

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: Hauula State: HI
 ZIP: 96717 Country: Honolulu
 Latitude: 21 35'16.22" N Longitude: 157 54'46.64"
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 04/16/2019 Local Time: 1126
mm/dd/yyyy
 Time Zone: Pacific Time

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

AIRCRAFT INFORMATION

Registration Number: N593C

Manufacturer: McDonnell Douglas Helicopter

Model: 369E

Serial Number: 0201E

Year of Manufacture: 1986

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

☐ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 3,000 Lb. lbs

Weight at Time of Accident/Incident: 2,400 lbs

Number of Seats: 5 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 4

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
- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull
- ☐ Tailwheel
- ☒ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/Wheel

☐ Other Launch/Recovery System

☐ None ☐ Unknown

Engine Type (Select one)

- ☐ Reciprocating
- ☒ Turbo Shaft
- ☐ Turbo Prop
- ☐ Turbo Jet
- ☐ Turbo Fan
- ☐ Electric
- ☐ Liquid Rocket
- ☐ Solid Rocket
- ☐ Hybrid Rocket
- ☐ None
- ☐ Unknown

Fuel System Type (Reciprocating)

- ☐ Carburetor
- ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Rolls Royce	250-C20B	CAE-835644	N/A	420	3291.9	31.5	N/A
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 04/12/2019
mm/dd/yyyy

Airframe Total Time: 3,757.5 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: Hand held fire extinguisher

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: Artex
 Model or Part No.: ME406
 TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)
☒ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

- Indicate Reason:
- ☐ Impact Damage
 - ☐ Fire Damage
 - ☐ Battery Expired/Damaged
 - ☒ Unknown

Additional Equipment (Check all that apply)

- ☒ ADS-B
- ☐ Airframe Parachute
- ☐ Angle of Attack Indicator
- ☐ Autopilot
- ☐ Data Recorder
- ☐ Electronic Flight Bag or Handheld Device
- ☐ Electronic Multifunction Display
- ☒ Electronic Primary Flight Display
- ☐ Handheld GPS
- ☐ Heads Up Display
- ☐ Onboard Weather
- ☒ Satellite Tracking Device
- ☐ Stall Warning System
- ☐ Video Recording Device
- ☒ Other, Specify: Diamond J Gauges

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: K&S Helicopters IncCity: Kailua KonaState: HIZIP: 96745Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: United States**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered OwnerName: K&S Helicopters IncCity: Kailua KonaState: HIZIP: 96740Doing Business As: Paradise HelicoptersAir Carrier/Operator Designator (4 Character Code): K2DACountry: USA**Operating Certificates Held**

(Check all that apply)

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

Regulation Flight Conducted Under

- ☐ FAR 91 ☐ FAR 129 ☐ FAR 415
☐ FAR 103 ☐ FAR 133 ☐ FAR 431
☐ FAR 121 ☒ FAR 135 ☐ FAR 435
☐ FAR 125 ☐ FAR 137 ☐ FAR 437

- ☐ FAR 91 Special Flight
☐ Non-US, Commercial
☐ Non-US, Non-commercial

- ☐ Public Aircraft (Select one)
☐ Armed Forces
☐ Federal
☐ State
☒ Local
☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
☒ Non-Scheduled or Air Taxi ☐ International

☒ Passenger
☐ Cargo
☐ Mail Contract Only

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

(Select one)

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

Revenue Sightseeing Flight☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: _____

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

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

Airport Elevation: _____ ft. msl

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
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

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

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

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

- ☒ None

☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling
☐ Unknown

VFR Approach (Check all that apply)

- ☒ None

☐ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☐ Forced Landing
☐ Full Stop ☐ Precautionary Landing
☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
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"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>Carson</u> Middle Initial: <u>D</u> Last Name: <u>Klein</u> City of Residence: <u>Wailua</u> State: <u>HI</u> ZIP: <u>96719</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>42</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																											
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Medical Certificate Limitations <u>Must wear corrective lenses for near and far sight</u>																																																																																																				
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"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																				
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ADDITIONAL FLIGHT CREW/MEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address				Seat Occupied		Injury			
First Name: _____		City of Residence: _____		☐ Left	☐ Front	☐ None			
Middle Initial: _____		State: _____ ZIP: _____		☐ Center	☐ Rear	☐ Minor			
Last Name: _____		Country: _____		☐ Right	☐ Single	☐ Serious			
					☐ Unknown	☐ Fatal			
						☐ Unknown			
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints			
☐ None		☐ Flight Instructor		Available		Used			
☐ Private		☐ Recreational		☐ None		☐ None			
☐ Student		☐ Sport		☐ Lap Only		☐ Lap Only			
		☐ Commercial		☐ 3-point		☐ 3-point			
		☐ Airline Transport		☐ 4-point		☐ 4-point			
		☐ Flight Engineer		☐ 5-point		☐ 5-point			
				☐ Unknown		☐ Unknown			
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs							
☐ Yes ☐ No									
Crew Name and Address				Seat Occupied		Injury			
First Name: _____		City of Residence: _____		☐ Left	☐ Front	☐ None			
Middle Initial: _____		State: _____ ZIP: _____		☐ Center	☐ Rear	☐ Minor			
Last Name: _____		Country: _____		☐ Right	☐ Single	☐ Serious			
					☐ Unknown	☐ Fatal			
						☐ Unknown			
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints			
☐ None		☐ Flight Instructor		Available		Used			
☐ Private		☐ Recreational		☐ None		☐ None			
☐ Student		☐ Sport		☐ Lap Only		☐ Lap Only			
		☐ Commercial		☐ 3-point		☐ 3-point			
		☐ Airline Transport		☐ 4-point		☐ 4-point			
		☐ Flight Engineer		☐ 5-point		☐ 5-point			
				☐ Unknown		☐ Unknown			
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs							
☐ Yes ☐ No									
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>Chris</u> City: <u>Honolulu</u>		☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>1</u>	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		
Middle Initial: _____ State: <u>HI</u> ZIP: <u>96818</u>				☐ None	☐ None				
Last Name: <u>Miller</u> Country: <u>U.S.A.</u>				☐ Lap Only	☐ Lap Only				
☐ Crew ☒ Passenger ☐ Other				☒ 3-point	☐ 3-point				
				☐ 4-point	☐ 4-point				
				☐ 5-point	☐ 5-point				
				☐ Unknown	☐ Unknown				
First Name: <u>Lindsay</u> City: <u>Honolulu</u>		☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>2</u>	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		
Middle Initial: _____ State: <u>HI</u> ZIP: <u>96818</u>				☐ None	☐ None				
Last Name: <u>Young</u> Country: <u>U.S.A.</u>				☐ Lap Only	☐ Lap Only				
☐ Crew ☒ Passenger ☐ Other				☒ 3-point	☐ 3-point				
				☐ 4-point	☐ 4-point				
				☐ 5-point	☐ 5-point				
				☐ Unknown	☐ Unknown				
First Name: <u>Erika</u> City: <u>Honolulu</u>		☒ Left ☐ Center ☐ Right ☐ Unknown Row: <u>2</u>	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		
Middle Initial: _____ State: <u>HI</u> ZIP: <u>96818</u>				☐ None	☐ None				
Last Name: <u>Dittmar</u> Country: <u>U.S.A.</u>				☐ Lap Only	☐ Lap Only				
☐ Crew ☒ Passenger ☐ Other				☒ 3-point	☐ 3-point				
				☐ 4-point	☐ 4-point				
				☐ 5-point	☐ 5-point				
				☐ Unknown	☐ Unknown				
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		
Middle Initial: _____ State: _____ ZIP: _____				☐ None	☐ None				
Last Name: _____ Country: _____				☐ Lap Only	☐ Lap Only				
☐ Crew ☐ Passenger ☐ Other				☐ 3-point	☐ 3-point				
				☐ 4-point	☐ 4-point				
				☐ 5-point	☐ 5-point				
				☐ Unknown	☐ Unknown				

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: Remote LZ

City: Wiamano

State: HI

Country: U.S.A.

Time of Departure

Time: 1050

Time Zone: PST

Destination

Airport ID: HI58

City: Kahuku

State: HI

Country: U.S.A.

Type Flight Plan Filed

- ☐ None ☐ VFR/IFR
☒ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR

Activated? ☒ Yes ☐ No ☐ Unknown

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

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

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

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

Altitude of In-Flight Occurrence:

N/A ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

- ☒ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☒ Internet
☐ Automated Report ☐ None
☐ Commercial Weather Service (DUALS) ☐ Unknown
☐ On-Board Weather

Weather Observation Facility

Facility ID: Wheeler Army Airfield

Observation Time: 1059

Time Zone: PST

Distance from Accident Site: 9 nm

Direction from Accident Site: 40 degrees true

Basic Conditions

- ☒ VMC
☐ IMC
☐ Unknown

Light Condition

- ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☒ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition

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

Lowest Cloud Condition Height

3,800 ft agl

Ceiling

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

Ceiling Height

_____ ft agl

Temperature: _____ (C) or 79 (F)

Dew Point: _____ (C) or 60 (F)

Altimeter Setting: 30.08 in. Hg
or _____ MB

Wind Direction

☐ Variable

-or-
Direction: SE degrees true

Wind Speed

- ☐ Calm
☒ Light and Variable

-or-
Speed: 10 kts

Wind Gusts

☒ Not Gusting

-or-
Speed: _____ kts

Visibility 10 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy
☒ N/A
☐ Unknown

Type of Precipitation (Check all that apply)

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

Restriction to Visibility (Check all that apply)

- ☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

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

Icing Actual

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

Turbulence

- Type (Check all that apply)** **Severity**
☒ None ☐ Light
☐ Clear Air ☐ Moderate
☐ Terrain-Induced ☐ Severe
☐ Convective Turbulence ☐ Extreme

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

None

DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed ☐ ☐ Unknown	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Fire at Unknown Time ☐ On-Ground ☐ Unknown	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Explosion at Unknown Time ☐ On-Ground ☐ Unknown
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i> Main Rotor Blades destroyed Main Rotor Hub substantial damage Tail boom sustained dents Tail rotor sustained dents Front left side windscreen broken upper and lower Aircraft windscreen left side frame bent and broken Left landing skid broken		
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>		
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. April 16th 2019 0630 I arrived to Paradise Helicopters Heliport located at Turtle Bay Resort In Kahuku, Hawaii for a scheduled work day. I took note of the schedule for the day, checked the weather, did performance plan, load calculation and preformed a pre flight on helicopter N593C. The helicopter was in good airworthiness condition and I noted no issues at that time. I topped off the helicopter (64 gal.) and assemble the gear needed for the next 5 missions. 3 Pax helmets and 2 long lines. I lifted for the first Mission at 0750 and flew to the Waianae Kia LZ I did one PAX (3 Pax) load with drop off at on ridge line then continued to Makaha Parking lot LZ and shut down at 0815. I lifted for second mission at 0845, with 2 (2PAX) Pax loads to ridge line. finished that mission at 0850. I continued to Pomoho Connex LZ for third mission. The third mission was (2 PAX) PAX load and one Sling load to USGS1 LZ. returned to Pomoho Connex and shut down for about 5 min. then did one more (2 PAX) PAX load to USGS1 and returned to Pomoho Connex. I shut down at Pomoho Connex again at 0935. I lifted for the fourth mission at 1000, one (2pax) Pax load, 2 sling loads, and one more (2pax) Pax load. I noted 200Lb. on the fuel gage and left for Waimano Water tank at 1045 which was a 5 min flight from my current location. I started the fifth mission at approximately 1050 which was taking 3 pax to Sacred Falls area to deploy 3 bird listening sensors in three different LZs all with in 3-5 mins of each other. I planned to return to Turtle Bay for fuel (a 5 minute flight) after the last device was deployed. Lifting from the last LZ I noted 100 lbs indicating on the fuel gage and began to head towards Turtle bay for fuel. I was at about 1,700 ft.MSL when i noted and engine out beeping and engine out light as well as re-ignition light on the caution warning panel. I entered an auto rotation and looked for the best option to land, it was steep mountainous terrain but was able to glide to what looked like a more level area.I made a may lay call and shot for the lowest and most uniformed area of trees and executed a full down auto. As we descended through the tree canopy the helicopter rolled to the right and we came to rest upside down. All Passengers were able to evacuate the helicopter on their own and I retrieved the fire extinguisher as a precaution. We all hiked up valley a 150 feet to an area we were able to get cell service and made the appropriate calls to inform K&S Helicopters and emergency response to inform them of the accident as well as the status of the passengers.		

RECOMMENDATION (How could this accident/incident have been prevented?)															
Operator/Owner Safety Recommendation Current on going investigation. Safety Risk Control measures will be produced post accident investigation results.															
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)															
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours												
FUEL & SERVICES INFORMATION															
Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> <u>64</u> _____ Gallons	Fuel Type <table style="width: 100%; border: none;"> <tr> <td>☐ 80/87</td> <td>☐ 115/145</td> <td>☐ Jet B</td> <td>☐ Other, specify _____</td> </tr> <tr> <td>☐ 100 Low Lead</td> <td>☒ Jet A</td> <td>☐ JP8</td> <td></td> </tr> <tr> <td>☐ 100/130</td> <td>☐ Jet A-1</td> <td>☐ Automotive</td> <td></td> </tr> </table>			☐ 80/87	☐ 115/145	☐ Jet B	☐ Other, specify _____	☐ 100 Low Lead	☒ Jet A	☐ JP8		☐ 100/130	☐ Jet A-1	☐ Automotive	
☐ 80/87	☐ 115/145	☐ Jet B	☐ Other, specify _____												
☐ 100 Low Lead	☒ Jet A	☐ JP8													
☐ 100/130	☐ Jet A-1	☐ Automotive													
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 Front Passengers exited out the left front door., both rear seat passengers exited from left side rear door.															
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> aircraft)															
Aircraft Registration Number <u>N/A</u>	Manufacturer: _____ Model: _____		Damage to Other Aircraft <table style="width: 100%; border: none;"> <tr> <td>☐ Destroyed</td> <td>☐ Minor</td> </tr> <tr> <td>☐ Substantial</td> <td>☐ None</td> </tr> </table>	☐ Destroyed	☐ Minor	☐ Substantial	☐ None								
☐ Destroyed	☐ Minor														
☐ Substantial	☐ 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.

Upon initial inspection of the recovered helicopter with the FAA investigator as well as going through the days events it seems apparent to me that fuel exhaustion was the cause of the engine flaming out and this accident. While it is hard for me to admit that, everything points to that being the case. I hope that someone can take away something from this incident. Although I knew better than to rely solely on the fuel gage, in some ways I did just that. I planned for enough fuel to complete the missions that morning prior to my initial departure but I didn't keep a running track of my actual flight time. With having several shut downs and a very diverse day of operations, I over estimated the time I was shut down and under estimated the time I was flying. When I departed from my last stop near Sacred Falls my fuel gage indicated 100lbs which would have been enough fuel to return to base with a 20 min plus reserve.

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

Date of this Report

04/19/2019

mm/dd/yyyy

Name of Pilot/Operator: Carson Klein/ K&S Helicopters

Signature: Carson Klein

-- 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.

WPR19 LA 111

Reviewed by NTSB Regional Office

WPR/Federal Way, WA

Name of Investigator

Tom Little

Date Report Received

5-1-2019