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|---|--|---------------------------------|----------------------------------|--------------------------------------|------------------|
|  National Transportation Safety Board FACTUAL REPORT AVIATION | | NTSB ID: DFW08RA039 | | Aircraft Registration Number: N530NA | |
| | | Occurrence Date: 01/10/2008 | | Most Critical Injury: None | |
| | | Occurrence Type: Accident | | Investigated By: Foreign | |
| Location/Time | | | | | |
| Nearest City/Place Pitt Meadow, BC | | State | Zip Code 00000 | Local Time 1107 | Time Zone PST |
| Airport Proximity: | | Distance From Landing Facility: | | | |
| Aircraft Information Summary | | | | | |
| Aircraft Manufacturer Eurocopter France | | Model/Series AS350B3 | | Type of Aircraft Helicopter | |
| Revenue Sightseeing Flight: No | | | Air Medical Transport Flight: No | | |
| Narrative | | | | | |
| <p>Brief narrative statement of facts, conditions and circumstances pertinent to the accident/incident:</p> <p>On January 10, 2008, an American registered Eurocopter AS350 B3, N530NA, experienced a power loss while conducting long line training, using a 100' line with an empty remote hook. The helicopter was hovering with the line near the top of the tree when it descended about ten feet. An attempt was made to pull power back to arrest the decent, the helicopter did not respond and continued to descend slowly. The pilot immediately entered auto-rotation with the helicopter about 200' above ground level (AGL). Upon impact, the aircraft settled about 15 degrees to the right, and the main rotor blades contacted some very small trees. The engine continued running and the rotor RPM was low. The two occupants were not injured. Company maintenance and Turbomeca personnel subsequently extracted stored data from the Engine Electronic Computer Unit (EECU) and Homogenized Metering Unit (HMU) Computer. The components will be removed for further evaluation as a fault code was indicated.</p> <p>This investigation is under the jurisdiction of the Government of Canada. Further information may be obtained from:</p> <p>Transportation Safety Board of Canada 335-550 Century Street Winnipeg, Manitoba, Canada R3H 0Y1</p> <p>TSB Air Operations +1-819-994-4252 mailto:airops@tsb.gc.ca This report is for informational purposes only.</p> | | | | | |
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| | | Occurrence Type: Accident | | | |
| Landing Facility/Approach Information | | | | | |
| Airport Name | Airport ID: | Airport Elevation Ft. MSL | Runway Used | Runway Length | Runway Width |
| Runway Surface Type: | | | | | |
| Runway Surface Condition: | | | | | |
| Approach/Arrival Flown: | | | | | |
| VFR Approach/Landing: | | | | | |
| Aircraft Information | | | | | |
| Aircraft Manufacturer Eurocopter France | | Model/Series AS350B3 | | Serial Number | |
| Airworthiness Certificate(s): | | | | | |
| Landing Gear Type: | | | | | |
| Amateur Built Acft? No | Number of Seats: | Certified Max Gross Wt. | LBS | Number of Engines: | |
| Engine Type: | Engine Manufacturer: | Model/Series: | Rated Power: | | |
| - Aircraft Inspection Information | | | | | |
| Type of Last Inspection | Date of Last Inspection | Time Since Last Inspection Hours | Airframe Total Time Hours | | |
| - Emergency Locator Transmitter (ELT) Information | | | | | |
| ELT Installed?/Type | ELT Operated? | ELT Aided in Locating Accident Site? | | | |
| Owner/Operator Information | | | | | |
| Registered Aircraft Owner | | Street Address | | | |
| | | City | State | Zip Code | |
| Operator of Aircraft Prism Helicopters | | Street Address | | | |
| | | City | State | Zip Code | |
| Operator Does Business As: | | | Operator Designator Code: | | |
| - Type of U.S. Certificate(s) Held: | | | | | |
| Air Carrier Operating Certificate(s): | | | | | |
| Operating Certificate: | | | Operator Certificate: Aircraft External Load | | |
| Regulation Flight Conducted Under: Non-U.S., Non-Commercial | | | | | |
| Type of Flight Operation Conducted: External Load | | | | | |
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First Pilot Information

| | | | | |
|------|------|-------|---------------|-----|
| Name | City | State | Date of Birth | Age |
|------|------|-------|---------------|-----|

| | | | |
|------|----------------|---------------------|---------------------|
| Sex: | Seat Occupied: | Occupational Pilot? | Certificate Number: |
|------|----------------|---------------------|---------------------|

Certificate(s):

Airplane Rating(s):

Rotorcraft/Glider/LTA:

Instrument Rating(s):

Instructor Rating(s):

Current Biennial Flight Review?

| | | |
|----------------|-----------------------|----------------------------|
| Medical Cert.: | Medical Cert. Status: | Date of Last Medical Exam: |
|----------------|-----------------------|----------------------------|

| - Flight Time Matrix | All A/C | This Make and Model | Airplane Single Engine | Airplane Multi-Engine | Night | Instrument | | Rotorcraft | Glider | Lighter Than Air |
|-----------------------|---------|---------------------|------------------------|-----------------------|-------|------------|-----------|------------|--------|------------------|
| | | | | | | Actual | Simulated | | | |
| Total Time | | | | | | | | | | |
| Pilot In Command(PIC) | | | | | | | | | | |
| Instructor | | | | | | | | | | |
| Instruction Received | | | | | | | | | | |
| Last 90 Days | | | | | | | | | | |
| Last 30 Days | | | | | | | | | | |
| Last 24 Hours | | | | | | | | | | |

| | | | |
|----------------|------------------------|-----------------------|---------------|
| Seatbelt Used? | Shoulder Harness Used? | Toxicology Performed? | Second Pilot? |
|----------------|------------------------|-----------------------|---------------|

Flight Plan/Itinerary

Type of Flight Plan Filed: _____

| | | | | | |
|-----------------|--|-------|--------------------|----------------|-----------|
| Departure Point | | State | Airport Identifier | Departure Time | Time Zone |
| Destination | | State | Airport Identifier | | |

Type of Clearance:

Type of Airspace:

Weather Information

Source of Wx Information:

| | |
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Weather Information

| | | | | | |
|-----------------------------|----------------------|--------------------------------------|------------------------------|---|---|
| WOF ID | Observation Time | Time Zone | WOF Elevation Ft. MSL | WOF Distance From Accident Site NM | Direction From Accident Site Deg. Mag. |
| Sky/Lowest Cloud Condition: | | | | Ft. AGL | Condition of Light: |
| Lowest Ceiling: | | | Ft. AGL | Visibility: SM | Altimeter: "Hg |
| Temperature: °C | Dew Point: °C | Weather Conditions at Accident Site: | | | |
| Wind Direction: | Wind Speed: | Wind Gusts: | | | |
| Visibility (RVR): Ft. | Visibility (RVV): SM | | | | |
| Precip and/or Obscuration: | | | | | |

Accident Information

| | | |
|------------------------------|----------------|--------------------|
| Aircraft Damage: Substantial | Aircraft Fire: | Aircraft Explosion |
|------------------------------|----------------|--------------------|

| - Injury Summary Matrix | Fatal | Serious | Minor | None | TOTAL |
|-------------------------|-------|---------|-------|------|-------|
| First Pilot | | | | 1 | 1 |
| Second Pilot | | | | 1 | 1 |
| Student Pilot | | | | | |
| Flight Instructor | | | | | |
| Check Pilot | | | | | |
| Flight Engineer | | | | | |
| Cabin Attendants | | | | | |
| Other Crew | | | | | |
| Passengers | | | | | |
| - TOTAL ABOARD - | | | | 2 | 2 |
| Other Ground | | | | | |
| - GRAND TOTAL - | | | | 2 | 2 |

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Administrative Information

Investigator-In-Charge (IIC)

Leah yeager

Additional Persons Participating in This Accident/Incident Investigation:

Alaska