

# 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: Bracket Airfield - Lavern State: CA

ZIP: 91750 Country: USA

Latitude: 34.19092 Longitude: 117.92188

(Enter in decimal degrees or degrees:minutes:seconds)

### Accident/Incident Date/Time

Date: 02/23/2020 Local Time: 19:30

mm/dd/yyyy

Time Zone: Pacific

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

## AIRCRAFT INFORMATION

Registration Number: N386HQ

Manufacturer: Bell

Model: 205

Serial Number: \_\_\_\_\_

Year of Manufacture: \_\_\_\_\_

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

- ☐ IFR-Equipped and Certified  
☐ Commercial Space Flight  
☐ Unmanned Aircraft

Maximum Gross Weight: 10200 lbs

Weight at Time of Accident/Incident: 8000 lbs

Number of Seats: 11 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 9

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/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br><input type="checkbox"/> Horsepower or<br><input type="checkbox"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|-------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Honeywell           | T53 -A              |                              |                            |                                                                                                 |                       |                                      |                     |
| Eng. 2 |                     |                     |                              |                            |                                                                                                 |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                                                                                 |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                                                                                 |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 08/18/2020  
mm/dd/yyyy

Airframe Total Time: 22309.4 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: Bell engine compartment fire ext.

### Propeller 1

- ☐ Fixed Pitch  
☒ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: Bell

Model: 212 rotor

### Propeller 2

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Artex

Model or Part No.: P/N 8232

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: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: HeliQwest InternationalFractional Ownership Aircraft: ☐ Yes ☐ NoCity: BroomfieldState: COZIP: 80021Country: USA**Operator of Aircraft**☒ Same As Registered Owner☐ Same Address as Registered OwnerName: HeliQwest International

City: \_\_\_\_\_

Doing Business As: Fire Fighting Ops

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

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: Brackett AirportAirport Identifier: KPOCProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/ADistance From Airport Center: 9.1 smDirection From Airport: 300 degrees trueAirport Elevation: 1014 ft. msl**Runway Information**Runway ID: 26 R/L (L/R/C) Length: 4840 ft Width: 75 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 ☐ Final ☐ Aborted Landing (after touchdown)  
☐ Crosswind ☐ 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

### "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: Justice    City of Residence: San Diego  
 Middle Initial: S    State: CA    ZIP: 92101  
 Last Name: Giovingo    Country: \_\_\_\_\_  
 Age at time of Accident/Incident: 36    Date of Birth:      1983           mm/dd/yyyy  
 Certificate Number:                              

| <b>Degree of Injury</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                                                                                                                                                                                                            | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single           | <b>Restraint Type</b><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Lap only</td> <td><input type="checkbox"/> Lap only</td> </tr> <tr> <td><input type="checkbox"/> 3-point</td> <td><input type="checkbox"/> 3-point</td> </tr> <tr> <td><input checked="" type="checkbox"/> 4-point</td> <td><input type="checkbox"/> 4-point</td> </tr> <tr> <td><input type="checkbox"/> 5-point</td> <td><input type="checkbox"/> 5-point</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | Available                                                             | Used | <input type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> Lap only | <input type="checkbox"/> Lap only | <input type="checkbox"/> 3-point | <input type="checkbox"/> 3-point | <input checked="" type="checkbox"/> 4-point | <input type="checkbox"/> 4-point | <input type="checkbox"/> 5-point | <input type="checkbox"/> 5-point | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------|-------------------------------|-------------------------------|-----------------------------------|-----------------------------------|----------------------------------|----------------------------------|---------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Used                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |      |                               |                               |                                   |                                   |                                  |                                  |                                             |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> None                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |      |                               |                               |                                   |                                   |                                  |                                  |                                             |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <input type="checkbox"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Lap only                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |      |                               |                               |                                   |                                   |                                  |                                  |                                             |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <input type="checkbox"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> 3-point                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |      |                               |                               |                                   |                                   |                                  |                                  |                                             |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> 4-point                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |      |                               |                               |                                   |                                   |                                  |                                  |                                             |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <input type="checkbox"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> 5-point                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |      |                               |                               |                                   |                                   |                                  |                                  |                                             |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Unknown                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |      |                               |                               |                                   |                                   |                                  |                                  |                                             |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                                                                                                                                                                                                                               | <b>Medical Certificate Validity</b><br><input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> Unknown<br><input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A<br><input type="checkbox"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |      |                               |                               |                                   |                                   |                                  |                                  |                                             |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <b>Principal Occupation</b><br><input checked="" type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                       | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Date of Last Medical</b><br><u>04/30/2020</u><br><i>mm/dd/yyyy</i> |      |                               |                               |                                   |                                   |                                  |                                  |                                             |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |

### 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: Bell  
 Model: 205

|                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><div style="float: right;"> <input type="checkbox"/> Instrument Airplane<br/> <input type="checkbox"/> Instrument Helicopter<br/> <input type="checkbox"/> Helicopter<br/> <input type="checkbox"/> Glider<br/> <input type="checkbox"/> Sport                 </div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### 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                                                  | 3477         | 166.7             | 64                     | 0                    | 350   | 0          | 97        | 3413.9     | 0      | 0                |
| Pilot in Command (PIC)                                      | 3400         | 167               | 0                      | 0                    | 350   | 0          | 0         | 3310       | 0      | 0                |
| Time as Instructor                                          | 1976         | 0                 | 0                      | 0                    | 75    | 0          | 0         | 1976       | 0      | 0                |
| This Make/Model                                             |              |                   |                        |                      | 0     | 0          | 0         |            |        |                  |
| Last 90 Days                                                | 67.3         | 67                | 0                      | 0                    | 67    | 0          | 0         | 67         | 0      | 0                |
| Last 30 Days                                                | 34.6         | 35                | 0                      | 0                    | 0     | 0          | 0         | 35         | 0      | 0                |
| Last 24 Hours                                               | 3            | 3                 | 0                      | 0                    | 0     | 0          | 0         | 3          | 0      | 0                |

## "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: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

| <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                                                                                                                                                                                                            | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single           | <b>Restraint Type</b><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Lap only</td> <td><input type="checkbox"/> Lap only</td> </tr> <tr> <td><input type="checkbox"/> 3-point</td> <td><input type="checkbox"/> 3-point</td> </tr> <tr> <td><input type="checkbox"/> 4-point</td> <td><input type="checkbox"/> 4-point</td> </tr> <tr> <td><input type="checkbox"/> 5-point</td> <td><input type="checkbox"/> 5-point</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | Available                                                                                                                                                                                                                                                   | Used                                            | <input type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> Lap only | <input type="checkbox"/> Lap only | <input type="checkbox"/> 3-point | <input type="checkbox"/> 3-point | <input type="checkbox"/> 4-point | <input type="checkbox"/> 4-point | <input type="checkbox"/> 5-point | <input type="checkbox"/> 5-point | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------|-----------------------------------|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Used                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                             |                                                 |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> None                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                             |                                                 |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <input type="checkbox"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Lap only                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                             |                                                 |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <input type="checkbox"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> 3-point                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                             |                                                 |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <input type="checkbox"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> 4-point                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                             |                                                 |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <input type="checkbox"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> 5-point                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                             |                                                 |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Unknown                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                             |                                                 |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                             |                                                 |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <b>Principal Occupation</b><br><input type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                       | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> Unknown<br><input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A<br><input type="checkbox"/> Special Issuance | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |

### 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:** \_\_\_\_\_

|                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter<br><input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider<br><input type="checkbox"/> Powered Lift <input type="checkbox"/> 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                                               |              |                   |                        |                      |       |            |           |            |        |                  |

| <b>ADDITIONAL FLIGHT CREWMEMBERS</b> (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                |                                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Crew Name and Address</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                      |                                                                                                                                                                           | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Center <input type="checkbox"/> Rear<br><input type="checkbox"/> Right <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                   | <b>Injury</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown                                     |                                                                                                                                                                            |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None    <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial    <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Flight Engineer           </div> </div> |  |  |                                                                                                                                                      |                                                                                                                                                                           | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Lap Only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Lap Only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown           </div> </div> |                                                                                                                                                                                                                                   | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                            |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                            |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                |                                                                                                                                                                            |  |
| <b>Crew Name and Address</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                      |                                                                                                                                                                           | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Center <input type="checkbox"/> Rear<br><input type="checkbox"/> Right <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                   | <b>Injury</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown                                     |                                                                                                                                                                            |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None    <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial    <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Flight Engineer           </div> </div> |  |  |                                                                                                                                                      |                                                                                                                                                                           | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Lap Only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Lap Only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown           </div> </div> |                                                                                                                                                                                                                                   | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                            |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                            |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                |                                                                                                                                                                            |  |
| <b>PASSENGER(S) / OTHER PERSONNEL</b> (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                |                                                                                                                                                                            |  |
| Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  | Seat                                                                                                                                                 | Injury                                                                                                                                                                    | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   | Inflatable Restraints                                                                                                                                                                                                          | Age                                                                                                                                                                        |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Crew    <input type="checkbox"/> Passenger    <input type="checkbox"/> Other           </div>                                                                                                                                                                                                                                                                                               |  |  | <input type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: _____ | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Crew    <input type="checkbox"/> Passenger    <input type="checkbox"/> Other           </div>                                                                                                                                                                                                                                                                                               |  |  | <input type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: _____ | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Crew    <input type="checkbox"/> Passenger    <input type="checkbox"/> Other           </div>                                                                                                                                                                                                                                                                                               |  |  | <input type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: _____ | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Crew    <input type="checkbox"/> Passenger    <input type="checkbox"/> Other           </div>                                                                                                                                                                                                                                                                                               |  |  | <input type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: _____ | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |  |

## FLIGHT ITINERARY INFORMATION

### Last Departure Point

Airport ID: KPMO

City: Laverne

State: CA

Country: USA

### Time of Departure

Time: 18:00

Time Zone: PST

### Destination

Airport ID: N/A

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

### 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 G ☐ 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:

2867 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 (DUATS) ☐ Unknown  
☐ On-Board Weather

### Weather Observation Facility

Facility ID: KPMO

Observation Time: 18:00

Time Zone: Pacific Standard

Distance from Accident Site: 9.1 nm

Direction from Accident Site: 300 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

\_\_\_\_\_ ft agl

### Ceiling

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

### Ceiling Height

\_\_\_\_\_ ft agl

Temperature: 30 (C) or \_\_\_\_\_ (F)

Dew Point: \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

Altimeter Setting: 29.90 in. Hg  
 or \_\_\_\_\_ MB

### Wind Direction

☒ Variable

-or-  
 Direction: \_\_\_\_\_ degrees true

### Wind Speed

☒ Calm  
☐ Light and Variable

-or-  
 Speed: \_\_\_\_\_ 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)  
☒ None ☐ Severity  
☐ Clear Air ☐ Light  
☐ Terrain-Induced ☐ Moderate  
☐ Convective Turbulence ☐ Severe  
☐ Extreme

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      ☐ 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** *(Use additional sheet if necessary)*

Tail Rotor damage

**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.

On Sunday August 23rd, 19:30, at Brackett airport in Laverne, CA. Damage was found on tail rotor blades.

During flight 386HQ was conducting cargo and crew shuttle operations on the Ranch 2 fire. Helispots throughout the day had been continuously provided with dust abatement due to conditions.

A high and low recon of helispot 5 was conducted and the approach was continued to the landing site (H5). Helispot had significant dust and small sage type vegetative debris in the air from rotor wash and a go-around was performed.

During post flight inspection, damage from possible debris from attempted landing was been discovered.

Maintenance team and Chief Pilot were notified and they have started the corrective actions.

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

Operator/Owner Safety Recommendation

**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.)

Total Time/Cycles  
On Part

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

Time Since This Part  
Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

220 Gallons

Fuel Type

☐ 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

**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

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.

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

**Date of this Report**

08/24/2020

*mm/dd/yyyy*

**Name of Pilot/Operator:** Justice S. Giovingo

**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.**

WPR20CA284

**Reviewed by NTSB Regional Office**

Western Pacific Region

**Name of Investigator**

Scott Epler

**Date Report Received**

09/03/2020