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: 8001 Walker Mill Road, District Heights State: MD
ZIP: 20747 Country: Prince Georges County
Latitude: 38 52.148N (dd:mm:ss N/S) Longitude: 76.52.366W (ddd:mm:ss E/W)

Date/Time
Date: 09/27/2008 (mm/dd/yyyy) Local Time: 2358
Time Zone: EDT

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

AIRCRAFT INFORMATION

Manufacturer: Eurocopter
Model: SA365N1
Serial Number: 6311
Registration Number: N92MD Amateur-built: ☐ Yes ☑ No

Max Gross Weight: 9,038 lbs
Weight at Time of Accident/Incident: _____ lbs
Location of Center of Gravity at Time of Accident/Incident:
_____ inches from ☐ nose or ☐ datum
-or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft
☐ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☑ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate *(Check all that apply)*

Standard	Special
☐ Normal	☐ Restricted
☐ Utility	☐ Limited
☐ Acrobatic	☐ Provisional
☑ Transport	☐ Experimental
	☐ Special Flight
	☐ Light Sport

Number of Seats: 6
If Large Aircraft, how many seats for.
Flight Crew: 1
Cabin Crew: _____
Passengers: 5

Landing Gear ☑ Retractable
Check any additional landing gear configuration that applies:
☑ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program
☐ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☑ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type
☑ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☐ Annual ☐ Unknown

Date Last Inspection: 09/24/2008 (mm/dd/yyyy)

Airframe Total Time: 8,869 hrs
hours measured at *(check one)*
☐ Last Inspection ☑ Time of Accident/Incident

IFR Equipped
☑ Yes ☐ No ☐ Unknown

Stall Warning System Installed
☐ Yes ☑ No ☐ Unknown

Type of Fire Extinguishing System
☐ None
☑ Specify Hand Held Engine Suppression

ELT Installed
☑ Yes ☐ No

ELT Activated
☐ Yes ☑ No

ELT Aided in Locating Accident/Incident
☐ Yes ☑ No

ELT Manufacturer: Dorne Margolin
Model/Series: DM T-2-1-1
Serial Number: 12890
Battery Type: 00-60-62 Alkaline **Battery Exp. Date:** 01/21/2010

Engine Type
☐ Reciprocating ☐ Turbo Jet
☑ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type
☐ Carburetor
☐ Fuel Injected

Propeller
☐ Fixed Pitch
☐ Controllable Pitch
Manufacturer: _____
Model: _____

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured in (check one) ☑ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	ARRIEL	ICI			588 Max Continuous	7,077	3	1,120
Eng. 2	ARRIEL	ICI			588 Max Continuous	7,427	3	575
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Maryland State Police

Fractional Ownership Aircraft: ☐ Yes ☑ No

Owner Address

City: Baltimore
State: Maryland ZIP: 21220
Country: USA

Operator of Aircraft ☑ Same As Registered Owner

Name:
Doing Business As:
Air Carrier/Operator Designator (4 Character Code):

Operator Address ☑ Same As Registered Owner

City:
State: ZIP:
Country:

Regulation Flight Conducted Under

☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☑ Public Use (select type)
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ *Federal* ☑ *State* ☐ *Local*
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces

Revenue Sightseeing Flight
☐ Yes ☑ No

Air Medical Flight
☑ Yes ☐ No

Purpose of Flight
for FAR 91, 103, 133, 137 *(Select one)*

☐ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☐ Instructional
☐ Ferry
☐ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☑ Public Use
☐ Unknown

Revenue Operation
for FAR 121, 125, 129, 135 *(Select one)*

☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International

☐ Domestic ☐ International

Cargo Operation

☐ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

Type of Commercial Operating Certificate Held
(Check all that apply)

☐ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
- or -
☐ Agricultural Aircraft (137)
☐ 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
☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft

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

Pilot of Other Aircraft

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

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
☐ None ☑ Substantial
☐ Minor ☐ Destroyed

Aircraft Fire
☑ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion
☑ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

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

STRUCTURAL DAMAGE TO AIRFRAME

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

Airport Identifier: KADW

Distance From Airport Center: 3 SM

Airport Name: ANDREWS AFB

Direction From Airport: 010 degrees MAG

Proximity to Airport ☑ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Airport Elevation: 280 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
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☑ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach *(Check all that apply)*

☑ None ☐ Stop and Go
☐ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown

Runway Information

Runway ID: 19R (L/R/C) Length: 9,300 ft Width: 200 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: NONE
City: Waldorf
State: Maryland
Country: USA

Time of Departure

Time: 1137
Time Zone: EDT

Destination

Airport ID: KADW
City: Camp Springs
State: Maryland
Country: USA

Type Flight Plan Filed

☑ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR

Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service *(Check all that apply)*

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

Airspace where the accident/incident occurred *(Check all that apply)*

☐ Class A ☐ Class 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
☑ 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)*

178 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☑ Other, specify JP8
☐ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

N/A

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

NONE

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID. ADW

Observation Time. 2355

Time Zone: EDT

Distance from Accident Site. 3 NM

Direction from Accident Site: 010 degrees MAG

Source of Weather Information *(Check all that apply)*

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

Method of Briefing *(Check all that apply)*

☐ In Person
☐ Teletypo
☑ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

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

Light Condition

☐ Dawn
☐ Day
☐ Dusk
☑ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility

4 miles

Sky/Lowest Cloud Condition

☐ Clear
☐ Few
☐ Partial Obscuration
☑ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling

☐ None (clear)
☑ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility *(Check all that apply)*

☐ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Lowest Cloud Condition Height

200 ft AGL

Ceiling Height

500 ft AGL

Wind Direction

☑ Indicated. 80 degrees MAG

☐ Variable

Wind Speed

Velocity: 13 KTS

-or-

☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: _____ KTS

☐ Gusting
☑ Not Gusting

Type of Turbulence *(Check all that apply)*

☑ None
☐ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREP's in effect at the time of the accident/incident

N/A

Temperature: 20 (C) or 68 (F)

Altimeter Setting: 29 .91 in. HG or _____ MB

Density Altitude: 949 ft

Dew Point: 20 (C) or 68 (F)

Icing Forecast

Amount: ☑ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe

Type: ☐ Rime ☐ Clear ☐ Mixed

Icing Actual

Amount: ☑ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe

Type: ☐ Rime ☐ Clear ☐ Mixed

Type of Precipitation *(Check all that apply)*

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

Intensity of Precipitation

☐ Light ☐ Moderate ☐ 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: Stephen
Middle Initial: H
Last Name: Bunker
Age at time of Accident/Incident: 59 Date of Birth: [redacted] (mm/dd/yyyy)
City: Waldorf
State: Maryland ZIP: 20603
Country: USA
Certificate Number: [redacted]

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☐ None ☑ Fatal ☐ Minor ☐ Unknown ☐ Serious	☐ Left ☐ Front ☐ Unknown ☑ Right ☐ Rear ☐ Center ☐ Single	Used ☑ Yes ☐ No Available ☐ Yes ☐ No	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	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☑ Pilot ☐ Other ☐ Unknown	☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☑ Class 2 ☐ Unknown	☐ Without limitations/waivers ☑ With limitations/waivers ☐ Unknown	09/26/2008 mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

Medical Certificate Waivers

NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 10/27/2007 (mm/dd/yyyy)

Flight Review Aircraft
Make: EUROCOPTER
Model: SA365N2

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

N/A

Student Endorsements *(Include dates)*

N/A

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	5,219	2,770	80		1,915	24	139	5,131		
Pilot in Command (PIC)	5,050	2,770								
Time as Instructor	1,050	250								
This Make/Model	[redacted]							[redacted]		
Last 90 Days	41	41			21		1	41		
Last 30 Days	10	10			9		1	10		
Last 24 Hours	0	0			0			1		

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

☐ 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/Incident: _____ Date of Birth: _____ (mm/dd/yyyy) Certificate Number: _____

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Used ☐ Yes ☐ No Available ☐ Yes ☐ No	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	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☐ Pilot ☐ Other ☐ Unknown	☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown	_____ (mm/dd/yyyy)

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: _____

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 ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift	☐ 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 Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
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

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

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

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

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

Pilot Name and Address

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

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

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

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

Pilot Name and Address

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

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

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

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

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: Mickey Middle Initial: C Last Name: Lippy City: Westminster State: Maryland ZIP: 21157 Country: USA	CAFT	☑	☐	☐	☐	☐	☑	☐	☐	☐	☐
First Name: Tonya Middle Initial: M Last Name: Mallary City: Waldorf State: Maryland ZIP: 20603 Country: USA	CFWI	☑	☐	☐	☐	☐	☑	☐	☐	☐	☐
First Name: Ashley Middle Initial: Last Name: Younger City: Waldorf State: Maryland ZIP: 20603 Country: USA	LLIT	☐	☑	☐	☐	☐	☑	☐	☐	☐	☐
First Name: Jordon Middle Initial: Last Name: Wells City: Waldorf State: Maryland ZIP: 20603 Country: USA	RLIT	☐	☑	☐	☐	☐	☐	☑	☐	☐	☐
First Name: Middle Initial: Last Name: City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name: City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name: City: State: ZIP: Country:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: Middle Initial: Last Name: City: State: ZIP: 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.

The aircraft departed Andrews AFB, Camp Springs, Prince Georges County, at 2310 hours (EDT) en route to an EMS accident scene, located in Waldorf, Charles County, Maryland. The aircraft landed at the scene at 2327 hours (EDT). The aircraft departed the EMS accident scene at 2337 hours (EDT) en route to Prince Georges Hospital Center, located in Cheverly, Prince Georges County, Maryland Due to weather the aircraft diverted to Andrews AFB. The PIC contacted Potomac Tracon and requested an ILS approach to runway 19R. The aircraft was vectored to the final approach course and radio communication was transferred to Andrews AFB tower. The PIC reported trouble receiving the glide slope information for the approach. The PIC requested an ASR approach from the tower controller. The tower controller informed the PIC she was unable to meet his request. The aircraft impacted trees and crashed 3.2 miles from the center of Andrews AFB in dense wooded terrain.

RECOMMENDATION (How could this accident/incident 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	Signature and Name of Pilot/Operator
09/30/2008 *mm/dd/yyyy*	Signature: [redacted] Type or Print Name: Major Andrew J. McAndrew, Commander, Maryland State Police

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

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
MIA-08-M-A203	NTSB-SORA	[redacted]	10-07-08