

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Whittier State: AK
 ZIP: 99693 Country: USA
 Latitude: 60:46.63N (00:00:00 N/S) Longitude: 148:43.29W (000:00:00 E/W)

Date/Time

Date: 12/03/2007 Local Time: 1730
mm/dd/yyyy
 Time Zone: AK Std

Phase of Operation

Standing Takeoff (incl. initial climb) Cruise Hover
 Taxi Climb Maneuvering Other
 Descent Landing Approach Unknown

Collision with Other Aircraft

Midair
 On-ground
 None

Altitude of In-Flight Occurrence

_____ ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ NM
 Direction from Accident Site: _____ degrees MAG

Source of Weather Information
(Check all that apply)

National Weather Service Company
 Flight Service Station Military
 TV/Radio Internet
 Automated Report Unknown
 Commercial Weather Service (DUATS)

Method of Briefing
(Check all that apply)

In Person
 Teletype
 Telephone/Computer
 Aircraft Radio
 TV/Radio
 Unknown

Briefing Type/Completeness

Full Abbreviated
 Partial / Limited By Pilot Unknown
 Partial / Limited By Briefer Not Pertinent

Light Condition

Dawn Dusk Dark Night
 Day Night Bright Night
 Not Reported

Visibility

_____ miles

Sky/Lowest Cloud Condition

Clear Thin Broken
 Few Thin Overcast
 Partial Obscuration Unknown
 Scattered

Ceiling

None (clear) Obscured
 Broken Indefinite
 Overcast Unknown

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

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

Indicated: _____ degrees MAG
 Variable

Wind Speed

Velocity: _____ KTS
 -or-
 Calm
 Light and Variable

Wind Gusts

Velocity: _____ KTS
 Gusting
 Not Gusting

Type of Turbulence (Check all that apply)

None In Clouds
 Clear Air Vicinity of Thunderstorm

Severity of Turbulence

Extreme Moderate Light
 Severe Moderate Chop

NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident

Temperature: _____ (C)
 or _____ (F)

Altimeter Setting: _____ in. HG
 or _____ MB

Density Altitude: _____ ft

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

Icing Forecast

Amount
 None Moderate
 Trace Severe
 Light

Type
 Rime
 Clear
 Mixed

Icing Actual

Amount
 None Moderate
 Trace Severe
 Light

Type
 Rime
 Clear
 Mixed

Type of Precipitation (Check all that apply)

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

Intensity of Precipitation

Light Moderate Heavy

AIRCRAFT INFORMATION

Manufacturer: Eurocopter
Model: MBB-BK-117-C-1
Serial Number: 7503
Registration Number: N141LG **Amateur-built:** Yes No
Max Gross Weight: 7,385 lbs
Weight at Time of Accident: _____ lbs
Location of Center of Gravity at Time of Accident:
 -or- _____ inches from nose or datum
 N/A Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft <input type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width:100%;"> <tr> <td style="width:50%;">Standard</td> <td style="width:50%;">Special</td> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Acrobatic</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Light Sport</td> </tr> </table>	Standard	Special	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Utility	<input type="checkbox"/> Limited	<input type="checkbox"/> Acrobatic	<input type="checkbox"/> Provisional	<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> Experimental		<input type="checkbox"/> Special Flight		<input type="checkbox"/> Light Sport	Number of Seats: 6 If Large Aircraft, how many seats for: Flight Crew: 2 Cabin Crew: 2 Passengers: 2	Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input checked="" type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
Standard	Special																
<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted																
<input type="checkbox"/> Utility	<input type="checkbox"/> Limited																
<input type="checkbox"/> Acrobatic	<input type="checkbox"/> Provisional																
<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> Experimental																
	<input type="checkbox"/> Special Flight																
	<input type="checkbox"/> Light Sport																

Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input checked="" type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input checked="" type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: 11/19/2007 <i>mm/dd/yyyy</i> Airframe Total Time: 11,021 hrs hours measured at <i>(check one)</i> <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident
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IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify Standard Installation-Engine compartment only
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ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELT Manufacturer: Artex Model/Series: ELT 910 Serial Number: N/A Battery Type: N/A Battery Exp. Date: 11/2008
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Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Turbomeca	Arriel 1E2	18011	09/21/1994	708	7,501		
Eng. 2	Turbomeca	Arriel 1E2	18014	05/31/1994	708	7,995		
Eng. 3	NOTE: MODULAR ENGINE-TSO'S V	VARY BETWEEN MODULES-	S/N'S AND TT ASSIGNED TO	ENGINE	ASSY. PLACARD			
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: EVERGREEN EQUITY, INC. Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: McMinnville State: OR ZIP: 097140 Country: _____
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Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: Evergreen Helicopters of Alaska Doing Business As: Evergreen Helicopters of Alaska Air Carrier/Operator Designator (4 Character Code): _____	Operator Address <input type="checkbox"/> Same As Registered Owner City: Anchorage State: AK ZIP: 99501 Country: USA
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Regulation Flight Conducted Under <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input checked="" type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <ul style="list-style-type: none"> <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown 	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <ul style="list-style-type: none"> <input type="checkbox"/> Scheduled or Commuter <input checked="" type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International	Type of Commercial Operating Certificate Held (Select all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input checked="" type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127)
Cargo Operation <ul style="list-style-type: none"> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail 		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Rotorcraft External Load (133) - or - <input checked="" type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft

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

Aircraft Registration Number: _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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Registered Owner of Other Aircraft

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Pilot of Other Aircraft

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

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

Airport Identifier: _____ Distance From Airport Center: _____ SM
Airport Name: _____ Direction From Airport: _____ degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: _____ ft. MSL

Approach Segment (Select one)

On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling 	VFR Approach (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown
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Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft	Condition of Runway/Landing Surface (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation
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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: PACV City: Cordova State: AK Country: USA	Time of Departure Time: 1640 Time Zone: AK Std	Destination Airport ID: AK38 City: Anchorage State: AK Country: USA	Type Flight Plan Filed <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input checked="" type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 occurred (Check all that apply)

<input type="checkbox"/> Class A	<input type="checkbox"/> Class E	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area		

Aircraft Load Description (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists	<input type="checkbox"/> Livestock
<input checked="" type="checkbox"/> Passengers	<input type="checkbox"/> Towing Banner	<input type="checkbox"/> Water	<input type="checkbox"/> Unknown
<input type="checkbox"/> Cargo	<input type="checkbox"/> Other External	<input type="checkbox"/> Chemical/Fertilizer/Seeds	

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type
_____ Gallons	<input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> 100 Low Lead <input checked="" type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5

Other Services, if Any, Prior to Departure
 AIRCRAFT TOOK ON 106 GALS OF JET A FUEL AT CORDOVA, OTHER SERVICES UNKNOWN

MECHANICAL MALFUNCTION/FAILURE (if more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)	Total Time/Cycles On Part _____ Hours _____ Cycles
	Time Since This Part Inspected/Overhauled _____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

Note: Airframe has not been recovered. It is likely that the airframe is submerged in Passage Canal near Whittier.

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

Unknown

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "B" Identification

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Age at time of Accident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pilot Certificate(s) (Check all that apply)
 None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical _____ <small>mm/dd/yyyy</small>
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Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <small>mm/dd/yyyy</small>	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings	Student Endorsements (Include dates)
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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 CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

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

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

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

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Injury	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Cameron</u> City: <u>Kenai</u> Middle Initial: _____ State: <u>AK</u> ZIP: <u>99611</u> Last Name: <u>Carter</u> Country: <u>USA</u>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
First Name: <u>John</u> City: <u>Sterling</u> Middle Initial: _____ State: <u>AK</u> ZIP: <u>99672</u> Last Name: <u>Stmpff</u> Country: _____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
First Name: <u>Gay</u> City: <u>Cordova</u> Middle Initial: _____ State: <u>AK</u> ZIP: <u>99574</u> Last Name: <u>McDowell</u> Country: <u>USA</u>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

Helicopter N141LG, a BK-117, departed the Central Peninsula Hospital helipad, in Soldatna, AK to Kenai airport for the fuel required to make a VFR flight to Cordova. The mission was an inter-hospital patient transfer from Cordova Hospital to Providence Alaska Medical Center, in Anchorage, AK.

After taking on 106 gals. of Jet A fuel at the Cordova city airport, the helicopter repositioned to the Cordova Hospital helipad to pickup the patient and med crew. The pilot notified the Lifeguard flight following that they were departing Cordova for Anchorage at appx. 1640 Alaska Standard Time with an ETE of 1:30 enroute to Anchorage. Subsequent position reports (GPS coordinates appx. every 10 minutes by sat phone) showed an arcing route along the North Gulf Coast.

The last position report was about 25 miles east of Whittier, AK. That position report estimated 27 minutes into Anchorage and indicated no problems or concerns by the pilot.

A communications check was initiated after the first missed position report and when the subsequent position report was missed, the overdue aircraft plan was initiated.

Small portions of identifiable debris have been found along the shoreline of Passage Canal near Whittier, however no large portions of the airframe have been located.

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

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 1-23-2008 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____
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Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: William S. Woollen Jr. Title: V.P. of Operations

FOR NTSB USE ONLY

NTSB Accident/Incident No. A7NLC08FA025	Reviewed by NTSB Regional Office ANL10R0102	Name of Investigator LW13	Date Report Received 1-30-08
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