

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: <u>BURDUEY</u> State: <u>IN</u> ZIP: _____ Country: <u>USA</u> Latitude: <u>N391948</u> (dd:mm:ss N/S) Longitude: <u>W858753</u> (ddd:mm:ss E/W)		Date/Time Date: <u>08/31/2008</u> Local Time: <u>12:17</u> <small>mm/dd/yyyy</small> Time Zone: <u>CDT</u>	
Phase of Operation <input type="checkbox"/> Standing <input checked="" type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input checked="" type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	Altitude of In-Flight Occurrence <u>1200</u> ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Bell Helicopter</u> Model: <u>206 L-1</u> Serial Number: <u>45230</u> Registration Number: <u>N37AE</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Max Gross Weight: <u>4150</u> lbs Weight at Time of Accident/Incident: <u>3940</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>unk</u> inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ 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 (Check all that apply) Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>5</u> If Large Aircraft, how many seats for: Flight Crew: <u>1</u> Cabin Crew: <u>3</u> Passengers: <u>1</u>	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

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: <u>08/21/2008</u> <small>mm/dd/yyyy</small> Airframe Total Time: <u>26251.1</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident	
IFR Equipped <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> None <input type="checkbox"/> Specify: _____	
ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <u>unk</u>		ELT Manufacturer: <u>ACK</u> Model/Series: <u>unk</u> Serial Number: <u>unk</u> Battery Type: <u>unk</u> Battery Exp. Date: <u>unk</u>			

Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input checked="" 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	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Engine Rated Power Measured as (check one) <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	<u>Rolls Royce</u>	<u>250-C30P</u>	<u>CAE8954070</u>	<u>06/30/99</u>	<u>600</u>	<u>11553.8</u>	<u>7</u>	<u>756</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>Air Evac EMS, Inc.</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>West Plains</u> State: <u>MO</u> ZIP: <u>65775</u> Country: <u>USA</u>
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under <input checked="" 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Business <input checked="" 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) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <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) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input 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 <u>N/A</u>	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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: _____		

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
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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)

AIRPORT INFORMATION (if the accident/incident occurred on approach, takeoff or within 8 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)
[] None [] PAR [] MLS [] Practice [] Stop and Go
[] ADF/NDB [] Sideslep [] LDA [] GPS [] Touch and Go
[] SDF [] ILS [] ASR [] Loran [] Simulated Forced Landing
[] VOR/TVOR [] Localizer Only [] Visual [] Unknown [] Forced Landing
[] VOR/DME [] LOC-back course [] Contact [] Go Around [] Precautionary Landing
[] TACAN [] RNAV [] Circling [] Full Stop [] Unknown

Runway Information
Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft
Runway/Landing Surface (Check all that apply)
[] Asphalt [] Grass/Turf [] Macadam [] Water
[] Concrete [] Gravel [] Metal/Wood [] Unknown
[] Dirt [] Ice [] Snow
Condition of Runway/Landing Surface (Check all that apply)
[] Dry [] Snow-Compacted [] Water-Calm
[] Holes [] Snow-Crusted [] Water-Choppy
[] Ice Covered [] Snow-Dry [] Water-Glassy
[] Rough [] Snow-Wet [] Wet
[] Rubber Deposits [] Soft [] Unknown
[] Slush Covered [] Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: N/A
City: Burney
State: Indiana
Country: USA
Time of Departure
Time: 12:16
Time Zone: CDT
Destination
Airport ID: N/A
City: Rushville
State: Indiana
Country: USA
Type Flight Plan Filed
[] None [] VFR/IFR
[X] Company VFR [] IFR
[] Military VFR [] Unknown
[] VFR
Activated? [] Yes [] No

Type of ATC Clearance/Service (Check all that apply)
[X] None [] Special VFR [] Special IFR [] VFR Flight Following [] Cruise
[] VFR [] IFR [] VFR On Top [] Traffic Advisory [] Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)
[] Class A [] Class E [] Prohibited Area [] Jet Training Area [] Special
[] Class B [] Class G [] Restricted Area [] TRSA [] Air Traffic Control Area
[] Class C [] Demo Area [] Military Operations Area (MOA) [] FAR 93 [] Unknown
[] Class D [] Warning Area [] Airport Advisory Area

Aircraft Load Description (Check all that apply)
[] None [] Towing Glider [] Parachutists [] Livestock
[X] Passengers [] Towing Banner [] Water [] Unknown
[] Cargo [] Other External [] Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary)
58 Gallons
Fuel Type
[] 80/87 [] 115/145 [] JP3 [] Other, specify _____
[] 100 Low Lead [] Jet A [] JP4
[] 100/130 [] Automotive [] JP5

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>KBAK</u> Observation Time: <u>1750Z</u> Time Zone: <u>CDT</u> Distance from Accident Site: <u>25</u> NM Direction from Accident Site: <u>210</u> degrees MAG	Source of Weather Information <i>(Check all that apply)</i> <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown	Method of Briefing <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
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Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility <u>10</u> miles
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Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	Restriction to Visibility <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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Lowest Cloud Condition Height _____ ft AGL	Ceiling Height _____ ft AGL	Wind Direction <input checked="" type="checkbox"/> Indicated: <u>080</u> degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: <u>10</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	Type of Turbulence <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light
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NOTAMS (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident

None

Temperature: <u>30</u> (C) or _____ (F) Altimeter Setting: <u>30.16</u> in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	Icing Forecast Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Type of Precipitation <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle
	Icing Actual Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

PILOT "A" INFORMATION

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

Pilot "A" Identification
 First Name: Roger City: Otsego
 Middle Initial: B State: MI ZIP: 49078
 Last Name: WARREN Country: USA
 Age at time of Accident/Incident: 44 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

Degree of Injury Seat Occupied Seat Belt Shoulder Harness
 None Fatal Left Front Unknown Used Yes No Used Yes No
 Minor Unknown Right Rear Available Yes No Available Yes No
 Serious Center Single

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 Medical Certificate Medical Certificate Validity Date of Last Medical
 Pilot None Class 3 Without limitations/waivers 04/22/2008
 Other Class 1 Driver's License (Sport Pilot only) With limitations/waivers mm/dd/yyyy
 Unknown Class 2 Unknown Unknown

Medical Certificate Limitations
None

Medical Certificate Waivers
None

Date of Last Flight Review or Equivalent, including FAR 121/135 Checks: 04/10/2008 Flight Review Aircraft
 Make: Bell Helicopter
 Model: BH 206 L-1

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

Type Ratings Student Endorsements (include dates)
None None

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	5493.1	1915.1	290	0	513.7	18	6	5203.1	0	0
Pilot in Command (PIC)	5470	1915.1	270	0	513.7	18	6	5183	0	0
Time as Instructor	-	-	-	-	-	-	-	-	-	-
This Make/Model										
Last 90 Days	37.5	37.5	-	-	6.8	-	1.0	37.5	-	-
Last 30 Days	9.3	9.3	-	-	2.7	-	-	9.3	-	-
Last 24 Hours	1.0	1.0	-	-	-	-	-	1.0	-	-

ADDITIONAL FLIGHT CREW MEMBERS (Exclusively of cabin attendants, complete the following information)																		
Pilot Name and Address							Degree of Injury											
First Name: _____			City: _____				<input type="checkbox"/> None	<input type="checkbox"/> Fatal	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown								
Middle Initial: _____		State: _____ ZIP: _____																
Last Name: _____			Country: _____															
Pilot Certificate(s) (Check all that apply)							Seat Occupied											
<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"/> Left	<input type="checkbox"/> Front	<input type="checkbox"/> Right	<input type="checkbox"/> Rear								
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military		<input type="checkbox"/> Center					<input type="checkbox"/> Single	<input type="checkbox"/> Unknown						
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: _____				<input type="checkbox"/> None	<input type="checkbox"/> Fatal	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown								
Middle Initial: _____		State: _____ ZIP: _____																
Last Name: _____			Country: _____															
Pilot Certificate(s) (Check all that apply)							Seat Occupied											
<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"/> Left	<input type="checkbox"/> Front	<input type="checkbox"/> Right	<input type="checkbox"/> Rear								
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military		<input type="checkbox"/> Center					<input type="checkbox"/> Single	<input type="checkbox"/> Unknown						
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: _____				<input type="checkbox"/> None	<input type="checkbox"/> Fatal	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown								
Middle Initial: _____		State: _____ ZIP: _____																
Last Name: _____			Country: _____															
Pilot Certificate(s) (Check all that apply)							Seat Occupied											
<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"/> Left	<input type="checkbox"/> Front	<input type="checkbox"/> Right	<input type="checkbox"/> Rear								
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military		<input type="checkbox"/> Center					<input type="checkbox"/> Single	<input type="checkbox"/> Unknown						
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	Serious Injury	Minor Injury	No Injury	Unknown		
First Name: <u>Sandra</u>			City: <u>[Redacted] Avon</u>			LR		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Middle Initial: <u>P</u>		State: <u>IN</u> ZIP: <u>46123</u>																
Last Name: <u>Pearson</u>			Country: <u>USA</u>															
First Name: <u>Wade</u>			City: <u>[Redacted] Cambridge City</u>			RR		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Middle Initial: <u>B</u>		State: <u>IN</u> ZIP: <u>47527</u>																
Last Name: <u>Weston</u>			Country: <u>USA</u>															
First Name: _____			City: _____					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Middle Initial: _____		State: _____ ZIP: _____																
Last Name: _____			Country: _____															
First Name: _____			City: _____					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Middle Initial: _____		State: _____ ZIP: _____																
Last Name: _____			Country: _____															
First Name: _____			City: _____					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Middle Initial: _____		State: _____ ZIP: _____																
Last Name: _____			Country: _____															
First Name: _____			City: _____					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Middle Initial: _____		State: _____ ZIP: _____																
Last Name: _____			Country: _____															

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

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

Aircraft departed off-airport landing area where a public relations event occurred. Upon take-off and climb to cruise altitude aircraft descended into a cornfield and crashed for unknown reasons at this time.

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

Operator/Owner Safety Recommendation

Unknown at this time.

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	Signature and Name of Pilot/Operator
08/31/2008 <small>mm/dd/yyyy</small>	Signature:  Type or Print Name: <u>STUART BUCKINGHAM</u>
Signature and Name of Person Filing Report if Other than Pilot/Operator	
Signature: 	
Type or Print Name: <u>STUART BUCKINGHAM</u>	
Title: <u>Director of Operations - Air Force EMS, Inc.</u>	

FOR NTSB USE ONLY

NTSB Accident/Incident No. <u>CHI08FA269</u>	Reviewed by NTSB Regional Office <u>West Chicago, IL</u>	Name of Investigator <u>T. SORENSEN</u>	Date Report Received <u>9/2/2008</u>
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