**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

<table>
<thead>
<tr>
<th>Nearest City/Place</th>
<th>State</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amelia</td>
<td>LA</td>
<td>01/04/2009</td>
</tr>
<tr>
<td>ZIP: 70340</td>
<td>USA</td>
<td></td>
</tr>
<tr>
<td>Latitude: 29:31:33</td>
<td></td>
<td>09:04:5W</td>
</tr>
<tr>
<td>Time Zone: CST</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

- 800 ft MSL

### WEATHER INFORMATION AT THE ACCIDENT SITE

#### Weather Observation Facility

- Facility ID: K7R3
- Observation Time: 1430
- Time Zone: CST
- Distance from Accident Site: 11 NM
- Direction from Accident Site: 340 degrees MAG

#### Briefing Type/Completeness

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

#### Light Condition

- Dawn  
- Dusk  
- Dark Night  
- Bright Night  
- Not Reported

### Source of Weather Information

- National Weather Service  
- Flight Service Station  
- TV/Radio  
- Automated Report  
- Commercial Weather Service (DUATS)

### Method of Briefing

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

### Visibility

- 10 miles

#### Sky/Lowest Cloud Condition

- Clear  
- Few  
- Partial Obscuration  
- Scattered  
- Thin Broken  
- Thin Overcast  
- Unknown

#### Ceiling

- None (clear)  
- Broken  
- Obscured  
- Overcast  
- Unknown

#### Lowest Cloud Condition Height

- 1,500 ft AGL
- 10,000 ft AGL

#### Wind Direction

- Indicated: 180 degrees MAG
- Calm  
- Light and Variable

#### Wind Speed

- Velocity: 8 KTS

#### Wind Gusts

- Gusting  
- Not Gusting

#### Type of Turbulence

- None  
- In Clouds  
- Clear Air  
- Vicinity of Thunderstorm

#### Type of Precipitation

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

### NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs

- In effect at the time of the accident

### Temperature

- 64 (C) or 73 (F)

### Altimeter Setting

- 30.06 in. HG or MB

### Density Altitude

- ft

### Dew Point

- (C) or (F)

### Icing Forecast

<table>
<thead>
<tr>
<th>Amount</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Rime</td>
</tr>
<tr>
<td>Trace</td>
<td>Clear</td>
</tr>
<tr>
<td>Light</td>
<td>Mixed</td>
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</table>

### Icing Actual

<table>
<thead>
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<th>Type</th>
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<tr>
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</tr>
<tr>
<td>Trace</td>
<td>Clear</td>
</tr>
<tr>
<td>Light</td>
<td>Mixed</td>
</tr>
</tbody>
</table>

### Type of Precipitation

- Light  
- Moderate  
- Heavy
### AIRCRAFT INFORMATION

**Manufacturer:** Sikorsky  
**Model:** S-76C++  
**Serial Number:** 760634  
**Registration Number:** N748P  
**Amateur-built:** Yes  
**Max Gross Weight:** 11,700 lbs  
**Weight at Time of Accident:**  
**Location of Center of Gravity at Time of Accident:** inches from ____________ in. nose or datum  
**Percent Mean Aerodynamic Cord (% MAC):**  

#### Category of Aircraft
- [ ] Airplane  
- [ ] Balloon  
- [ ] Blimp/Dirigible  
- [ ] Glider  
- [ ] Gyrocraft  
- [ ] Helicopter  
- [ ] Powered lift  
- [ ] Ultralight  
- [ ] Unknown  

#### Type of Airworthiness Certificate
- [ ] Standard  
  - [ ] Normal  
  - [ ] Utility  
  - [ ] Aerobatic  
  - [ ] Transport  
- [ ] Special  
  - [ ] Restricted  
  - [ ] Limited  
  - [ ] Provisional  
  - [ ] Experimental  
  - [ ] Special Flight  
  - [ ] Light Sport  

#### Number of Seats: 14

#### Landing Gear
- [ ] Retractable

#### Date Last Inspection: 09/30/2008

#### Airframe Total Time: 2,069 hrs

#### Type of Fire Extinguishing System
- [ ] None
  - [ ] Specify: A CF3Br fire extinguisher is installed in each engine compartment.

#### OWNER/OPERATOR INFORMATION

**Registered Aircraft Owner**

**Name:** PHI, Inc.  
**Fractional Ownership Aircraft:** Yes  

**Operator of Aircraft**

- [ ] Same As Registered Owner  

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

#### Regulation Flight Conducted Under
- [ ] FAR 91  
- [ ] FAR 103  
- [ ] FAR 121  
- [ ] FAR 125  
- [ ] FAR 129  
- [ ] FAR 133  
- [ ] FAR 135  
- [ ] FAR 137  
- [ ] FAR 91 Special Flight  
- [ ] Non-US, Commercial  
- [ ] Non-US, Non-commercial  
- [ ] Armed Forces  
- [ ] Public Use (select type)  
- [ ] Federal  
- [ ] State  
- [ ] Local  

**Revenue Sightseeing Flight**

- [ ] Yes  
- [ ] No

**Air Medical Flight**

- [ ] Yes  
- [ ] No

**Owner Address**

**City:** Evangeline Thwy  
**State:** LA  
**ZIP:** 70508  
**Country:** USA

**Operator Address**

- [ ] Same As Registered Owner

**Operator Address**

**City:**  
**State:**  
**ZIP:**  
**Country:**

**Engine Information**

<table>
<thead>
<tr>
<th>Engine</th>
<th>Manufacturer</th>
<th>Engine Model/Series</th>
<th>Date of Mfg.</th>
<th>Engine Rated Power Measured as (check one)</th>
<th>Total Time</th>
<th>Time Since Inspection</th>
<th>Time Since Overhaul</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eng. 1</td>
<td>Turbomeca</td>
<td>Arrêt 280</td>
<td>21010</td>
<td>Horsepower lbs or Thrust lbs</td>
<td>490</td>
<td>318</td>
<td></td>
</tr>
<tr>
<td>Eng. 2</td>
<td>Turbomeca</td>
<td>Arrêt 280</td>
<td>21010</td>
<td>Horsepower lbs or Thrust lbs</td>
<td>490</td>
<td>318</td>
<td></td>
</tr>
</tbody>
</table>

**Propeller Information**

- [ ] Fixed Pitch
- [ ] Controllable Pitch

**Propeller Manufacturer:**

**Propeller Model:**

---

4
### OTHER AIRCRAFT - COLLISION

**Aircraft Registration Number**

**Manufacturer:**

**Model:**

**Damage to Other Aircraft**
- [ ] Destroyed
- [ ] Substantial
- [ ] Minor
- [ ] 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:**

### AIRPORT INFORMATION

**Airport Identifier:**

**Distance From Airport Center:**

**Direction From Airport:**

**Proximity to Airport**
- [ ] Off Airport/Airstrip
- [ ] On Airport
- [ ] On Airstrip

**Airport Elevation:**

**MAG**

**FT**

#### Approach Segment (Select one)

- [ ] On Instrument Approach
- [ ] Landing
- [ ] Base leg
- [ ] Low Approach
- [ ] Final
- [ ] Aborted Landing (after touchdown)
- [ ] Go Around

#### IFR Approach (Check all that apply)

- [ ] None
- [ ] ADP/NDB
- [ ] Sidestep
- [ ] MLS
- [ ] Practice
- [ ] LDA
- [ ] GPS
- [ ] DME
- [ ] ASR
- [ ] Loran

#### VFR Approach (Check all that apply)

- [ ] None
- [ ] Traffic Pattern
- [ ] Straight-In
- [ ] Approach
- [ ] Valley/Terrain Following
- [ ] Go Around
- [ ] Precautionary Landing
- [ ] Full Stop

#### Condition of Runway/Landing Surface (Check all that apply)

- [ ] Dry
- [ ] Snow-Compacted
- [ ] Water-Calm
- [ ] Freeze-Thaw
- [ ] Snow-Crusted
- [ ] Water-Choppy
- [ ] Rime/Ice
- [ ] Snow-Dry
- [ ] Water-Glasy
- [ ] Grass/Turf
- [ ] Snow-Wet
- [ ] Wet
- [ ] Concrete
- [ ] Rubber Deposits
- [ ] Unknown
- [ ] Metal/Wood
- [ ] Slush Covered
- [ ] Vegetation

#### Flight Itinerary Information

**Last Departure Point**

**Airport ID:**

**City:**

**State:**

**Country:**

**Time of Departure**

**Airport ID:**

**City:**

**State:**

**City:**

**State:**

**Country:**

**Type Flight Plan Filed**

- [ ] None
- [ ] VFR/IFR
- [ ] VFR/IFR
- [ ] VFR
- [ ] IFR
- [ ] Military VFR
- [ ] Unknown

**Activated?**

- [ ] Yes
- [ ] No

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

- [ ] None
- [ ] Special VFR
- [ ] Special IFR
- [ ] VFR Flight Following
- [ ] Cruise
- [ ] VFR On Top
- [ ] Traffic Advisory
- [ ] Unknown / NA

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### Airspace where the accident occurred
(Select 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
(Select all that apply)

- [ ] None
- [ ] Parachutists
- [ ] Livestock
- [ ] Passengers
- [ ] Towing Glider
- [ ] Water
- [ ] Unknown
- [ ] Cargo
- [ ] Towing Banner
- [ ] Chemical/Fertilizer/Seeds
- [ ] Other External

### FUEL & SERVICES INFORMATION

#### Fuel on Board at Last Takeoff
(convert from pounds, as necessary)

<table>
<thead>
<tr>
<th>Fuel Type</th>
<th>Gallons</th>
</tr>
</thead>
<tbody>
<tr>
<td>80/87</td>
<td></td>
</tr>
<tr>
<td>115/145</td>
<td></td>
</tr>
<tr>
<td>100 Low Lead</td>
<td></td>
</tr>
<tr>
<td>100/130</td>
<td></td>
</tr>
<tr>
<td>Jet A</td>
<td></td>
</tr>
<tr>
<td>JP3</td>
<td></td>
</tr>
<tr>
<td>JP4</td>
<td></td>
</tr>
<tr>
<td>Automotive</td>
<td></td>
</tr>
<tr>
<td>JP5</td>
<td></td>
</tr>
</tbody>
</table>

#### Other Services, if Any, Prior to Departure

- [ ] Other, specify ________

### 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.)

### DAMAGE TO AIRCRAFT AND OTHER PROPERTY

#### Aircraft Damage

- [ ] None
- [ ] Substantial
- [ ] Minor
- [ ] Destroyed

#### Aircraft Fire

- [ ] None
- [ ] On-Flight
- [ ] In-Flight
- [ ] Both Ground and In-Flight
- [ ] Unknown Origin

#### Aircraft Explosion

- [ ] None
- [ ] On-Flight
- [ ] In-Flight
- [ ] Both Ground and In-Flight
- [ ] Unknown Origin

Description of Damage to Aircraft and Other Property

(use additional sheet if necessary)

Aircraft was destroyed upon impact with the marsh.

### 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
- [x] Pilot
- [ ] Co-Pilot
- [ ] Student Pilot
- [ ] Flight Instructor
- [ ] Check Pilot
- [ ] Flight Engineer
- [ ] Other Flight Crew

#### Pilot “A” Identification

- **First Name:** Thomas
- **Middle Initial:** E.
- **Last Name:** Ballenger
- **City:** Eufaula
- **State:** AL
- **ZIP:** 36027
- **Country:** USA
- **Age at time of Accident:** 63
- **Date of Birth:** 03/1945
- **Certificate Number:** [Redacted]

#### Degree of Injury
- [x] None
- [x] Fatal
- [ ] Minor
- [x] Unknown

#### Seat Occupied
- [x] Left
- [ ] Front
- [ ] Unknown

#### Seat Belt
- [x] Used
- [x] Yes
- [ ] No

#### Shoulder Harness
- [x] Used
- [x] Yes
- [ ] No

#### Pilot Certificate(s) (Check all that apply)
- [x] Pilot
- [ ] Other
- [ ] Unknown

#### Principal Occupation
- [x] Private
- [ ] Flight Instructor
- [x] Student
- [ ] Recreational
- [x] Commercial
- [x] Airline Transport
- [ ] Flight Engineer
- [ ] Foreign

#### Medical Certificate
- [x] Class 1
- [x] Driver’s License (Sport Pilot only)
- [x] Class 2
- [ ] Unknown

#### Medical Certificate Limitations
- [ ] Without limitations/waivers
- [ ] With limitations/waivers
- [ ] Unknown

#### Date of Last Medical
- **Date of Last Medical:** 08/11/2008

#### Medical Certificate Waivers

- Holder must wear corrective lenses while exercising the privileges of his airman certificate.

#### Medical Certificate Waivers

#### Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:
- **Date of Last Flight Review or Equivalent:** 10/27/2008

#### Flight Review Aircraft
- **Make:** Sikorsky
- **Model:** S-76

#### Airplane Rating(s) (Check all that apply)
- [x] Single-Engine Land
- [x] Single-Engine Sea
- [x] Multiengine Land
- [x] Multiengine Sea

#### Other Aircraft Rating(s) (Check all that apply)
- [x] Airship
- [ ] Free Balloon
- [ ] Glider
- [ ] Gyroplane
- [x] Helicopter
- [ ] Powered Lift

#### Instrument Rating(s) (Check all that apply)
- [x] None
- [x] Airplane
- [x] Helicopter
- [ ] Powered Lift

#### Instructor Rating(s) (Check all that apply)
- [x] None
- [ ] Airplane Single-Engine
- [ ] Airplane Multi-Engine
- [ ] Gyroplane
- [ ] Powered Lift

#### Type Ratings

#### Student Endorsements (Include dates)

#### Flight Time (enter appropriate number of hours in each box)

<table>
<thead>
<tr>
<th>Flight Time</th>
<th>All Aircraft</th>
<th>This Make &amp; Model</th>
<th>Airplane Single Engine</th>
<th>Airplane Multiengine</th>
<th>Night</th>
<th>Instrument</th>
<th>Rotorcraft</th>
<th>Glider</th>
<th>Lighter Than Air</th>
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</thead>
<tbody>
<tr>
<td>Total Time</td>
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<td>5,423</td>
<td>50</td>
<td>650</td>
<td>754</td>
<td>121</td>
<td>53</td>
<td>14,673</td>
<td></td>
</tr>
<tr>
<td>Pilot in Command (PIC)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time as Instructor</td>
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<tr>
<td>Last 90 Days</td>
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<td>219</td>
<td></td>
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</tr>
<tr>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Last 24 Hours</td>
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<td>7</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tbody>
</table>
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: Vyarl
Middle Initial: W.
Last Name: Martin
City: Hurst
State: TX
Country: USA
ZIP: 76053
Age at time of Accident: 46
Date of Birth: 12/20/1962
Certificate Number:

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

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

Seat Belt
- Used
- Available
- Yes
- No

Shoulder Harness
- Used
- Available
- Yes
- No

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

Principal Occupation
- Pilot
- Other
- Unknown

Medical Certificate
- None
- Class 3
- Driver's License (Sport Pilot only)
- Class 2
- Unknown

Medical Certificate Validity
- Without limitations/waivers
- With limitations/waivers
- Unknown

Date of Last Medical
02/26/2008

Medical Certificate Limitations
Holder shall wear corrective lenses.

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:
04/22/2008

Flight Review Aircraft
Make: Sikorsky
Model: S-76 C++

Airplane Rating(s)
- None
- Single-Engine Land
- Single-Engine Sea
- Multiengine Land
- Multiengine Sea

Other Aircraft Rating(s)
- None
- Airship
- Free Balloon
- Glider
- Gyroplane
- Helicopter
- Powered Lift

Instrument Rating(s)
- None
- Airplane
- Helicopter
- Gyroplane
- Powered Lift

Instructor Rating(s)
- None
- Single-Engine
- Multi-Engine
- Helicopter
- Glider
- Powered Lift

Type Ratings
Learjet
Citation II

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)

<table>
<thead>
<tr>
<th>Flight Time</th>
<th>All Aircraft</th>
<th>This Make &amp; Model</th>
<th>Airplane Single Engine</th>
<th>Airplane Multiengine</th>
<th>Night</th>
<th>Instrument</th>
<th>Rotorcraft</th>
<th>Glider</th>
<th>Lighter Than Air</th>
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<tbody>
<tr>
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<td>3,234</td>
<td>989</td>
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<tr>
<td>Last 24 Hours</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

### Pilot Name and Address

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>Country</th>
<th>Degree of Injury</th>
<th>Seat Occupied</th>
<th>Type Rating/Endorsement for Accident/Incident Aircraft?</th>
<th>Total Flight Time at the Time of this Accident/Incident:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td>Left</td>
<td>Yes</td>
<td>hrs</td>
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<td></td>
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<td></td>
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<td>Single</td>
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</tbody>
</table>

### Pilot Certificate(s) (Check all that apply)

- [ ] None
- [ ] Student
- [ ] Recreational
- [ ] Commercial
- [ ] Flight Engineer
- [ ] Foreign
- [ ] Private
- [ ] Flight Instructor
- [ ] Airline Transport
- [ ] U.S. Military

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

### Name and Address

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
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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.

On Sunday, January 4th, 2009, at approximately 14:00 CST, N748P a SHC76C++ owned and operated by PHI, Inc. departed PHI's Amelia, LA base with a crew of 2 and 7 pax. They were enroute to Shells So. Timbalier 301-B platform. Weather for the route of flight was VFR (scattered to broken ceilings with 10 Miles Visibility).

At 14:40, Air Force Rescue Center contacted PHI Comm Center and advised they were receiving an emergency signal from an ADEL assigned to N748P. Shortly after receiving the call, PHI's Comm Center Supervisor called ST-300 to see if they had heard from N748P and instructed Comm Center personnel to attempt contact with the aircraft via radio. At approximately 15:03, a PHI aircraft which had been redirected to overfly the route of N748P verified that the aircraft had crashed and medical assistance was needed. PHI kept an A/C over the scene (alternating A/C due to fuel) until the Coast Guard arrived on the scene. One survivor was hoisted by CG and transported to hospital.

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.


<table>
<thead>
<tr>
<th>Date of this Report</th>
<th>Signature and Name of Pilot/Operator</th>
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<tbody>
<tr>
<td>1/23/09</td>
<td>[Signature] Robert Bourdage</td>
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</tbody>
</table>

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

| Signature: |                                    |
|           |                                    |
| Type or Print Name: |                                    |
| Title: |                                    |

**FOR NTSB USE ONLY**

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<tr>
<th>NTSB Accident/Incident No.</th>
<th>Reviewed by NTSB Regional Office</th>
<th>Name of Investigator</th>
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<td>Central Region</td>
<td>William H Gamble</td>
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