

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: Spanish Fork State: Utah
 ZIP: 84660 Country: USA
 Latitude: N 40 10' 24" Longitude: W 111 38' 7"
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 11/12/2019 Local Time: 2008
mm/dd/yyyy Time Zone: MST

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

AIRCRAFT INFORMATION

Registration Number: N271HC

Manufacturer: AgustaWestland

Model: A109SP

Serial Number: 22250

Year of Manufacture: 2011

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 7000 lbs

Weight at Time of Accident/Incident: 6080 lbs

Number of Seats: 5 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: 3

Number of Engines: 2

Category of Aircraft

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

Type of Airworthiness Certificate

(Check all that apply)

Standard

☒ Normal

☐ Aerobatic

☐ Balloon

☐ Commuter

☐ Transport

☐ Utility

Special

☐ Restricted

☐ Limited

☐ Provisional

☐ Special Flight

☐ Experimental

☐ Special Light-Sport

☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)

☒ None

☐ Unknown

Landing Gear

(Check all that apply)

☒ Retractable

☐ Tricycle

☐ Amphibian

☐ Emergency Float

☐ Float

☐ Hull

☐ Other Launch/Recovery System

☐ None

☐ Tailwheel

☐ High Skid

☐ Skid

☐ Ski

☐ Ski/Wheel

☐ Unknown

Engine Type (Select one)

☐ Reciprocating

☒ Turbo Shaft

☐ Turbo Prop

☐ Turbo Jet

☐ Turbo Fan

☐ Electric

☐ Liquid Rocket

☐ Solid Rocket

☐ Hybrid Rocket

☐ None

☐ Unknown

Fuel System Type (Reciprocating)

☐ Carburetor

☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power ☐ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Pratt & Whitney	PW 207	PCE BH 0571			3653		
Eng. 2			PCE BH 0563			3589		
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 10/25/2019

mm/dd/yyyy

Airframe Total Time: 3745.1 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: Engine bottles

Propeller 1

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: _____

Model: _____

Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ARTEX

Model or Part No.: 455-5049-366

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: IHC Health Services, IncCity: Salt Lake CityState: UtahZIP: 84116Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

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: _____

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

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

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

- ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

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

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

Approach/Departure Segment (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around
☐ Initial Climb ☐ 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: Daniel City of Residence: Cottonwood Heights
Middle Initial: R State: Utah ZIP: 84121
Last Name: Lindberg Country: USA
Age at time of Accident/Incident: 72 Date of Birth: mm/dd/yyyy
Certificate Number:

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☐ Left ☐ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single	Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☒ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	Date of Last Medical <u>06/13/2019</u> mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Issuance

N/A

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

08/30/2019
mm/dd/yyyy

Flight Review Aircraft

Make: AgustaWestland
Model: A109SP

Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☒ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☒ Helicopter ☐ Powered Lift	Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☒ Helicopter ☐ Powered Lift	Instructor Rating(s) (Check all that apply) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	11,173	985	77	54	1,982	84	309	10,932	1	
Pilot in Command (PIC)	10,443	985								
Time as Instructor										
This Make/Model										
Last 90 Days	41	41	0	0	16	0	2	41	0	
Last 30 Days	33	33	0	0	7	0	1	33	0	
Last 24 Hours	0	0	0	0	0	0	0	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: _____

Degree of Injury

☐ None
 ☐ Fatal
☐ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

☐ Left
 ☐ Front
 ☐ Unknown
☐ Right
 ☐ Rear
☐ Center
 ☐ Single

Restraint Type

Available	Used
☐ None	☐ None
☐ Lap only	☐ Lap only
☐ 3-point	☐ 3-point
☐ 4-point	☐ 4-point
☐ 5-point	☐ 5-point
☐ Unknown	☐ Unknown

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Flight Instructor
 ☐ Commercial
 ☐ US Military
☐ Private
 ☐ Recreational
 ☐ Airline Transport
 ☐ Foreign
☐ Student
 ☐ Sport
 ☐ Flight Engineer

Principal Occupation

☐ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None
 ☐ Class 3
☐ Class 1
 ☐ Driver's License (Sport Pilot only)
☐ Class 2
 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
 ☐ Unknown
☐ With limitations/waivers
 ☐ N/A
☐ Special Issuance

Date of Last Medical

_____ mm/dd/yyyy

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: _____

Airplane Rating(s) (Check all that apply)

☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☐ None
 ☐ Instrument Airplane
☐ Airplane Single-Engine
 ☐ Instrument Helicopter
☐ Airplane Multi-Engine
 ☐ Helicopter
☐ Gyroplane
 ☐ Glider
☐ Powered Lift
 ☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address	Seat Occupied	Injury														
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown														
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer	Restraint Type: <table style="width:100%;"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap Only</td> <td>☐ Lap Only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap Only	☐ Lap Only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used															
☐ None	☐ None															
☐ Lap Only	☐ Lap Only															
☐ 3-point	☐ 3-point															
☐ 4-point	☐ 4-point															
☐ 5-point	☐ 5-point															
☐ Unknown	☐ Unknown															
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs															

Crew Name and Address	Seat Occupied	Injury														
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown														
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer	Restraint Type: <table style="width:100%;"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap Only</td> <td>☐ Lap Only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap Only	☐ Lap Only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used															
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☐ 3-point	☐ 3-point															
☐ 4-point	☐ 4-point															
☐ 5-point	☐ 5-point															
☐ Unknown	☐ Unknown															
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs															

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age														
First Name: <u>Mark</u> City: <u>Layton</u> Middle Initial: <u>L</u> State: <u>Utah</u> ZIP: <u>84040</u> Last Name: <u>Guntv</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other	☒ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	<table style="width:100%;"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap Only</td> <td>☐ Lap Only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☒ 4-point</td> <td>☒ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap Only	☐ Lap Only	☐ 3-point	☐ 3-point	☒ 4-point	☒ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Available	Used																		
☐ None	☐ None																		
☐ Lap Only	☐ Lap Only																		
☐ 3-point	☐ 3-point																		
☒ 4-point	☒ 4-point																		
☐ 5-point	☐ 5-point																		
☐ Unknown	☐ Unknown																		
First Name: <u>Ian</u> City: <u>Kaysville</u> Middle Initial: _____ State: <u>Utah</u> ZIP: <u>84037</u> Last Name: <u>Hess</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☒ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	<table style="width:100%;"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap Only</td> <td>☐ Lap Only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☒ 4-point</td> <td>☒ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap Only	☐ Lap Only	☐ 3-point	☐ 3-point	☒ 4-point	☒ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
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☒ 4-point	☒ 4-point																		
☐ 5-point	☐ 5-point																		
☐ Unknown	☐ Unknown																		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	<table style="width:100%;"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap Only</td> <td>☐ Lap Only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap Only	☐ Lap Only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
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☐ 5-point	☐ 5-point																		
☐ Unknown	☐ Unknown																		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	<table style="width:100%;"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap Only</td> <td>☐ Lap Only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap Only	☐ Lap Only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Available	Used																		
☐ None	☐ None																		
☐ Lap Only	☐ Lap Only																		
☐ 3-point	☐ 3-point																		
☐ 4-point	☐ 4-point																		
☐ 5-point	☐ 5-point																		
☐ Unknown	☐ Unknown																		

Last Departure Point Airport ID: <u>UT11</u> City: <u>Murray</u> State: <u>Utah</u> Country: <u>USA</u>	Time of Departure Time: <u>1952</u> Time Zone: <u>MST</u>	Destination Airport ID: <u>None - off airport</u> City: <u>None - out of the city limits</u> State: <u>Utah</u> Country: <u>USA</u>	Type Flight Plan Filed ☐ None ☐ VFR/IFR ☒ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☒ Yes ☐ No ☐ Unknown
--	--	--	--

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

☐ Class A	☐ Class G	☐ Military Operations Area (MOA)	☐ Special	Altitude of In-Flight Occurrence: <u>7507</u> ft msl
☐ 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		

Source of Pilot Weather Information <i>(Check all that apply)</i>	Weather Observation Facility
☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	Facility ID: <u>KPVU</u> Observation Time: <u>2000</u> Time Zone: <u>MST</u> Distance from Accident Site: <u>7</u> nm Direction from Accident Site: <u>340</u> degrees true
☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown	

☒ VMC ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☐ IMC ☐ Day ☒ Night ☐ Bright Night
☐ Unknown

☐ Clear ☐ Thin Broken ☐ None (Clear) ☐ Obscured
☐ Few ☐ Thin Overcast ☐ Broken ☐ Indefinite
☐ Partial Obscuration ☐ Unknown ☐ Overcast ☐ Unknown
☐ Scattered

Lowest Cloud Condition Height _____ ft agl **Ceiling Height** _____ ft agl

Temperature: _____ (C) or _____ (F)
Dew Point: _____ (C) or _____ (F)
Altimeter Setting: _____ in. Hg
 or _____ MB

☐ Variable ☐ Calm ☐ Not Gusting 20 miles
☒ Light and Variable ☒ RVR: _____ feet
-OR- -OR- -OR- RVV: _____ miles
Direction: _____ degrees true Speed: _____ kts Speed: _____ kts Density Altitude: _____ ft

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

☒ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers

☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals

☐ Freezing Rain
☐ Snow Shower
☐ Ice Pellets Shower
☐ Freezing Drizzle

☒ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray

☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke

Amount	Type	Amount	Type	Type (Check all that apply)	Severity
☒ None	☐ N/A	☒ None	☐ N/A	☒ None	☐ Light
☐ Trace	☐ Rime	☐ Trace	☐ Rime	☐ Clear Air	☐ Moderate
☐ Light	☐ Clear	☐ Light	☐ Clear	☐ Terrain-Induced	☐ Severe
☐ Moderate	☐ Mixed	☐ Moderate	☐ Mixed	☐ Convective Turbulence	☐ Extreme
☐ Severe	☐ Unknown	☐ Severe	☐ Unknown		
☐ Unknown		☐ Unknown			

None

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☒ Substantial
☐ Minor ☐ Destroyed
 ☐ Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

Tail rotor impacted tail boom. Scuff marks on the tips of the rotor blades where the blades contacted the tail boom. Tail boom dented and paint scraped off where the tail rotor impacted the tail boom.

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

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

Departed aircraft home base, UT11, Intermountain Medical Center, Murray, Utah, at 1952 MST, en route to a motor vehicle accident (MVA) on US highway 6 vicinity I-89, also known as the thistle turnoff. Approximately, five minutes prior to landing, as we were entering the mouth of Spanish Fork Canyon, the flight nurse, sitting in the left front seat was attempting to contact persons on the ground responsible for the helicopter landing site. The nurse, attempting to step on the press-to-talk floor mic, inadvertently stepped on the left pedal. This caused a sudden yaw to the left. The flight recorder shows that I was using the auto pilot at the time. The recorder also showed that the yaw was about 11 degrees to the left. In the aircraft, it seemed much more severe and violent. I immediately grabbed the controls and established straight and level flight and continued to our original destination. The flight nurse eventually established contact with the ground personnel responsible for the landing area. We (myself and the medical crew members) conducted a walk-around prior to departing the scene and did not notice any damage. On a subsequent flight, I arrived back at the aircraft home base (UT11) during daylight hours, the on-coming pilot discovered the damage to the tail boom as he approached the aircraft. The aircraft was taken out of service and the appropriate personnel were contacted.

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

Operator/Owner Safety Recommendation

1. Remove active pedals from the aircraft. Intermountain Life Flight removed the active pedals from all helicopters prior to the end of the day.
2. Install a pedal lock-out kit on installed pedals. Intermountain Life Flight has installed one set of pedal lock-outs on aircraft N281HC. The company has ordered additional lock-out kits for the remainder of their helicopters.
3. Until further notice, no passenger will ride in the left front seat with active dual controls.

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.)

Not sure until the investigation is complete.

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)

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

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

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**

11/25/2019

mm/dd/yyyy

Name of Pilot/Operator: Kent Johnson, Director of Operations

Digitally signed by John K Johnson

Signature: Date: 2019.11.25 12:37:00 -07'00'- 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.
WPR20LA029Reviewed by NTSB Regional Office
WPR - Federal WayName of Investigator
S. SteinDate Report Received
November 25, 2019