

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>LAS VEGAS</u> State: <u>NV</u> ZIP: <u>89149</u> Country: <u>UNITED STATES</u> Latitude: <u>36.297735</u> (dd:mm:ss N/S) Longitude: <u>-115.339253</u> (ddd:mm:ss E/W)		Date/Time Date: <u>01/22/2016</u> Local Time: <u>11:00</u> mm/dd/yyyy Time Zone: <u>PST</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>App. 3000</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>ROBINSON</u> Model: <u>R-22 BETA II</u> Serial Number: <u>2837</u> Registration Number: <u>N7020U</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>1,370</u> lbs Weight at Time of Accident/Incident: <u>1,183</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>99.56/1.5</u> inches from ☐ nose or ☒ datum -or- Percent Mean Aerodynamic Cord (% MAC)	
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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>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	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
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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: _____ mm/dd/yyyy Airframe Total Time: _____ hrs hours measured at (check one) ☐ Last Inspection ☐ Time of Accident/Incident
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IFR Equipped ☐ Yes ☒ No ☐ Unknown	Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown <u>LOW ROTOR RPM - LIGHT/HORN</u>	Type of Fire Extinguishing System ☒ None ☐ Specify _____
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ELT Installed ☐ Yes ☒ No ELT Activated ☐ Yes ☐ No	ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____	
ELT Aided in Locating Accident/Incident ☐ Yes ☐ No		

Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown	Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected	Propeller ☐ Fixed Pitch ☐ Controllable Pitch Manufacturer: _____ Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	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>LYCOMING</u>	<u>O-360-J2A</u>	<u>L-37272-36A</u>	<u>01/04/2012</u>	<u>180</u>	<u>5239.1</u>	<u>12.7</u>	<u>1675.9</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>BINNER ENTERPRISES LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>[REDACTED]</u> <i>Henderson</i> State: <u>NV</u> ZIP: <u>89012</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Airwork Las Vegas Inc</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: <u>North Las Vegas</u> State: <u>NV</u> ZIP: <u>89032</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 Cargo Operation ☐ Passenger/Cargo ☐ 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) ☐ 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: _____ Manufacturer: _____ Model: _____		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
Pilot of Other Aircraft 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.) We were informed by NTSB after sending the governor and left msg to the manufacturer (Robinson) there was no mechanical failure. Also supported after the post-accident inspection by FAA & Apex Aviation.			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed		Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	
Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground			

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

Substantial damage to airframe, tail cone and tail rotor.

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

Airport Identifier: _____

Distance From Airport Center: _____ SM

Airport Name: _____

Direction From Airport: _____ degrees MAG

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

Airport Elevation: _____ 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)☐ 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**

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: KVGTCity: LAS VEGASState: NVCountry: UNITED STATES**Time of Departure**Time: 10:40Time Zone: PST**Destination**Airport ID: KVGTCity: LAS VEGASState: NVCountry: UNITED STATES**Type Flight Plan Filed**☒ None☐ VFR/IFR☐ Company VFR☐ IFR☐ Military VFR☐ Unknown☐ VFRActivated? ☐ 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)

17

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

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

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

*NORMAL EXIT***WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: *KVGT ADDS*Observation Time: *1753Z*Time Zone: *PST*Distance from Accident Site: *10* NMDirection from Accident Site: *100°* degrees MAG**Source of Weather Information**

(Check all that apply)

- | | |
|---|-----------------------------------|
| ☐ National Weather Service | ☐ Company |
| ☐ Flight Service Station | ☐ Military |
| ☐ TV/Radio | ☐ Internet |
| ☒ Automated Report | ☐ Unknown |
| ☐ Commercial Weather Service (DUATS) | |

Method of Briefing

(Check all that apply)

- | |
|--|
| ☐ In Person |
| ☐ Teletype |
| ☒ Telephone/Computer |
| ☒ Aircraft Radio |
| ☐ TV/Radio |
| ☐ Unknown |

Briefing Type/Completeness

- | | |
|---|---|
| ☐ Full | ☐ Abbreviated |
| ☐ Partial / Limited By Pilot | ☐ Unknown |
| ☐ Partial / Limited By Briefer | ☒ Not Pertinent |

Light Condition

- | | | |
|---|--------------------------------|---------------------------------------|
| ☐ Dawn | ☐ Dusk | ☐ Dark Night |
| ☒ Day | ☐ Night | ☐ Bright Night |
| | | ☐ Not Reported |

Visibility*10* miles**Sky/Lowest Cloud Condition**

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

Ceiling

- | | |
|--|-------------------------------------|
| ☒ None (clear) | ☐ Obscured |
| ☐ Broken | ☐ Indefinite |
| ☐ Overcast | ☐ Unknown |

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 |

Lowest Cloud Condition Height*N/A* ft AGL**Ceiling Height***N/A* ft AGL**Wind Direction**☐ Indicated:
_____ degrees MAG☒ Variable**Wind Speed**Velocity: *12* KTS

-or-

☐ Calm☒ Light and Variable**Wind Gusts**Velocity: *N/A* KTS☐ Gusting☒ Not Gusting**Type of Turbulence** (Check all that apply)

- | | |
|---|---|
| ☒ None | ☐ In Clouds |
| ☒ Clear Air | ☐ Vicinity of Thunderstorm |

Severity of Turbulence

- | | | |
|----------------------------------|--|--------------------------------|
| ☐ Extreme | ☐ Moderate | ☐ Light |
| ☐ Severe | ☐ Moderate Chop | |

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

Temperature: *12* (C)
or _____ (F)Altimeter Setting: *30.18* in. HG
or _____ MBDensity Altitude: *2065* ftDew Point: *-6* (C)
or _____ (F)**Icing Forecast**

Amount

- | | |
|--|-----------------------------------|
| ☒ None | ☐ Moderate |
| ☐ Trace | ☐ Severe |
| ☐ Light | |

Type

- | |
|--------------------------------|
| ☐ Rime |
| ☐ Clear |
| ☐ Mixed |

Icing Actual

Amount

- | | |
|--|-----------------------------------|
| ☒ None | ☐ Moderate |
| ☐ Trace | ☐ Severe |
| ☐ Light | |

Type

- | |
|--------------------------------|
| ☐ Rime |
| ☐ Clear |
| ☐ Mixed |

Type of Precipitation (Check all that apply)

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

Intensity of Precipitation

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| ☐ 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: STEVEN City: HENDERSON
 Middle Initial: P State: NV ZIP: 89011
 Last Name: ROBB Country: UNITED STATES
 Age at time of Accident/Incident: 47 Date of Birth: 968 Certificate Number: [REDACTED]
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

06/02/2015
mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Waivers

NONE

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

N/A
mm/dd/yyyy

Flight Review Aircraft

Make: _____
 Model: _____

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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

Student Endorsements (Include dates)

SFAR-73-AWARENESS 10/15/15
FAR-61.87 Prc Solo/solo TRAINING 12/18/15
SFAR-73 Solo R-22 12/18/15
Solo X-COUNTRY 1/14/16
Solo X-COUNTRY 1/20/16

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>49</u>	<u>41</u>			<u>3.6</u>			<u>49</u>		
Pilot in Command (PIC)	<u>7</u>							<u>7.5</u>		
Time as Instructor										
This Make/Model										
Last 90 Days	<u>49</u>	<u>41</u>			<u>3.6</u>			<u>49</u>		
Last 30 Days	<u>25</u>	<u>18</u>			<u>3.6</u>			<u>25</u>		
Last 24 Hours	<u>3.1</u>	<u>3.1</u>			<u>3.1</u>			<u>3.1</u>		

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: _____ 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

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s)

(Check all that apply)

☐ 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
 ☐ 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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	
Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ 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		

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	
Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ 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		

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	
Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		☐ 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)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____											
Last Name: _____											
City: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
State: _____ ZIP: _____											
Country: _____											
First Name: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____											
Last Name: _____											
City: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
State: _____ ZIP: _____											
Country: _____											
First Name: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____											
Last Name: _____											
City: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
State: _____ ZIP: _____											
Country: _____											
First Name: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____											
Last Name: _____											
City: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
State: _____ ZIP: _____											
Country: _____											
First Name: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____											
Last Name: _____											
City: _____	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
State: _____ ZIP: _____											
Country: _____											

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.

PLEASE SEE ATTACHED

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

Operator/Owner Safety Recommendation

Steven P. Robb

Henderson, NV 89011

23 January, 2016 – Revised and corrected 26 January 2016

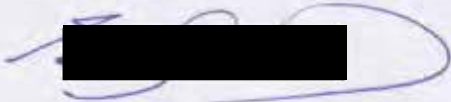
RE: Hard landing on 1/22/2016 at approximately 1100hrs involving myself as PIC and Helicopter N7020

To whom it may concern,

My name is Steve Robb and I am a student pilot with approximately 50 hours of flight time in Robinson Helicopters since October 2015, over 7 of which are solo in an R22. As of 22 January 2016, I had met all of the flight requirements per SFAR 73 to schedule my check ride with the exception of being short 2.8 of the 10 hours required solo flight. On the morning of 22 January, I had scheduled a flight from 1000 to 1200 to accrue 1 to 1.5 of these hours. At 1000 I met my flight instructor at which time we proceeded to the South Ramp of KVG T to have a flight briefing and to preflight the helicopter, Robinson R22 – N7020U. We completed the preflight per Section 4 of the R22 POH at approximately 1030 at which time I continued with the starting and run-up procedures per the same. During warm-up I listened to KVG T ATIS and checked the OAT gage to establish the operational limitations for my flight. The winds were variable to 07 Knots out of the south and the outside air temp was 12°C with a dew point of -6°C and no visible moisture. At approximately 1040 I called KVG T Tower and was cleared for a northwest departure and did so. I climbed to an indicated altitude of 3500' MSL flying between 65-85 Kias on a heading of 280° toward the water retention basin in the Northwest Practice Area just north of Lone Mountain and west of the 215, approximately 11 miles from KVG T. While in route, I worked on speed transitions; focusing on changing speeds while maintaining straight and level flight. As it was my intent once I got to the practice area to practice normal approaches to a pinnacle landing, I flew a right pattern over the levy to verify wind direction and to choose a spot on the levy to which I would make my approach. After determining that the wind was still out of the south, I continued in a right pattern at approximately 500' AGL and 65kias with my northbound leg being my downwind and the levy off my right side. I then started my descent while turning base and final. I continued my descent at approximately 300 Fpm while gradually slowing down until I came to a hover taxi approximately 10' above the levy. I then pushed forward to start another pattern at which time the helicopter started to yaw to the right, which I assumed I was going through ETL. I inputted left pedal to correct the yaw with no affect. I continued to input left pedal until the pedal bottomed out while the helicopter continued into a rightward spin and was drifting to the west over the concrete slope of the levy. I immediately rolled off throttle in an attempt to arrest the accelerating spinning of the helicopter while at the same time lowering collective to try to lower the helicopter. By this time, because of the slope I was over and the rate of rotation, I was unable to tell exactly how high I was above grade but decided to gradually raise collective in an attempt to slow down my descent before touching down. I almost immediately touched down on the wall and immediately lowered collective then pulled up on the mixture control to shut down the engine. I then turned off the master battery, key and fuel valve. The main rotor came to a stop and I exited the helicopter and called my instructor.

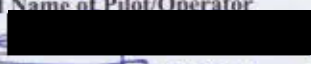
Respectfully submitted,

Steve Robb



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**JAN 30, 2016
mm/dd/yyyy**Signature and Name of Pilot/Operator**Signature: Type or Print Name: STEVEN P. ROBB**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLYNTSB Accident/Incident No.
WPR16LA056Reviewed by NTSB Regional Office
WPRName of Investigator
Michael HuhnDate Report Received
Feb 16, 2016

Pilot/Operator Aircraft Incident Report Form
Our File: WBC-AV-

1. Location of Accident, Date and Time																					
City (nearest) and State LAS VEGAS, NV					Local Time Zone PST AM/PM 11:00		Date 1/22/2016														
If accident occurred on approach to, or takeoff from an airport or on an airport, give name of airport					Runway		Surface & Conditions														
					Direction Length																
2. AIRCRAFT																					
A/C Make Robinson		Engine Make Lycoming		Right N/A Left N/A		Name & Address of Owner Binner Enterprises LLC															
Model R-22		Model 0-360-52A				Name															
FAA # N7020V		HP 180				Address															
Serial # 2837		Serial # 28L-37272-36A				C/S/Z Henderson, NV 89012															
DESCRIBE AIRCRAFT DAMAGE SKIDS, AIRFRAME, TAIL CONE, TAIL ROTOR					Est. Cost of Repairs \$		Airworthiness Inspection		Date												
							Periodic/Annual		10/8/15												
							100 Hour		12/22/15												
ENGINES																					
Total Time 1675.9		Since MB-1663.2		New/Reman Overhaul		Progressive		Time													
						Ops time since last inspection		12.7 hrs													
Right		Since		New/Reman/Overhaul																	
					Total Time on Aircraft		8289.1														
PRESENT Location of Aircraft					North Las Vegas, NV																
3. KIND OF FLYING AND PURPOSE (Check each applicable item)																					
Commercial Operator			☒			Instruction		Local													
Cross-Country			☒			If so (Dual/Solo)		Pleasure/Personal/Transportation													
Business Transport						Air/Taxi/Charter		Aerial application/AG													
Other (describe)																					
4. PILOT DATA																					
Name and address STEVEN P. ROBB HENDERSON, NV 89011					Telephone		Business or Profession														
							Construction / STUDENT														
					Age 47																
Pilot Certificate					Ratings/Add-ons			Medical Certificate Issued													
Cert #				Airplane		Rotocraft		Date Class													
Student				Single-Eng		Gyroplane		6/2/2015 1													
Private				Multi-Eng		Instrument															
Commercial				Land		Sea		Limitations correction lens													
ATP				TYPES				NONE													
Pilot Time		PIC Total		Last 24hr		Last 90 Day		Total													
Total Time		7.5		3.1		49		49													
Instrument																					
Night		3.1		3.6		41		41													
This M&M		7.5		3.1		41		41													
Multi Engine																					
Retractable																					
Helicopter		7.5		3.1		49		49													
Aerial Ap																					
5. DAMAGE TO PROPERTY OF OTHERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Description of Property NONE</td> <td>Describe Damage</td> <td>Name & Address of Owner</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> Biennial Flight Review <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Date</td> <td></td> </tr> <tr> <td>Examiner</td> <td></td> </tr> <tr> <td>Is PILOT TIME logged?</td> <td>YES</td> </tr> </table>										Description of Property NONE	Describe Damage	Name & Address of Owner				Date		Examiner		Is PILOT TIME logged?	YES
Description of Property NONE	Describe Damage	Name & Address of Owner																			
Date																					
Examiner																					
Is PILOT TIME logged?	YES																				
Dawn/Daylight/Dusk/Night/Clear		Ceiling		Visibility		Temperature															
00375741		338844																			

Pilot/Operator Aircraft Incident Report Form

Our File: WBC-AV-

Elevation of Site	3000 ASL	Wind Direction	VARIABLE	Velocity	7 KNOTS	Gusts	—
Fog/Smoke/Haze	NONE	Rain/Thunderstorm/Hail/Snow/Sleet/Freezing Rain/Icing Conditions					
Other							

6. LIST OF OCCUPANTS

Name and Address (indicate injuries to pilot, occupants and persons on the ground)	Total Aboard	Degree of Injuries			
	Crew/PAX	Fatal	Serious	Minor	None
PILOT - STEVE ROBB				LOWER BACK	

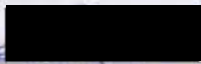
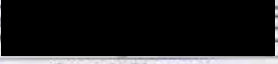
7. OTHER

Was a flight plan filed? Y/N NO VFR _____ VFR On-Top _____ Flight Following Service _____
 If weather was involved, state if weather briefing was obtained or weather report checked, and how accomplished.

Mechanical Failure/Malfunction > Fill out only if the accident involved a mechanical failure or malfunction. For the purpose of this report a failure or malfunction means any failure or malfunction of the aircraft occurring under any circumstances, except when failure resulted from impact with the ground or collision with another object (Describe Below).

Failure occurred in:	Structure	Engine	Propeller	Other		
Name Part that Failed/Malfunctioned	Manufacturer	Part #	Serial #	Since Ovrhl	Ttl Part Time	
NONE						

Did fire follow occurrence? Yes No
 What happened? Describe event and circumstances leading to accident, and the nature of accident. Include a sketch if you desire. Attach extra sheet if more space is needed. If on a cross-country flight, state point and time of departure and intended destination.

 Pilot's Signature	1/30/2016 Date	 Owner's Signature	2/10/15 Date
This is to certify that the flight which resulted in this accident was made by the above pilot with my approval		 Named Insured's Signature	2/10/16 Date
This is to certify that the flight which resulted in this accident was made by the above pilot under my Direct Control and Supervision as a Licensed Certified Instructor			
CFI No. _____		CFI's Signature _____	Date _____