

**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: Spofford State: tx.  
 ZIP: 78877 Country: USA  
 Latitude: 29.171676 Longitude: 100.412319  
 (Enter in decimal degrees or degrees:minutes:seconds)

**Accident/Incident Date/Time**

Date: 02/19/2017 Local Time: 9:45 AM  
 mm/dd/yyyy Time Zone: \_\_\_\_\_

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

**AIRCRAFT INFORMATION**

Registration Number: N804DF

Manufacturer: Robinson

Model: R-44

Serial Number: 11265

Year of Manufacture: 2006

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

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

Maximum Gross Weight: 2500 lbs

Weight at Time of Accident/Incident: 2150 lbs

Number of Seats: 4 Flight Crew Seats: \_\_\_\_\_

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 3

Number of Engines: \_\_\_\_\_

**Category of Aircraft**

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

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

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

**Landing Gear**

- (Check all that apply)  
☐ Retractable  
☐ 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.<br>mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Lycoming            | IO-540-AE1A5        | L-31255-48                   | 03/09/2006                 | 245                                                                                                  | 1953                  | 77                                   | 1526                |
| Eng. 2 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |

**Last Inspection Type**

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

Date Last Inspection: 05/18/2016

mm/dd/yyyy

Airframe Total Time: 1953 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 on board

**Propeller 1**

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

**Propeller 2**

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Pointer

Model or Part No.: 300-10

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

**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: Royal Aeronautical Svcs.,LLCCity: CheyenneState: WYZIP: 82001-3163Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☐ Same As Registered Owner☐ Same Address as Registered OwnerName: Steve Van BurenCity: FentressDoing Business As: Helicopter Tours of TexasState: TxZIP: 78622

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: USA**Operating Certificates Held**

(Check all that apply)

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

**Regulation Flight Conducted Under**

- ☒ FAR 91    ☐ FAR 129    ☐ FAR 415  
☐ FAR 103    ☐ FAR 133    ☐ FAR 431  
☐ FAR 121    ☐ FAR 135    ☐ FAR 435  
☐ FAR 125    ☐ FAR 137    ☐ FAR 437
- ☐ FAR 91 Special Flight  
☐ Non-US, Commercial  
☐ Non-US, Non-commercial
- ☐ Public Aircraft (Select one)  
☐ Armed Forces  
☐ Federal  
☐ State  
☐ Local  
☐ Unknown

**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- ☐ Scheduled or Commuter    ☐ Domestic  
☐ Non-Scheduled or Air Taxi    ☐ International
- ☐ Passenger  
☐ Cargo  
☐ Mail Contract Only

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

(Select one)

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

**Revenue Sightseeing 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: Frontier AirportAirport Identifier: 55XSProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/ADistance From Airport Center: 2300 ft. sm

Direction From Airport: \_\_\_\_\_ degrees true

Airport Elevation: 1000 ft. msl**Runway Information**Runway ID: 55XS (L/R/C) Length: 4300 ft Width: 60 ft**Runway/Landing Surface** (Check all that apply)

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

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

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

**Approach/Departure Segment** (Select one)

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

**IFR Approach** (Check all that apply)

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

**VFR Approach** (Check all that apply)

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

# "FLIGHT CREWMEMBER 1" INFORMATION

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

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

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

## "Flight Crewmember 1" Identification

First Name: Steven City of Residence: Fentress  
 Middle Initial: R State: Tx. ZIP: 78622  
 Last Name: Van Buren Country: USA  
 Age at time of Accident/Incident: 63 Date of Birth: 53 mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

### Degree of Injury

☐ None
 ☐ Fatal  
☒ Minor
 ☐ Unknown  
☐ Serious

### Seat Occupied

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

### Restraint Type

**Available**  
☐ None  
☐ Lap only  
☒ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown  
**Used**  
☐ None  
☐ Lap only  
☒ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

### Inflatable Restraints

☒ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

### Pilot Certificate(s) (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

12/07/16  
 mm/dd/yyyy

### Medical Certificate Limitations

must be in possession of reading glass;s

### Medical Certificate Special Issuance

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

09/29/2016  
 mm/dd/yyyy

### Flight Review Aircraft

Make: Robinson  
 Model: 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
 ☐ Instrument Airplane  
☐ Airplane Single-Engine
 ☐ Instrument Helicopter  
☐ Airplane Multi-Engine
 ☐ Helicopter  
☐ Gyroplane
 ☐ Glider  
☐ Powered Lift
 ☐ Sport

### Type Ratings

### Student Endorsements (Include dates)

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                             |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                  | 6,905        | 1,905             | 3,010                  | 1,200                | 100   | 15         | 25        | 2,695      | 5      | 0                |
| Pilot in Command (PIC)                                      | 6,815        | 1,850             | 2,960                  | 1,175                | 95    | 10         | 25        | 2,650      | 0      | 0                |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 39           | 39                |                        |                      | 1     |            |           |            |        |                  |
| Last 30 Days                                                | 28           | 28                |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 8            | 8                 |                        |                      |       |            |           |            |        |                  |

# **"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: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                           | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single              | <b>Restraint Type</b><br><table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | Available                                       | Used | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap only | <input type="radio"/> Lap only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------|----------------------------|----------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Used                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> None                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> Lap only                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> 3-point                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> 4-point                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> 5-point                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> Unknown                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |

## **Medical Certificate Limitations**

## **Medical Certificate Special Issuance**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_ mm/dd/yyyy

## **Flight Review Aircraft**

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

|                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## **Type Ratings**

## **Student Endorsements (Include dates)**

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                             |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                  |              |                   |                        |                      |       |            |           |            |        |                  |
| 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)

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

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

## **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: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<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="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<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="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<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="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> 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

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

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

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

☐ Class A ☒ Class G ☐ Military Operations Area (MOA) ☐ Special  
☐ 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  
☐ Commercial Weather Service (DUATS) ☐ Unknown  
☐ On-Board Weather

### 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 ☐ Dusk ☐ Dark Night ☐ Unknown  
☒ Day ☐ Night ☐ Bright Night

### Sky/Lowest Cloud Condition

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

### Ceiling

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

Temperature: \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

Dew Point: \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

Altimeter Setting: \_\_\_\_\_ in. Hg  
 or \_\_\_\_\_ MB

### Lowest Cloud Condition Height

\_\_\_\_\_ ft agl

### Ceiling Height

\_\_\_\_\_ ft agl

### Wind Direction

☐ Variable

-or-

Direction: \_\_\_\_\_ degrees true

### Wind Speed

☐ Calm  
☐ Light and Variable

-or-

Speed: \_\_\_\_\_ kts

### Wind Gusts

☐ Not Gusting

-or-

Speed: \_\_\_\_\_ kts

### Visibility

\_\_\_\_\_ 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 ☐ 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

### Icing Actual

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

### Turbulence

Type (Check all that apply)  
☒ None ☐ Light  
☐ Clear Air ☐ Moderate  
☐ Terrain-Induced ☐ Severe  
☐ Convective Turbulence ☐ 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      ☐ Substantial  
☐ Minor      ☒ Destroyed  
                 ☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Helicopter was destroyed . Top frame of hanger received minor damage

**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 and location, services obtained, and intended destination. Provide as much detail as possible.

On Sat. Feb. after a full day of flying for hog eradication at a couple ranch's outside Del Rio I flew to Frontier Airport in Spofford for the night I did not have wheels to move helicopter and was planning on leaving it outside but I was told chance of possible high winds and hail was possible early AM. I decided to air taxi sliding gently on skids into their large abandon hanger. The next morning I proceeded to reverse the procedure while waiting for weather to clear for ferry flight back to home base. When the helicopter was approximately 3/4 of the way out of the hanger it got too light on skids and came off ground. The main outer rotor blade made contact with upper frame of hanger causing helicopter to spin out of control and land on its side. I was able to exit the helicopter via the right front passenger door.

**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

03/06/2017

mm/dd/yyyy

Name of Pilot/Operator: Steve Van Buren

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.

GAA17CA165

Reviewed by NTSB Regional Office

GAA

Name of Investigator

ADAM GERHARDT

Date Report Received

3/7/2017