

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: PAGE State: AZ
 ZIP: 86040 Country: UNITED STATES
 Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)

Date/Time

Date: _____ Local Time: _____
 mm/dd/yyyy Time Zone: _____

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

4300 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Robinson
 Model: R44
 Serial Number: 12374
 Registration Number: N744BS Amateur-built: ☐ Yes ☐ No

Max Gross Weight: 2500 lbs
 Weight at Time of Accident/Incident: ? lbs
 Location of Center of Gravity at Time of Accident/Incident:
 -or- ? 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: 4

If Large Aircraft, how many seats for:

Flight Crew: 1
 Cabin Crew: _____
 Passengers: 3

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: _____
 mm/dd/yyyy

Airframe Total Time: _____ 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 _____

ELT Installed

☒ Yes ☐ No

ELT Activated

☒ Yes ☐ No

ELT Manufacturer:

Model/Series: _____

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: _____

Battery Type: _____

Battery Exp. Date: _____

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: NA

Model: _____

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								
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>White R44 LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>[REDACTED]</u> <u>Page</u> State: <u>AZ</u> ZIP: <u>86040</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: <u>[REDACTED]</u> <u>PAGE</u> State: <u>AZ</u> ZIP: <u>86040</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: _____ Middle Initial: _____ Last Name: _____		<u>N/A</u> City: _____ State: _____ ZIP: _____ Country: _____	
Pilot of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____		City: _____ State: _____ ZIP: _____ 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.)			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)

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

Airport Identifier: KPGA Distance From Airport Center: 0 SM
 Airport Name: Page Municipal Airport Direction From Airport: 0 degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: 4300 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 ☐ Stop and Go
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS ☐ Touch and Go
☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ Simulated Forced Landing
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ Forced Landing
☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ Go Around ☐ Precautionary Landing
☐ TACAN ☐ RNAV ☐ Circling ☐ Full Stop ☐ Unknown

Runway Information
 Runway ID: 25 (L/R/C) Length: 2200 ft Width: 50 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: PQA City: Page State: AZ Country: USA
Time of Departure Time: 1100 Time Zone: MST
Destination Airport ID: KPGA City: Page State: AZ 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)
30 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 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 Crawled out the Broken front bubble			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>KPCA</u> Observation Time: <u>1100</u> Time Zone: <u>MST</u> Distance from Accident Site: <u>0</u> NM Direction from Accident Site: <u>0</u> degrees MAG		Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ Unknown ☐ Commercial Weather Service (DUATS)	
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	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☒ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown	
Lowest Cloud Condition Height <u>10000</u> ft AGL		Ceiling Height <u>?</u> ft AGL	
Wind Direction ☐ Indicated: _____ degrees MAG ☒ Variable		Wind Speed Velocity: <u>10</u> KTS -or- ☐ Calm ☒ Light and Variable	
Wind Gusts Velocity: _____ KTS ☐ Gusting ☒ Not Gusting		Restriction to Visibility <i>(Check all that apply)</i> ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown	
Type of Turbulence <i>(Check all that apply)</i> ☒ 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: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Icing Actual Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed Type ☐ Rime ☐ Clear ☐ Mixed	
Type of Precipitation <i>(Check all that apply)</i> ☒ 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																																																																																																				
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Pilot "A" Identification First Name: <u>CASE GULLETT</u> Middle Initial: _____ Last Name: <u>GULLETT</u> Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy						City: _____ State: _____ ZIP: _____ Country: _____ Certificate Number: _____																																																																																														
Degree of Injury ☐ None ☐ Fatal ☒ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☒ Right ☐ Rear ☐ Single ☐ Center			Seat Belt Used ☒ Yes ☐ No Available ☒ Yes ☐ No		Shoulder Harness Used ☒ Yes ☐ No Available ☒ Yes ☐ No																																																																																													
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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: _____		City: _____				☐ None		☐ Fatal								
Middle Initial: _____		State: _____		ZIP: _____		☐ Minor		☐ Unknown								
Last Name: _____		Country: _____				☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
								☐ Foreign								
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								
Middle Initial: _____		State: _____		ZIP: _____		☐ Minor		☐ Unknown								
Last Name: _____		Country: _____				☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
								☐ Foreign								
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								
Middle Initial: _____		State: _____		ZIP: _____		☐ Minor		☐ Unknown								
Last Name: _____		Country: _____				☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
								☐ Foreign								
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	F/A/A	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____		City: _____														
Middle Initial: _____		State: _____		ZIP: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		Country: _____														
First Name: _____		City: _____														
Middle Initial: _____		State: _____		ZIP: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		Country: _____														
First Name: _____		City: _____														
Middle Initial: _____		State: _____		ZIP: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		Country: _____														
First Name: _____		City: _____														
Middle Initial: _____		State: _____		ZIP: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		Country: _____														
First Name: _____		City: _____														
Middle Initial: _____		State: _____		ZIP: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		Country: _____														
First Name: _____		City: _____														
Middle Initial: _____		State: _____		ZIP: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		Country: _____														
First Name: _____		City: _____														
Middle Initial: _____		State: _____		ZIP: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		Country: _____														
First Name: _____		City: _____														
Middle Initial: _____		State: _____		ZIP: _____			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____		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.

The pilot ~~was~~ requested an additional practice flight before departing for Mexico a couple days later as he had not been flying Helicopters regularly. Saturday before He was to head to Mexico (Monday) He decided to take up the Helicopter and invited a friend. After doing some air work and hovering practice the pilot transitioned from a ground hover to an air taxi and promptly the helicopter rolled over.

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

Operator/Owner Safety Recommendation

More training prior to Solo flight.

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**

4/12/2018

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [REDACTED]

Type or Print Name: [REDACTED]

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: [REDACTED]

Type or Print Name: Christopher Large

Title: Manager

FOR NTSB USE ONLY**NTSB Accident/Incident No.**
WPR18LA031**Reviewed by NTSB Regional Office**
WPR**Name of Investigator**
LINK**Date Report Received**
4/12/2018

Robinson R44, N744BS, November 11th 2017

The flight was on Saturday Nov 11th 2017 approximately 12:45pm MST local time. The pilot in command was myself Case Gullett. The purpose of flight was a VFR proficiency flight around the Page airport (KPGA). The weather this day was VFR with sky clear and unlimited visibility conditions with winds mostly calm to variable at 3-5 knots.

The flight consisted of pattern work, landing and pick ups to stabilized hovers. Flight duration was no more than 20 minutes at the time of incident. After a normal traffic pattern loop and landing on the numbers on runway 25, I picked the helicopter back up into a stabilized hover held over the numbers of runway 25. I proceeded to air taxi across the parallel runway of runway 15-33. during the initial transition from hover to forward flight, after a couple of seconds of forward flight I encountered a sharp and sudden nose down attitude much steeper than what I had input into the controls to point where my sight picture was oriented almost directly at the runway pavement and a right yaw of perhaps 5-10 degrees. My reaction was an intimidate and full aft cyclic flight control input however the flight control inputs had no noticeable result. The helicopter gave the sensation more of a sharp and fast somersault than a roll. The time span of the series of events from normal air taxi to impact was no more than 2 seconds. After shutting the engine down, turning off fuel cutoff switches and turning off all electrical switches, I evacuated the aircraft. First responders were on scene within 3 minutes or less. No serious injuries occurred.

Case Gullett
[REDACTED]