

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: Bishop State: CA
 ZIP: 93514 Country: USA
 Latitude: _____ Longitude: _____
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 06/14/2016 Local Time: 4:00 PM
 mm/dd/yyyy Time Zone: PDT

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N11076Y

Manufacturer: Bell

Model: 206 L1

Serial Number: 45380

Year of Manufacture: 1980

Amateur-Built: Yes If Yes: Kit/Plans Make: _____
 No Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 4150 lbs

Weight at Time of Accident/Incident: 3050 lbs

Number of Seats: 7 Flight Crew Seats: 1

Cabin Crew Seats: _____ Passenger Seats: 6

Number of Engines: 1

Category of Aircraft

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

Type of Airworthiness Certificate

(Check all that apply)

Standard

Normal
 Aerobatic
 Balloon
 Commuter
 Transport
 Utility

Special

Restricted
 Limited
 Provisional
 Special Flight
 Experimental
 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/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	Allison	250-C30P			650 SHP		
Eng. 2							
Eng. 3							
Eng. 4							

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 (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 Bottle

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: _____

Model or Part No.: _____

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

Was ELT still mounted in aircraft? Yes No

Was ELT still connected to antenna? Yes No

Did ELT Activate? Yes No

If activated:

Did ELT Aid in Locating Aircraft: Yes No

If not activated:

Indicate Reason: Not Needed
 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: Premier Rotors LLC

City: [REDACTED]

State: [REDACTED]

Fractional Ownership Aircraft: Yes ☐ No ☒

Country: USA

Operator of Aircraft

Same As Registered Owner

Name: Premier Rotors LLC

Same Address as Registered Owner

City: Breaux Bridge

Doing Business As: _____

State: LA ZIP: 70517

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

Country: _____

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: Bishop Airport

Distance From Airport Center: 2 sm

Airport Identifier: KBIH

Direction From Airport: NW of Field degrees true

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

Airport Elevation: 4124 ft. msl

Runway Information

Runway ID: 7/25 (L/R/C) Length: 5567 ft Width: 100 ft

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

Runway/Landing Surface (Check all that apply)

☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water

☐ Concrete ☐ Gravel ☐ Metal/Wood

☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

Approach/Departure Segment (Select one)

☐ Taxi

☐ Takeoff

☐ Initial Climb

☐ VFR Departure

☐ IFR Departure Procedure/Clearance

☐ On Instrument Approach

☐ Landing

☒ Downwind

☒ Base

☐ Final

☐ Crosswind

☐ Low Approach

☐ Go Around

☐ Aborted Landing (after touchdown)

☐ Unknown

Descent to Airport

IFR Approach (Check all that apply)

☐ None

☐ ADF/NDP ☐ PAR ☐ MLS ☐ Practice

☐ SDF ☐ Sidestep ☐ LDA ☐ GPS

☐ VORTVOR ☐ ILS ☐ ASR

☐ VOR/DME ☐ Localizer Only ☐ Visual

☐ TACAN ☐ LOC-back course ☐ Contact

☐ RNAV ☐ Circling ☐ Unknown

VFR Approach (Check all that apply)

☐ None

☐ Traffic Pattern

☐ Straight-In

☐ Valley/Terrain Following

☐ Go Around

☐ Full Stop

☐ Stop and Go

☐ Touch and Go

☐ Simulated Forced Landing

☐ Forced Landing

☐ Precautionary Landing

☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

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

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

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: Matthew City of Residence: TORRANCE
 Middle Initial: A State: CA ZIP: 90504
 Last Name: KAPLAN Country: USA
 Age at time of Accident/Incident: 42 Date of Birth: 73 mm/dd/yyyy
 Certificate Number: [REDACTED]

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

Medical Certificate Limitations

None

Medical Certificate Special Issuance

None

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

mm/dd/yyyy

Flight Review Aircraft

Make: Bell
 Model: 206L-1

Airplane Rating(s)

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

Other Aircraft Rating(s)

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

Instrument Rating(s)

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

Instructor Rating(s)

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

Instrument Airplane
 Instrument Helicopter
 Helicopter
 Glider
 Sport

Type Ratings

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								240		
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days								58		
Last 30 Days								12		
Last 24 Hours								3		

"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: None City of Residence: _____
 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		Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign 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 _____ mm/dd/yyyy
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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: _____
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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 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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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)

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

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	Left Center Right	None Minor Serious Fatal Unknown
Middle Initial: _____	State: _____ ZIP: _____	Front Rear Single Unknown	
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign		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
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 cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Deirdra</u> City: <u>Torrance</u> Middle Initial: _____ State: <u>CA</u> ZIP: <u>90504</u> Last Name: <u>Gibson</u> Country: <u>USA</u> Crew ☐ Passenger ☒ Other ☐	Left ☒ Center Right Unknown Row: <u>2</u>	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: <u>Sabrina</u> City: <u>Torrance</u> Middle Initial: _____ State: <u>CA</u> ZIP: <u>90504</u> Last Name: <u>Kaplan</u> Country: <u>USA</u> Crew ☐ Passenger ☒ Other ☐	Left ☒ Center Right Unknown Row: <u>1</u>	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew ☐ Passenger ☐ Other ☐	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew ☐ Passenger ☐ Other ☐	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KAJO</u> City: <u>Cosum</u> State: <u>CA</u> Country: <u>USA</u>	Time of Departure Time: <u>1:20</u> Time Zone: <u>PST</u>	Destination Airport ID: <u>KAMH</u> City: <u>Monrovia Airport</u> State: <u>CA</u> Country: <u>USA</u>	Type Flight Plan Filed None ☐ VFR/IFR Company VFR ☐ IFR Military VFR ☐ Unknown <u>VFR</u> Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)

☒ None ☒ VFR	☐ Special VFR IFR	☐ Special IFR VFR On Top	☐ VFR Flight Following Traffic Advisory	☐ Cruise Unknown / NA
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Airspace where the accident/incident occurred (Check all that apply)

Class A Class B Class C Class D Class E	☒ Class G Dense Area Warning Area Prohibited Area Restricted Area	Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 95	Special Air Traffic Control Area Unknown	Altitude of In-Flight Occurrence: _____ ft msl
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WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service Flight Service Station TV/Radio ☒ Automated Report Commercial Weather Service (DUATS) ☒ On-Board Weather	Company Military Internet None Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ mi Direction from Accident Site: _____ degrees true
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Basic Conditions ☒ VMC IMC Unknown	Light Condition Dawn ☒ Day Dusk Night Dark Night Bright Night Unknown
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Sky/Lowest Cloud Condition ☒ Clear Few Partial Obscuration Scattered Thin Broken Thin Overcast Unknown	Ceiling ☒ None (Clear) Broken Overcast Obscured Indefinite Unknown	Temperature: _____ (C) or _____ (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
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Intensity of Precipitation Light Moderate Heavy ☒ N/A Unknown	Type of Precipitation (Check all that apply) None Rain Snow Hail Rain Showers Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle	Restriction to Visibility (Check all that apply) ☒ None Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust Fog Ground Fog Haze Ice Fog Smoke Unknown
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Icing Forecast Amount: ☒ None Trace Light Moderate Severe Unknown Type: N/A Rime Clear Mixed Unknown	Icing Actual Amount: ☒ None Trace Light Moderate Severe Unknown Type: N/A Rime Clear Mixed Unknown	Turbulence Type (Check all that apply): ☒ None ☒ Clear Air ☒ Terrain-Induced Convective Turbulence Severity: Light Moderate Severe Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

The landing was hard so the main rotor bent down and struck the tail rotor ripping it from the tail boom

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

I fueled up the helicopter the day before. I departed Corona KASO at approx. 1:20 PM PST. We flew direct to KWTF to avoid military restricted airspace then flew direct to our destination of Mammoth, KMMH. The entire flight was bumpy. We encountered more turbulence & a head wind over the mountains. As we were getting closer to Mammoth I saw we were using more fuel than planned due to the 30 knot head winds. I planned for 10-15 knot winds. Approx 30 minutes from Mammoth airport I saw that it would be safer. I changed course direct Bishop airport and our arrival time would be 20 minutes of flight time. We were at 12,000 ft MSL at the time. Upon getting closer to Bishop at approx 10,000 feet and 3 miles out we experienced ~~a~~ a violent explosion =>

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

Operator/Owner Safety Recommendation

As I did not run out of fuel I don't know that I could have avoided this accident. I landed the helicopter as safe as possible given the circumstances

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)The engine cut ~~out~~ outTotal Time/Cycles
On Part

Hours

Cycles

Time Since This Part
Inspected/Overhauled

Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

110 gallons Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

☒ Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

checked trans oil, checked hydraulic fluid levels.

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.

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

Aircraft Registration Number

N/A

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Substantial

Minor

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

in the engine compartment. I looked down at the gauges and saw the engine out light. I immediately went into an auto rotation. I saw the turbine RPM dropping to 0. During the descent I attempted to restart 2 times without success. I spotted a clear landing area and headed there. In the last 2000 feet of the descent I saw that I was too high. I started the flare higher and sooner than I ~~want~~ wanted to to avoid landing and rolling in a huge crater.

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

Date of this Report

6/21/16

mm/dd/yyyy

Name of Pilot/Operator:

Matthew Kaplan

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.

WPR16LA125

Reviewed by NTSB Regional Office

WPR - Federal Way

Name of Investigator

S. Stein

Date Report Received

June 21, 2016