;">Airplane Single Engine</th> <th rowspan="2" style="width: 5%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

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

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

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____	Time of Departure Time: _____ Time Zone: _____	Destination Airport ID: _____ City: _____ State: _____ Country: _____	Type Flight Plan Filed None _____ VFR/IFR _____ Company VFR _____ IFR _____ Military VFR _____ Unknown _____ VFR _____ Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)

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

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

Class A Class B Class C Class D Class E	☒ Class G Demo Area Warning Area Prohibited Area Restricted Area	Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93	Special Air Traffic Control Area Unknown	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 Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather	Company Military Internet None Unknown
--	--

Weather Observation Facility

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

Basic Conditions

☒ VMC ☐ IMC ☐ Unknown
--

Light Condition

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

Sky/Lowest Cloud Condition

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

Ceiling

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

Temperature: _____ (C) or 68 (F)

Dew Point: _____ (C) or _____ (F)

Altimeter Setting: _____ in. Hg
or _____ MB

Lowest Cloud Condition Height

_____ ft agl	_____ ft agl
--------------	--------------

Wind Direction

Variable

Wind Speed

☐ Calm ☒ Light and Variable

Wind Gusts

☒ Not Gusting
--

Visibility 10 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft

Intensity of Precipitation

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

Type of Precipitation (Check all that apply)

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

Restriction to Visibility (Check all that apply)

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

Icing Forecast

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

Icing Actual

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

Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence	Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
--	---

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

NONE

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor

Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

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 start up I began to lift off at ~~that~~ point I realized something was wrong, the skid was hanging I tried to correct but it was too late I had already gotten into dynamic rollover. ~~ONCE~~ ~~EVER~~ ~~THIS~~ stopped I turned off master switch and fuel. I then unbuckled seat belt and exited the aircraft.

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

Operator/Owner Safety Recommendation

Making sure skid was free of
obstruction.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? Yes ☐ No ☒

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles
On Part

____ Hours

____ Cycles

Time Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

20

Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes ☐ No ☒

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

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed
SubstantialMinor
None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

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

Date of this Report

02/05/2017

mm/dd/yyyy

Name of Pilot/Operator:

Benjamin A. Ellis

Signature:

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

GAA17CA130

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Kathryn Benhoff

Date Report Received

2/13/2017