

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
 This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Shelby</u> State: <u>MT</u> ZIP: <u>59424</u> Country: <u>USA</u> Latitude: <u>48 26 56N</u> (dd:mm:ss N/S) Longitude: <u>111 58 19W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>3-13-15</u> Local Time: <u>1800</u> mm/dd/yyyy Time Zone: <u>MDT</u>	
Phase of Operation ☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☒ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☐ Landing ☐ Approach ☐ Unknown		Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None	Altitude of In-Flight Occurrence <u>3643</u> ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Enstrom</u> Model: <u>F-28-C</u> Serial Number: <u>495-2</u> Registration Number: <u>N5688N</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>2350</u> lbs Weight at Time of Accident/Incident: <u>2283</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>94.15</u> inches from ☐ nose or ☒ datum Percent Mean Aerodynamic Cord (% MAC)	
Category of Aircraft ☐ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☒ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>3</u> If Large Aircraft, how many seats for: Flight Crew: <u>NA</u> Cabin Crew: <u>NA</u> Passengers: <u>NA</u>	Landing Gear ☐ Retractable Check any additional landing gear configuration that applies: ☐ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☒ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown

Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify:	Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown	Date Last Inspection: <u>4-30-14</u> mm/dd/yyyy Airframe Total Time: <u>1377.6</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident/Incident
IFR Equipped ☐ Yes ☒ No ☐ Unknown	Stall Warning System Installed ☐ Yes ☒ No ☐ Unknown	Type of Fire Extinguishing System ☐ None ☒ Specify <u>Fire Extinguisher</u>
ELT Installed ☒ Yes ☐ No ELT Activated ☐ Yes ☒ No	ELT Manufacturer: <u>NA</u> Model/Serial: <u>None</u>	
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No	Battery Type: <u>NA</u> Battery Exp. Date:	

Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown	Reciprocating Fuel System Type ☐ Carburetor ☒ Fuel Injected	Propeller <u>NA</u> ☐ Fixed Pitch ☐ Controllable Pitch Manufacturer: <u>NA</u> Model:																																											
<table border="1"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Serial</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. mm/dd/yyyy</th> <th>Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng-1</td> <td><u>Boeing</u></td> <td><u>HTO-360</u></td> <td><u>PL16987-S1A</u></td> <td><u>NA</u></td> <td><u>205</u></td> <td><u>2697</u></td> <td><u>73</u></td> <td><u>1226</u></td> </tr> <tr> <td>Eng-2</td> <td></td> <td><u>model E1BD</u></td> <td></td> <td><u>overhauled</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng-3</td> <td></td> <td></td> <td></td> <td><u>no</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng-4</td> <td></td> <td></td> <td></td> <td><u>Date</u></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	Eng-1	<u>Boeing</u>	<u>HTO-360</u>	<u>PL16987-S1A</u>	<u>NA</u>	<u>205</u>	<u>2697</u>	<u>73</u>	<u>1226</u>	Eng-2		<u>model E1BD</u>		<u>overhauled</u>					Eng-3				<u>no</u>					Eng-4				<u>Date</u>				
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OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>MRR Spraying LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Shelby</u> State: <u>MT</u> ZIP: <u>59474</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: <u>Troy Wanken</u> Doing Business As: <u>MRR Spraying LLC</u> Air Carrier/Operator Designator (4 Character Code): <u>NONE</u>		Operator Address ☒ Same As Registered Owner City: <u>Shelby</u> State: <u>MT</u> ZIP: <u>59474</u> Country: <u>USA</u>	
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International <u>NA</u> Cargo Operation ☐ Passenger/Cargo <u>NA</u> ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Select all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) <u>NA</u> ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft	
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number <u>N 5688N</u>	Manufacturer: <u>Em</u> Model: <u>F-28-C</u>	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☒ None	
Registered Owner of Other Aircraft First Name: <u>Troy Wanken</u> City: <u>Shelby</u> Middle Initial: <u>F</u> State: <u>MT</u> ZIP: <u>59</u> Last Name: <u>Wanken</u> Country: _____			
Pilot of Other Aircraft <u>NA</u> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) <u>NA</u>			Total Time/Cycles On Part <u>NA</u> Hours ____ Cycles Time Since This Part Inspected/Overhauled <u>NA</u> Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ In-Flight ☐ On-Ground	☐ Both Ground and In-Flight ☐ Unknown Origin	Aircraft Explosion ☒ None ☐ In-Flight ☐ On-Ground

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

Left landing Skid^{Brake} and rotor Blades touch the ground
no other property Damage

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: SBX

Distance From Airport Center: 10 SM

Airport Name: Shelley City - County Airport

Direction From Airport: SW degrees MAG

Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Airport Elevation: 3643 ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply) NA

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

VFR Approach (Check all that apply)

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

Runway Information NA

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 ☐ Unknown
☒ Dirt ☐ Ice ☐ Snow

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 ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: SBX
City: Shelley
State: MT
Country: USA

Time of Departure

Time: 1730
Time Zone: Pacific mtn

Destination

Airport ID: SBX
City: Shelley
State: MT
Country: USA

Type Flight Plan Filed

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☐ Yes ☐ No

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

Aircraft Load Description (Check all that apply)

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(convert from pounds, as necessary)

31 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

NA

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

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

*One exited on right seat first then I exited on his side
only 1 occupants*

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility 3-18-15

Facility ID: CTB

Observation Time: 2356Z 0000

Time Zone: MDT

Distance from Accident Site: 18 NM

Direction from Accident Site: 100 degrees MAG

Source of Weather Information

(Check all that apply)

☐ National Weather Service

☐ Flight Service Station

☒ TWR Radio

☒ Automated Report

☐ Commercial Weather Service (DUATS)

☐ Company

☐ Military

☐ Internet

☐ Unknown

Method of Briefing

(Check all that apply)

☐ In Person

☐ Teletype

☐ Telephone/Computer

☐ Aircraft Radio

☒ Unknown

Briefing Type/Completeness

☐ Full

☐ Partial / Limited By Pilot

☐ Partial / Limited By Briefer

☒ Abbreviated

☐ Unknown

☐ Incomplete

Light Condition

☐ Dawn

☒ Day

☐ Dusk

☐ Night

☐ Dark Night

☐ Bright Night

☐ Not Reported

Visibility

10 miles

Sky/Lowest Cloud Condition

☒ Clear

☐ Few

☐ Partial Obscuration

☐ Scattered

☐ Thin Broken

☐ Thin Overcast

☐ Unknown

Ceiling

☒ None (clear)

☐ Broken

☐ Overcast

☐ Obscured

☐ Indefinite

☐ Unknown

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

Lowest Cloud Condition Height

NA ft AGL

Ceiling Height

NA ft AGL

Wind Direction

☒ Indicated:

200 degrees MAG

☐ Variable

Wind Speed

Velocity: 7 KTS

-or-

☒ Calm

☐ Light and Variable

Wind Gusts

Velocity: — KTS

☐ Gusting

☒ Not Gusting

Type of Turbulence (Check all that apply)

☒ None

☒ Clear Air

☐ In Clouds

☐ Vicinity of Thunderstorm

Severity of Turbulence

☐ Extreme

☐ Severe

☐ Moderate

☐ Moderate Chop

☐ Light

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

NA

Temperature: 18C (C)

or 64 (F)

Altimeter Setting: 30.16 in. HG

or — MB

Density Altitude: NA ft

Dew Point: -09 (C)

or — (F)

Icing Forecast

Amount

☒ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

Type

☐ Rime

☐ Clear

☐ Mixed

Icing Actual

Amount

☐ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

Type

☐ Rime

☐ Clear

☐ Mixed

Type of Precipitation (Check all that apply)

☒ None

☐ Rain

☐ Snow

☐ Hail

☐ Rain Showers

☐ Freezing Rain

☐ Snow Shower

☐ Drizzle

☐ Ice Pellets

☐ Snow Pellets

☐ Snow Grains

☐ Ice Crystals

☐ Ice Pellets Shower

☐ Freezing Drizzle

Intensity of Precipitation NA

☐ Light

☐ Moderate

☐ Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

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

Pilot "A" Identification

First Name: Troy City: Shells
 Middle Initial: F State: MT ZIP: 59474
 Last Name: Wanham Country: USA
 Age at time of Accident/Incident: 53 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

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

Seat Belt

Used ☒ Yes ☐ No
 Available ☐ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☒ No
 Available ☐ Yes ☒ No

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☒ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

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
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

12-17-14
 mm/dd/yyyy

Medical Certificate Limitations

must have available glasses for near vision

Medical Certificate Waivers

none

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

2-17-13
 mm/dd/yyyy

Flight Review Aircraft

Make: Eurotronic
 Model: F-28-C

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
☐ Free 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)

NA
☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

*single-engine land
 rotorcraft - Helicopter*

Student Endorsements (Include dates)

NA

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>112168</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>168</u>	<u>0</u>	<u>0</u>
Pilot in Command (PIC)		<u>112</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>112</u>	<u>0</u>	<u>0</u>
Time as Instructor	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
This Make/Model					<u>0</u>	<u>0</u>	<u>0</u>			
Last 90 Days	<u>18</u>	<u>18</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>18</u>	<u>0</u>	<u>0</u>
Last 30 Days	<u>7</u>	<u>7</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>7</u>	<u>0</u>	<u>0</u>
Last 24 Hours	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>

N/A

PILOT "B" INFORMATION																																																																																																				
Pilot "B" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "B" Identification First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Seat Belt Used ☐ Yes ☐ No Available ☐ Yes ☐ No			Shoulder Harness Used ☐ Yes ☐ No Available ☐ Yes ☐ No																																																																																											
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military																																																																																																				
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 ☐ With limitations/waivers ☐ Unknown			Date of Last Medical _____ mm/dd/yyyy																																																																																												
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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 ☐ Free 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																																																																																														
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury	
First Name: _____ Middle Initial: _____ Last Name: _____		City: _____ State: _____ ZIP: _____ Country: _____	
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

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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 time and point of departure, intended destination, and services obtained.

I was heading east towards the farm and was sitting up for out of Ground Power when I noticed slightly low rotor-eng RPMs. I lifted the collective which bleed more rpm's. Helicopter yawed left towards the grain field. I was over our machinery yard then was equip behind in front and both sides right & left. Not only did the heli yaw left but was the ^{only} open space clear to land but was rough & uneven. I got the helicopter back ~~and~~ under control and if happen again.

I just could not it to fly straight and hit a ~~slight~~ slight upslope ground and left skid broke & blades touch the ground! I left SBX at 1730 accident happen @ 1800 and was looking for cattle intended mission and was going to return to SBX. No service.

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

Operator/Owner Safety Recommendation

I should have been at the top of the Green first inted bottom. But then lower collective slightly and rolled over RPM's. I didn't have much room to go down.

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**3-18-15
mm/dd/yyyy**Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: Troy Warken**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY**NTSB Accident/Incident No.**WPR15CA120**Reviewed by NTSB Regional Office**WPR/Federal Way, WA.**Name of Investigator**Tom Little**Date Report Received**3/27/2015