

**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**

<b>Accident/Incident Location</b> Nearest City/Place: <u>South Padre Island</u> State: <u>TX</u> ZIP: <u>78597</u> Country: <u>USA</u> Latitude: <u>26.083</u> (00:00:00 N/S) Longitude: <u>97.12.3</u> (000:00:00 E/W)		<b>Date/Time</b> Date: <u>02/05/2008</u> Local Time: <u>2054</u> <i>mm/dd/yyyy</i> Time Zone: <u>CST</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input checked="" type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b>  ft MSL

**WEATHER INFORMATION AT THE ACCIDENT SITE**

<b>Weather Observation Facility</b> Facility ID: <u>PIL</u> Observation Time: <u>060253Z</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>11</u> NM Direction from Accident Site: <u>331</u> degrees MAG		<b>Source of Weather Information</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)		<b>Method of Briefing</b> <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Unknown
<b>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent		<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		<b>Visibility</b>  <u>8</u> miles
<b>Sky/Lowest Cloud Condition</b> <input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Scattered		<b>Ceiling</b> <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input checked="" type="checkbox"/> Overcast <input type="checkbox"/> Unknown		<b>Restriction to Visibility</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input checked="" type="checkbox"/> Unknown
<b>Lowest Cloud Condition Height</b> <u>1,000</u> ft AGL		<b>Ceiling Height</b> <u>1,400</u> ft AGL		
<b>Wind Direction</b> <input checked="" type="checkbox"/> Indicated: <u>310</u> degrees MAG <input type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: <u>8</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: <u>23</u> KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	<b>Type of Turbulence</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop	

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

<b>Temperature:</b> <u>23</u> (C) or _____ (F) <b>Altimeter Setting:</b> <u>2981</u> in. HG or _____ MB <b>Density Altitude:</b> _____ ft <b>Dew Point:</b> <u>21</u> (C) or _____ (F)	<b>Icing Forecast</b> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	<b>Type of Precipitation</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle
	<b>Icing Actual</b> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

AIRCRAFT INFORMATION								
<b>Manufacturer:</b> Eurocopter France <b>Model:</b> AS 350 B2 <b>Serial Number:</b> 2588 <b>Registration Number:</b> N911VA <b>Amateur-built:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Max Gross Weight:</b> 4,961 lbs <b>Weight at Time of Accident:</b> 4,706 lbs <b>Location of Center of Gravity at Time of Accident:</b> -or- _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum Percent Mean Aerodynamic Cord (% MAC)				
<b>Category of Aircraft</b> <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		<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <b>Standard</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <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		<b>Number of Seats:</b> 4 If Large Aircraft, how many seats for: Flight Crew: 1 Cabin Crew: _____ Passengers: 3		<b>Landing Gear</b> <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		
<b>Type of Maintenance Program</b> <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: _____			<b>Last Inspection Type</b> <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		<b>Date Last Inspection:</b> 01/22/2008 <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> 10,307 hrs hours measured at <i>(check one)</i> <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident			
<b>IFR Equipped</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			<b>Stall Warning System Installed</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Type of Fire Extinguishing System</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____			
<b>ELT Installed</b> <b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>ELT Manufacturer:</b> Narco <b>Model/Series:</b> 910 <b>Serial Number:</b> 14647 <b>Battery Type:</b> Lithium <b>Battery Exp. Date:</b> Jan 2010					
<b>ELT Aided in Locating Accident / Incident</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>Engine Type</b> <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 <b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected <b>Propeller</b> <input type="checkbox"/> Fixed Pitch <b>Manufacturer:</b> _____ <input type="checkbox"/> Controllable Pitch <b>Model:</b> _____					
<b>Engine</b>	<b>Engine Manufacturer</b>	<b>Engine Model/Series</b>	<b>Manufacturing Serial Number</b>	<b>Date of Mfg.</b> <i>mm/dd/yyyy</i>	<b>Engine Rated Power Measured as</b> <i>(check one)</i> <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	<b>Total Time</b> <i>(hours)</i>	<b>Time Since Inspection</b> <i>(hours)</i>	<b>Time Since Overhaul</b> <i>(hours)</i>
Eng. 1	Turbomeca	Ariial 1D1	19124	04/2007	777	219	9	
Eng. 2								
Eng. 3								
Eng. 4								
OWNER/OPERATOR INFORMATION								
<b>Registered Aircraft Owner</b> Name: Harlingen Comm Emergency Care Foundation Inc DBA Valley Air Care Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<b>Owner Address</b> City: Harlingen State: TX      ZIP: 78550-8914 Country: USA			
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner Name: Metro Aviation Inc. Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): HDNA610E					<b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner City: Shreveport State: La      ZIP: 71107 Country: USA			
<b>Regulation Flight Conducted Under</b> <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					<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b> <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 checked="" 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	<b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b> <input type="checkbox"/> Scheduled or Commuter <input checked="" type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held (Check all that apply)</b> <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
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**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

<b>Aircraft Registration Number</b> _____	<b>Manufacturer:</b> _____ <b>Model:</b> _____	<b>Damage to Other Aircraft</b> <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)

<b>IFR Approach (Check all that apply)</b> <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	<b>VFR Approach (Check all that apply)</b> <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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<b>Runway Information</b> Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft	<b>Condition of Runway/Landing Surface (Check all that apply)</b> <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**

<b>Last Departure Point</b> Airport ID: _____ City: <u>Harlingen</u> State: <u>TX</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>2038</u> Time Zone: <u>CST</u>	<b>Destination</b> Airport ID: _____ City: <u>South Padre Island</u> State: <u>TX</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <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 <b>Activated?</b> <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 checked="" type="checkbox"/> None | <input type="checkbox"/> Towing Glider  | <input type="checkbox"/> Parachutists              | <input type="checkbox"/> Livestock |
| <input 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)

98 Gallons

**Fuel Type**

- |                                       |   |                              |   |
|---------------------------------------|---|------------------------------|---|
| <input type="checkbox"/> 80/87        | <input type="checkbox"/> 115/145          | <input type="checkbox"/> JP3 | <input type="checkbox"/> Other, specify _____ |
| <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**

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

Was there Mechanical Malfunction/Failure?  Yes  No  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 checked="" type="checkbox"/> Destroyed |

**Aircraft Fire**

- |  |  |
|--|--|
| <input checked="" 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 checked="" 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       |  |

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

Complete destruction of aircraft when crash site was located in water.

**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

**PILOT "A" INFORMATION**

**Pilot "A" Responsibilities at the Time of Accident**

Pilot    Co-Pilot    Student Pilot    Flight Instructor    Check Pilot    Flight Engineer    Other Flight Crew

**Pilot "A" Identification**

First Name: Robert  
 Middle Initial: L  
 Last Name: Goss

City: Shelbyville  
 State: IL   ZIP: 62565  
 Country: USA

Age at time of Accident: 55   Date of Birth:            1953  
*mm/dd/yyyy*

Certificate Number: 002754736

**Degree of Injury**  
 None    Fatal  
 Minor    Unknown  
 Serious

**Seat Occupied**  
 Left    Front    Unknown  
 Right    Rear  
 Center    Single

**Seat Belt**  
 Used    Yes    No  
 Available    Yes    No

**Shoulder Harness**  
 Used    Yes    No  
 Available    Yes    No

**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**  
 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  
 With limitations/waivers  
 Unknown

**Date of Last Medical**  
12/11/2007  
*mm/dd/yyyy*

**Medical Certificate Limitations**

Must wear corrective lenses

**Medical Certificate Waivers**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 09/12/2007  
*mm/dd/yyyy*

**Flight Review Aircraft**  
 Make: Eurocopter France  
 Model: AS 350 B2

**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  
 Free 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	16,000	1,100								
Pilot in Command (PIC)	15,400	1,050								
Time as Instructor	1,122	0								
This Make/Model										
Last 90 Days	29	29								
Last 30 Days	8	8								
Last 24 Hours	0	0								

## 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*

<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <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	<b>Seat Belt</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> 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

<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <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	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> _____ <span style="text-align: center;"><i>mm/dd/yyyy</i></span>
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### Medical Certificate Limitations

### Medical Certificate Waivers

**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> <i>(Check all that apply)</i> <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	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <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	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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### Type Ratings

### Student Endorsements *(Include dates)*

Flight Time <i>(enter appropriate number of hours in each box)</i>	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)**

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>
<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		<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
<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>Pilot Name and Address</b>		<b>Degree of Injury</b>
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>
<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		<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
<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>Pilot Name and Address</b>		<b>Degree of Injury</b>
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>
<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		<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
<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

**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>Raul</u> City: _____ Middle Initial: _____      State: _____ ZIP: _____ Last Name: <u>Garcia</u> Country: _____	center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
First Name: <u>Mike</u> City: _____ Middle Initial: _____      State: _____ ZIP: _____ Last Name: <u>Sanchez</u> Country: _____	l-rear	<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"/>					
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.

AIRCRAFT WAS OUTBOUND TO PICK UP PATIENT at SOUTH PADRE ISLAND. TWO MEDICS ON BOARD.

**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

<b>Date of this Report</b>	<b>Signature and Name of Pilot/Operator</b>
02/10/2008 <i>mm/dd/yyyy</i>	Signature:  <i>DOM</i> Type or Print Name: Samuel J. Sprute Director of Maintenance

**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b> DFW08FA062	<b>Reviewed by NTSB Regional Office</b> SCR-A Arlington TX	<b>Name of Investigator</b> Thomas J. Latson, Jr.	<b>Date Report Received</b> March 11, 2008
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